

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087722

1. Entity Name

ON-SITE COACHING COMPANY, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90090 012 \*\*\*150.00

Principal Place of Business

Mailing Address

~~6278 NORTH FEDERAL HIGHWAY  
SUITE 400  
FORT LAUDERDALE FL 33308~~

~~6278 NORTH FEDERAL HIGHWAY  
SUITE 400  
FORT LAUDERDALE FL 33308-1916~~

2. Principal Place of Business

2310 NW 3 Ave  
Suite, Apt. #, etc. 7

3. Mailing Address

2310 NW 3 Ave  
Suite, Apt. #, etc. 7



DO NOT WRITE IN THIS SPACE

City & State

Pompano Bch FL  
Zip 33060 Country USA

City & State

Pompano Bch FL  
Zip 33060 Country USA

4. FEI Number

65-0960140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, NORMAN D PA  
7770 W.OAKLANDPARK BLVD.  
SUITE 470  
SUNRISE FL 33351

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BRODER, MICHAEL J  
STREET ADDRESS 6278 NORTH FEDERAL HIGHWAY SUITE 400  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE D ☐ Delete  
NAME CONNOR, SUSAN  
STREET ADDRESS 6278 NORTH FEDERAL HIGHWAY SUITE 400  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 2310 NW 3 Ave #7  
CITY-ST-ZIP Pompano Bch FL 33060

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 2310 NW 3 Ave #7  
CITY-ST-ZIP Pompano Bch FL 33060

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 954-9384900  
Date Daytime Phone #

CR2E034 (9/99)