

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90017 042 ****61.25

DOCUMENT # 745344

1. Entity Name

BURGUNDY N ASSOCIATION, INC.

Principal Place of Business

PRIME MANAGEMENT GROUP, INC.
6300 PRK OF COMMERCE BLVD
BOCA RATON FL 33487
US

Mailing Address

PRIME MANAGEMENT GROUP, INC.
6300 PRK OF COMMERCE BLVD
BOCA RATON FL 33487
US

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

59-1915651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWATT, MYRON
6300 PK 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 NAME STREET ADDRESS CITY-ST-ZIP	P HIRSH, CLAIRE 660 BURGUNDY N DELRAY BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SADOWSKY, IDA 671 BURGUNDY N DELRAY BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREENWALD, BERNICE 646 BURGUNDY N DELRAY BEACH FL 33484	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALZAN, NETTIE 636 BURGUNDY N DELRAY BEACH FL 33484	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAPLAN, RITA 654 BURGUNDY N DELRAY BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHATTEN, SYLVIA KINGS PT. BURGUNDY N 643 DELRAY BEACH FL	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sadowsky, IDA 671 Burgundy N	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAD Lashinsky, Ethel 628 Burgundy N	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lazonis, Janet 670 Burgundy N	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Levine, Louis 627 Burgundy N	☐ Change ☒ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01

Date

496-4459

Daytime Phone #

CR2E037 (10/00)