

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90329 029 \*\*\*\*61.25

**DOCUMENT # 744901**  
 1. Entity Name  
**BURGUNDY E ASSOCIATION, INC.**

Principal Place of Business <b>PRIME MANAGEMENT GROUP, INC.          6300 PARK OF COMMERCE BLVD          BOCA RATON FL 33487</b>	Mailing Address <b>PRIME MANAGEMENT GROUP, INC.          6300 PARK OF COMMERCE BLVD          BOCA RATON FL 33487</b>
---	---



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 <b>59-1909210</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

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	<b>FL</b>	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

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>BROTZ, GERTRUDE</b>	
STREET ADDRESS	<b>216 BURGUNDY E</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WANDER, MARILYN</b>	
STREET ADDRESS	<b>237 BURGUNDY E</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OAKLANDER, HENRY</b>	
STREET ADDRESS	<b>209 BURGUNDY E</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LEAVITT, CHESTER</b>	
STREET ADDRESS	<b>211 BURGUNDY E</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>JAMRON, KENNETH</b>	
STREET ADDRESS	<b>212 BURGUNDY E</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHECHTER, HERBERT</b>	
STREET ADDRESS	<b>215 BURGUNDY E</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TD</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Brotz, Gertrude</b>		
STREET ADDRESS	<b>216 Burgundy E</b>		
CITY-ST-ZIP	<b>Delray Beach, FL 33484</b>		
TITLE	<b>VPD</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>Jamron, Kenneth</b>		
STREET ADDRESS	<b>212 Burgundy E</b>		
CITY-ST-ZIP	<b>Delray Beach, FL 33484</b>		
TITLE	<b>D</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Oaklander, Henry</b>		
STREET ADDRESS	<b>209 Burgundy E</b>		
CITY-ST-ZIP	<b>Delray Beach, FL 33484</b>		
TITLE	<b>PD</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Leavitt, Chester</b>		
STREET ADDRESS	<b>211 Burgundy E</b>		
CITY-ST-ZIP	<b>Delray Beach, FL 33484</b>		
TITLE	<b>SD</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Jamron, Kenneth</b>		
STREET ADDRESS	<b>212 Burgundy E</b>		
CITY-ST-ZIP	<b>Delray Beach, FL 33484</b>		
TITLE	<b>D</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>Schechter, Herbert</b>		
STREET ADDRESS	<b>215 Burgundy E</b>		
CITY-ST-ZIP	<b>Delray Beach, FL 33484</b>		

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 **1-7-02** **561-4967218**  
Date Daytime Phone #

CR2E037 (9/01)