

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90177 011 *****61.25

DOCUMENT # 738696

1. Entity Name

FLANDERS D ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP, INC.
6300 PRK 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

4. FEI Number

59-1774407

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 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:
FEES 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 DRESNER, MARVIN 163 FLANDERS D DELRAY BEACH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANDORFF, ANN 188 FLANDERS D DELRAY BEACH FL 33484 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Chudnoff, Ann 150 Flanders D ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSENBLATT, ANNE 154 FLANDERS D DELRAY BEACH FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kaplan, Phyllis 161 Flanders D ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, JULIE 182 FLANDERS D DELRAY BEACH FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Deitchman, Roni 153 Flanders D ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHACHER, DAVID 155 FLANDERS D DELRAY BEACH FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Glauser, Larry 170 Flanders D ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schacher, Selma 155 Flanders D ☐ 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

8/01/01

Date

561-495-4838

Daytime Phone

CR2E037 (10/00)