

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

DOCUMENT # N98000007049

1. Entity Name

COACH INC. OF BROWARD COUNTY



FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90140 011 ****61.25

Principal Place of Business

**2021 N.W. 46TH AVENUE
C-203
LAUDERHILL FL 33313**

Mailing Address

**2021 N.W. 46TH AVENUE
C-203
LAUDERHILL FL 33313**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0893696**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUTLER, BARBARA V
2021 N.W. 46TH AVENUE
C-203
LAUDERHILL FL 33313**

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. 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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **DEROCHE, BARBARA V**
STREET ADDRESS **2021 N.W. 46TH AVENUE**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **VP** ☐ Delete
NAME **COACH, CLIFFORD L**
STREET ADDRESS **2316 N.W. 55TH WAY**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **SD** ☐ Delete
NAME **NORRIS, ALIYA**
STREET ADDRESS **2801 N.W. 60TH AVENUE**
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE **T** ☐ Delete
NAME **COACH, CLIFTON L**
STREET ADDRESS **3278 NW 13TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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: **Barbara V Deroche** **REQUIRED**

7/29/03

934-485-9794

CR2E037 (10/02)