2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 09, 2001 8:00 am
Secretary of State
01-24-2001 90066 004 ****61.25

DOCUMENT # N98000004627

1. Entity Name

BAIL AGENT'S INDEPENDENT LEAGUE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1445 N.W. 14TH TERRACE MIAMI FL 33125	1445 N.W. 14TH TERRACE MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0859256 ☐ Applied For ☐ Not Applicable

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
SHEPPARD, EDWARD 1445 N W 14 TERRACE MIAMI FL 33125	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 $61.25	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHEPPARD, EDWARD S 1445 N.W. 14TH TERRACE MIAMI FL 33125	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Michael Nefzger TRES 1000 S Military Tr. #D W.P.Beacah, Fl 33415	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BAILLIE, RUSSELL 720 N W 30TH AVENUE OCALA FL 34475	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Williami Sheppard VP 220 SE 12 Street Fort Lauderdale, Fl 33301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEPPARD, WILLIAM I 220 S.E. 12TH STREET FT LAUDERDALE FL 33316	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kelly Sheppard SEC 220 SE 12 Street Fort Lauderdale, Fl. 33301	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KELLY, SHEPPARD 220 S E 12TH STREET FORT LAUDERDALE FL 33316	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kimberly Palmer TRES 3576 W Intl Speedway Blvd Daytona Beach, Fl 32124	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PALMER, KIM 3576 W. INTERNATIONAL SPEEDWAY DAYTONA BEACH FL 32124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Edward Sheppard 2 1445 NW 14 Terrace Miami, Fl. 33125	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEFZGER, MIKE 1000 MILITARY TRAIL #D WEST PALM BEACH FL 33-3415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Russell Baillie 2 720 NW 30 Ave. Ocala, Fl. 34475	☒ Change ☐ Addition

CR2E037 (10/00)

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: Kimberly Palmer TREASURER 1/15/01 904-258-6227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #