

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738695

1. Entity Name

FLANDERS C ASSOCIATION, INC.

FILED

Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90328 007 ****61.25

Principal Place of Business

Mailing Address

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

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

59-1769326

Applied For

Not Applicable

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

SIMONOWITZ, SOL
KINGS POINT PHASE III
FLANDERS C103
DELRAY BEACH FL 33484

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	<input type="checkbox"/> Delete
PD	SIMONOWITZ, SOL	KINGS PT. FLANDERS C 103	DELRAY BEACH FL	<input type="checkbox"/>
SD	ALTERMAN, MIMI	KINGS PT. FLANDERS C 98	DELRAY BEACH FL	<input checked="" type="checkbox"/>
TD	KOPP, IRENE	KINGS PT. FLANDERS C 110	DELRAY BEACH FL	<input type="checkbox"/>
VD	TERMINI, PAUL	122 FLANDERS C	DELRAY BCH FL	<input checked="" type="checkbox"/>
D	PULIOFICO, FRANK	121 FLANDERS C	DELRAY BEACH FL	<input type="checkbox"/>
D	TEPPERMAN, DENNIS	131 FLANDERS C	DELRAY BEACH FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
B	DAITCH, MARILYN	104 FLANDERS C	DELRAY BEACH, FL 33484	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Y	MYSIUK, JO	137 FLANDERS C	DELRAY BEACH, FL 33484	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Date

Daytime Phone #

CR2E037 (9/01)