

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90204 022 \*\*\*\*61.25

**DOCUMENT # N98000004627**

1. Entity Name

**BAIL AGENT'S INDEPENDENT LEAGUE OF FLORIDA, INC.**

Principal Place of Business

**1445 N.W. 14TH TERRACE  
MIAMI FL 33125**

Mailing Address

**1445 N.W. 14TH TERRACE  
MIAMI FL 33125-2614**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0859256**

Applied For

Not Applied

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**SHEPPARD, EDWARD  
1445 N W 14 TERRACE  
MIAMI FL 33125**

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 \$61.25**

9. 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 ☐ Delete

NAME **P**  
STREET ADDRESS **SHEPPARD, EDWARD S**  
CITY-ST-ZIP **1445 N.W. 14TH TERRACE  
MIAMI FL 33125**

TITLE ☐ Delete

NAME **VP**  
STREET ADDRESS **BAILLIE, RUSSELL**  
CITY-ST-ZIP **720 N W 30TH AVENUE  
OCALA FL 34475**

TITLE ☐ Delete

NAME **D**  
STREET ADDRESS **SHEPPARD, WILLIAM I**  
CITY-ST-ZIP **220 S.E. 12TH STREET  
FT LAUDERDALE FL 33316**

TITLE ☐ Delete

NAME **S**  
STREET ADDRESS **KELLY, SHEPPARD**  
CITY-ST-ZIP **220 S E 12TH STREET  
FORT LAUDERDALE FL 33316**

TITLE ☐ Delete

NAME **T**  
STREET ADDRESS **PALMER, KIM**  
CITY-ST-ZIP **3576 W. INTERNATIONAL SPEEDWAY  
DAYTONA BEACH FL 32124**

TITLE ☐ Delete

NAME **D**  
STREET ADDRESS **NEFZGER, MIKE**  
CITY-ST-ZIP **1000 MILITARY TRAIL #D  
WEST PALM BEACH FL 33-3415**

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

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]* **1-18-00 904-258-600**