

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90705 003 ****70.00

DOCUMENT # 724887

1. Entity Name

PLAYGROUND CHAPTER NO 72 DISABLED AMERICAN VETERANS INC

Principal Place of Business

Mailing Address

716 EDGE STREET
P.O. BOX 2275
FT. WALTON BEACH FL 32549-2275

716 EDGE STREET
P.O. BOX 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

Len M. Vigare

Street Address (P.O. Box Number is Not Acceptable)

1863 Whispering Oaks Lane

City

Fort Walton Beach

FL

Zip Code
32547

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
CD
CROWE, JOSEPH L
995 N DENTON BLVD
FT WALTON BEACH FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
Jerry D. Rexford
92 Bradford St. Unit 2
Fort Walton Beach FL 32547

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
Len M. Vigare
1863 Whispering Oaks Lane
Fort Walton Beach FL 32547

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
Richard H. Gregory
248 Country Club Road
Shalimar FL 32579

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
CRAWFORD, ROBERT R
320 VININGS WAY BLVD #10-103
DESTIN FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CURRIE, EDGAR N
314 WOODROW ST. NE APT 3
FORT WALTON BEACH FL 32547

TITLE
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.

LEN M. VIGARE

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 May 02 (850) 862-9215

CR2E037 (9/01)