

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

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-14-2002 90353 031 ***61.25

DOCUMENT # N 98000004627

1. Entity Name

Bail Agent's Independent League of Florida

34440

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1445 NW 14th Terrace

Suite, Apt. #, etc.

3. Mailing Address

3576 W. International Speedway Blvd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Daytona Beach, FL

Zip

33125

Country

Dade

Zip

32124

Country

Volusia

4. FEI Number

65-0859256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Joann Connor

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

119 E Forsyth Street

City

Jacksonville

FL

Zip Code

32202

(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

Edward Sheppard, Past President

4-29-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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	NAME	STREET ADDRESS	CITY-ST-ZIP
Acting President	Kimberly Palmer	3576 W. International Speedway Blvd	Daytona Beach, FL 32124
Past President	Michael Neffger	1000 Military Trail #D	West Palm Beach, FL 33406
Secretary	Glenda Seppasser	P.O. Box 14761	West Palm Beach, FL 33406
Treasurer	Joann Connor	119 E Forsyth Street	Jacksonville, FL 32202
Director	Michael Kidwell	385 E. Main St	Bartholomew, FL 33830
Director	Edward Moss	441 S. Andrews Avenue	Fort Lauderdale, FL 33301

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kimberly Palmer, Acting President

Date

4-29-02

Daytime Phone #

386 2586227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR