

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742039

1. Entity Name

FLANDERS R ASSOCIATION, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90003 006 \*\*\*\*61.25

Principal Place of Business	Mailing Address
C/O PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487 US	C/O PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON FL 33487-8229 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SWATT, MYRON  
6300 PK OF COMMERCE BLVD  
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	ADDEO, BENNY	
STREET ADDRESS	848 FLANDERS ROAD	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHWARZ, CHARLES	
STREET ADDRESS	823 FLANDERS R	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	S	<input type="checkbox"/> Delete
NAME	LEW, HAROLD	
STREET ADDRESS	837 FLANDERS R	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	DT	<input type="checkbox"/> Delete
NAME	ALTER, BOB	
STREET ADDRESS	KING DR FLANDERS R 818	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	KROPP, MIKE	
STREET ADDRESS	854 FLANDERS R	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	P	<input type="checkbox"/> Delete
NAME	KLEIMAN, IRVING	
STREET ADDRESS	835 FLANDERS R	
CITY-ST-ZIP	DELRAY BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fischer, Albert	
STREET ADDRESS	860 Flanders R	
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kleiman, Irving	
STREET ADDRESS	835 Flanders R	
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:

*Charles Schwarz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 17, 2000

Date

495-9273

Daytime Phone #

CR2E037 (9/99)