

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90108 028 ****61.25

DOCUMENT # 744901

1. Entity Name

BURGUNDY E 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 33487-8229**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1909210

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BECKERMAN, AARON	
STREET ADDRESS	206 BURGUNDY E	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BAUM, MORRIS	
STREET ADDRESS	214 BURGUNDY E	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEAVITT, FRANCES	
STREET ADDRESS	211 BURGUNDY E	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEAVITT, CHESTER	
STREET ADDRESS	211 BURGUNDY E	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMRON, KENNETH	
STREET ADDRESS	212 BURGUNDY E	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHECHTER, HERBERT	
STREET ADDRESS	215 BURGUNDY E	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brotz, Gertrude	
STREET ADDRESS	216 Burgundy E	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Strauss, Norman	
STREET ADDRESS	234 Burgundy E	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leavitt, Frances	
STREET ADDRESS	211 Burgundy E	
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leavitt, Chester	
STREET ADDRESS	211 Burgundy E	
CITY-ST-ZIP		
TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jamron, Kenneth	
STREET ADDRESS	212 Burgundy E	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2-17-00 SW-496-7218

Date

Daytime Phone #

CR2E037 (9/99)