

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

4/3

04-03-2003 90175 044 ****70.00

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

4. FEI Number **59-2134374**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
ENGH, FREDRIC C
200 MIRAMAR WAY
WEST PALM BEACH FL 33405** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SCHARBERT, ROBERT
6500 SUTTON COURT
POMPANO BEACH FL 33067** ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GRAY, MICHAEL
1203 FARMCREST DRIVE
UNION KY 41091** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2nd Vice President ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President & Chairman ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARRIS, CATHY
1855 TRIBBLE WALK DRIVE SE
LAWRENCEVILLE GA 30045** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3rd Vice President
Johnston, Marty
3033 Whitmarsh Way, Savannah GA 31410** ☐ Change ☒ Addition

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.

4-1-03

561-684-1141

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)