

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000005629**

1. Entity Name

NATIONAL YOUTH SPORTS COACHES ASSOCIATION, INC.

Principal Place of Business

**2050 VISTA PARKWAY
WEST PALM BEACH FL 33411
US**

Mailing Address

**2050 VISTA PARKWAY
WEST PALM BEACH FL 33411
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**ENGH, FREDRIC C
2050 VISTA PARKWAY
WEST PALM BEACH FL 33411**

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	ENGH, FREDRIC C	
STREET ADDRESS	200 MIRAMAR WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	

TITLE	S	<input type="checkbox"/> Delete
NAME	SCHARBERT, ROBERT	
STREET ADDRESS	P O BOX 970467	
CITY-ST-ZIP	COCONUT CREEK FL 33097	

TITLE	D	<input type="checkbox"/> Delete
NAME	BAGGETT, WILLIAM	
STREET ADDRESS	12791 PACKWOOD RD.	
CITY-ST-ZIP	JUNO ISLES FL 33408	

TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, MICHAEL	
STREET ADDRESS	1203 FARMCREST DRIVE	
CITY-ST-ZIP	UNION KY 41091	

TITLE	D	<input type="checkbox"/> Delete
NAME	BIERSCHIED, BOB	
STREET ADDRESS	1179 SKILLMAN AVE., WEST	
CITY-ST-ZIP	ROSEVILLE MN 55113	

TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, CATHY	
STREET ADDRESS	3927 ADMIRAL DR.	
CITY-ST-ZIP	CHAMBLEE GA 30341	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARBERT, ROBERT	
STREET ADDRESS	6500 SUTTON COURT, PARKLAND, FL	
CITY-ST-ZIP	33067	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, CATHY	
STREET ADDRESS	1855 TRIBBLE WALK DRIVE SE	
CITY-ST-ZIP	LAWRENCEVILLE GA 30045	

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

1-14-02

561-684-1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0033344

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90112 029 ****70.00



DO NOT WRITE IN THIS SPACE