

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State
 04-20-2001 90177 012 *****61.25

0004380

DOCUMENT # 740531

1. Entity Name

FLANDERS G 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

4. FEI Number

59-1819234

Applied For

Not Applicable

Zip

Country

Zip

Country

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 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 NAME ☐ Delete
P
SPILFOGEL, MORRIS
 STREET ADDRESS
291 FLANDERS D
 CITY-ST-ZIP
DELRAY BEACH FL

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
V
KAPLAN, JACK
 STREET ADDRESS
KINGS PT. FLANDERS G 316
 CITY-ST-ZIP
DELRAY BEACH FL

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
S
BROWNFELD, SHIRLEY
 STREET ADDRESS
292 FLANDERS G
 CITY-ST-ZIP
DELRAY BEACH FL

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
DT
LAX, FLORENCE
 STREET ADDRESS
315 FLANDERS G
 CITY-ST-ZIP
DELRAY BEACH FL

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
D Lax, Florence
315 Flanders G

TITLE NAME ☒ Delete
D
ROSE, JERRY
 STREET ADDRESS
323 FLANDERS G
 CITY-ST-ZIP
DELRAY BEACH FL

TITLE NAME ☐ Change ☒ Addition
 STREET ADDRESS
 CITY-ST-ZIP
TD Biele, Benson
309 Flanders G

TITLE NAME ☐ Delete
D
LEVINE, MIKE
 STREET ADDRESS
327 FLANDERS G
 CITY-ST-ZIP
DELRAY BEACH FL

TITLE NAME ☐ Change ☐ Addition
 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 of Spilfogel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01
 Date

494-3361
 Daytime Phone #

CR2E037 (10/00)