

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005629

1. Entity Name

NATIONAL YOUTH SPORTS COACHES ASSOCIATION, INC.

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

01-14-2000 90007 043 ****70.00

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENGH, FREDRIC C
2050 VISTA PARKWAY
WEST PALM BEACH 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

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 DP ☐ Delete
NAME ENGH, FREDRIC C
STREET ADDRESS 1265 WYNNEWOOD DR.
CITY-ST-ZIP WEST PALM BEACH FL 33417

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

TITLE DST ☐ Delete
NAME SCHARBERT, ROBERT
STREET ADDRESS 11133 SW 113TH PLACE
CITY-ST-ZIP MIAMI FL 33176

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

TITLE D ☐ Delete
NAME BAGGETT, WILLIAM
STREET ADDRESS 12791 PACKWOOD RD.
CITY-ST-ZIP JUNO ISLES FL 33408

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

TITLE D ☐ Delete
NAME GRAY, MICHAEL
STREET ADDRESS 1896 HIDDEN SPRINGS CT.
CITY-ST-ZIP BURLINGTON KY 41005

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

TITLE D ☐ Delete
NAME BIERSCHEID, BOB
STREET ADDRESS 1179 SKILLMAN AVE., WEST
CITY-ST-ZIP ROSEVILLE MN 55113

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

TITLE D ☐ Delete
NAME HARRIS, CATHY
STREET ADDRESS 3927 ADMIRAL DR.
CITY-ST-ZIP CHAMBLEE GA 30341

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00

561-684-1141

Date

Daytime Phone #

CR2E037 (9/99)