

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90017 036 \*\*\*\*61.25

UNIFORM

**DOCUMENT # 744901**

1. Entity Name  
**BURGUNDY E ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**PRIME MANAGEMENT GROUP, INC.**      **PRIME MANAGEMENT GROUP, INC.**  
**6300 PARK OF COMMERCE BLVD**      **6300 PARK OF COMMERCE BLVD**  
**BOCA RATON FL 33487**      **BOCA RATON FL 33487**



DO NOT WRITE IN THIS SPACE

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      Applied For

**59-1909210**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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

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 checked="" 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Broetz, Gertrude	
STREET ADDRESS	216 Burgundy E	
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	wander, marilyn	
STREET ADDRESS	237 Burgundy E	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	oaklander, Henry	
STREET ADDRESS	209 Burgundy E	
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leavitt, Chester	
STREET ADDRESS	211 Burgundy E	
CITY-ST-ZIP		
TITLE	ESD	<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: \_\_\_\_\_ **3-1-01** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)