

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90329 041 ****61.25

DOCUMENT # 743710

1. Entity Name

BURGUNDY P ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**PRIME MANAGEMENT GROUP INC.
 6300 PARK OF COMMERCE BLVD
 BOCA RATON FL 33487**

**PRIME MANAGEMENT GROUP INC.
 6300 PARK OF COMMERCE BLVD
 BOCA RATON FL 33487**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1880550

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWATT, MYRON
 6300 PARK OF COMMERCE BLVD
 BOCA RATON FL 33487**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
VPD	KAPLAN, DOROTHY R.		
726 BURGUNDY P	DELRAY BEACH FL		
PD	KAPLAN, HOWARD		
760 BURGUNDY P	DELRAY BEACH FL		
SD	KLEIN, FRANCES		
751 BURGUNDY P	DELRAY BEACH FL		
TD	GILMAN, IDA		
723 BURGUNDY P	DELRAY BEACH FL		
D	TELPINSERIN, HARRIET		
721 BURGUNDY P	DELRAY BEACH FL		
D	WECHSLER, ARCHIE		
730 BURGUNDY P	DELRAY BEACH FL		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)