

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724887

1. Entity Name

PLAYGROUND CHAPTER NO 72 DISABLED AMERICAN VETER

Principal Place of Business

Mailing Address

716 EDGE STREET

716 EDGE STREET

P.O. BOX 2275

P.O. BOX 2275

FT. WALTON BEACH FL 32549-2275

FT. WALTON BEACH FL 32549-2275

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

59-6153400

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

ULRICH, WILLIAM  
167 KEL WEN CIRCLE  
DESTIN FL 32541

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 CD ☒ Delete  
NAME CROWE, JOSEPH L  
STREET ADDRESS 995 N DENTON BLVD  
CITY-ST-ZIP FT WALTON BEACH FL 32547

TITLE CD ☐ Change ☒ Addition  
NAME ROBERT R. CRAWFORD  
STREET ADDRESS 429 DENTON BLVD. UNIT 29  
CITY-ST-ZIP FT. WALTON BEACH FL 32547

TITLE DS ☐ Delete  
NAME KOEGH, ALLAN F  
STREET ADDRESS 632 EMERALD LANE  
CITY-ST-ZIP FT WALTON BCH FL

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

TITLE DS ☐ Delete  
NAME KEOGH, ALLAN F  
STREET ADDRESS 632 EMERALD LANE  
CITY-ST-ZIP FT WALTON BEACH FL 32547

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

TITLE TD ☐ Delete  
NAME REXFORD, JERRY D  
STREET ADDRESS P O BOX 2211  
CITY-ST-ZIP FT WALTON BEACH FL 32549

TITLE TD ☐ Change ☒ Addition  
NAME EDGAR N. CURRIE  
STREET ADDRESS 314 WOODROW ST. NE APT. 3  
CITY-ST-ZIP FT WALTON BEACH FL 32547

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 of Robert R. Crawford*

8 May 2000

850/862-9215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE