2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE:

Mar 02, 2001 8:00 am DOCUMENT # N9300005629 Secretary of State 1. Entity Name 03-02-2001 90021 048 ****70.00 NATIONAL YOUTH SPORTS COACHES ASSOCIATION, INC. Principal Place of Business Mailing Address 2050 VISTA PARKWAY 2050 VISTA PARKWAY WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2134374 Not Applicable Zip Zip Country Country \$8.75 Additional \mathbf{K} 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ENGH, FREDRIC C 2050 VISTA PARKWAY WEST PALM BEACH FL 33411 City Zip Code FL 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 DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CR2E037 (10/00) TITLE ŊΡ Delete TITLE Change ☐ Addition President and CEO NAME NAME ENGH, FREDRIC C Engh, Fredric C. STREET ADDRESS STREET ADDRESS 1265 WYNNEWOOD DR. 00 Miramar Way Est Palm beach CITY-ST-ZIP CITY-ST-ZIP 33405 WEST PALM BEACH FL 33417 TITLE Delete TITLE ☐ Change ☐ Addition DST Secretary NAME NAME SCHARBERT, ROBERT Scharbert, Robert STREET ADDRESS STREET ADDRESS 11133 SW 113TH PLACE PO Box 970467 Coconut Creek CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33176 FL33097 ☐ Delete ☐ Change TITLE TITLE ■ Addition D NAME BAGGETT, WILLIAM NAME STREET ADDRESS STREET ADDRESS 12791 PACKWOOD RD. CITY-ST-7IP CITY-ST-ZIP JUNO ISLES FL 33408 Delete TITLE Director Change ☐ Addition TITLE D Gray, Michael NAME GRAY, MICHAEL NAME STREET ADDRESS STREET ADDRESS 1896 HIDDEN SPRINGS CT. 1203 Farmcrest Drive CITY-ST-ZIP CITY-ST-ZIP Union, KY 41091 **BURLINGTON KY 41005** TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME BIERSCHEID, BOB STREET ADDRESS 1179 SKILLMAN AVE., WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROSEVILLE MN 55113 Delete ☐ Change TITLE TITLE Addition NAME HARRIS, CATHY STREET ADDRESS 3927 ADMIRAL DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHAMBLEE GA 30341 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 empoyeded to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Fredric C. Engh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

2/23/01

Date

561-684-1141

Daytime Phone #