

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006299

1. Entity Name

PLAYACRES, INC.

Principal Place of Business

4556 E. COUNTY ROAD 468  
WILDWOOD FL 34785

Mailing Address

4556 E. COUNTY ROAD 468  
WILDWOOD FL 34785-8363

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

59-3629527

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

BRANGMAN, JANE  
4556 E. COUNTY ROAD 468  
WILDWOOD FL 34785

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 *Jane Brangman*  
Jane Brangman

President

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 PTD ☐ Delete  
NAME BRANGMAN, JANE  
STREET ADDRESS 4556 E. COUNTY ROAD 468  
CITY-ST-ZIP WILDWOOD FL 34785

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

TITLE SD ☐ Delete  
NAME LARSON, JEANETTE  
STREET ADDRESS 60 PERSIMMONS HILL DRIVE  
CITY-ST-ZIP COLUMBUS NC 28722

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

TITLE D ☐ Delete  
NAME BRANGMAN, ALBERT E  
STREET ADDRESS 4556 E. COUNTY ROAD 468  
CITY-ST-ZIP WILDWOOD FL 34785

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

TITLE D ☐ Delete  
NAME LARSON, BERT  
STREET ADDRESS 60 PERSIMMONS HILL DRIVE  
CITY-ST-ZIP COLUMBUS NC 28722

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

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:

*Jane Brangman*  
Jane Brangman President

4/14/00

Date

352 748 5212

Daytime Phone #

CR2E037 (9/99)