

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738696

1. Entity Name

FLANDERS D ASSOCIATION, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90108 003 ****61.25

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 33487-8229
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

59-1774407

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 VP ☒ Delete
NAME WAXBARG, BENJAMIN
STREET ADDRESS 165 FLANDERS D
CITY-ST-ZIP DELRAY BEACH FL

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

TITLE P ☐ Delete
NAME DRESNER, MARVIN
STREET ADDRESS 163 FLANDERS D
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☒ Change ☐ Addition
NAME DRESNER, MARVIN
STREET ADDRESS 163 FLANDERS D
CITY-ST-ZIP

TITLE S ☐ Delete
NAME HANDORFF, ANN
STREET ADDRESS 188 FLANDERS D
CITY-ST-ZIP DELRAY BEACH FL 33484

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

TITLE TD ☐ Delete
NAME ROSENBLATT, ANNE
STREET ADDRESS 154 FLANDERS D
CITY-ST-ZIP DELRAY BEACH FL

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

TITLE D ☒ Delete
NAME GLAUDER, L
STREET ADDRESS 170 FLANDERS D
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ Change ☒ Addition
NAME KLEIN, JULIE
STREET ADDRESS 182 FLANDERS D
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHACHER, DAVID
STREET ADDRESS 155 FLANDERS D
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00 561-495-4838
Date Daytime Phone #

CR2E037 (9/99)