

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90007 042 ****70.00

DOCUMENT # 758860

1. Entity Name

NATIONAL ALLIANCE FOR YOUTH SPORTS, INC.

Principal Place of Business

Mailing Address

2050 VISTA PARKWAY
 WEST PALM BEACH FL 33411
 US

2050 VISTA PARKWAY
 WEST PALM BEACH FL 33411-2718
 US

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

59-2134374

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENGH, FREDERIC C
2050 VISTA PARKWAY
WEST PALM BCH FL 33411

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 _____ (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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	ENGH, FREDRIC C	1265 WYNNEWOOD DRIVE	WEST PALM BCH, FL 00000				
VD	BIERSCHIED, ROBERT C.	1179 SKILLMAN AVE., W	ROSEVILLE MN				
SD	SCHARBERT, ROBERT	11133 SW 113TH PL	MIAMI FL				
TD	BAGGETT, WILLIAM	12791 PACKWOOD ROAD	JUNO ISLAND FL				
D	GRAY, MICHAEL	1896 HIDDEN SPRIGNS CT	BURLINGTON KY				

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

1/5/00 561-684-1141

Date Daytime Phone #

CR2E037 (9/99)