

# 2002 UNIFORM BUSINESS REPORT (UBR)

0019684 AB

DOCUMENT # **A97000001058**

1. Entity Name, Inc.

**BOLLINGER HOLDINGS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY -2 AM 10:06

Principal Place of Business

**4401 GULF SHORE BLVD., PH 8  
NORTH NAPLES FL 34103**

Mailing Address

**P.O. BOX 22345  
LOUISVILLE KY 40252-0345**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**59-3452092**

Applied For

Not Applicable

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

**BOLLINGER, PAUL PARKER SR.**

**4401 GULF SHORE BLVD., PH 8**

**NORTH NAPLES FL 33940**

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

*Paul Parker Bollinger Sr.*  
Signature, typed or printed name of registered agent and title if applicable

DATE

**4-11-02**

9. Capital Contributions  
as Shown on record.

**\$100.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BOLLINGER, PAUL PARKER SR.  
4401 GULF SHORE BLVD., PH 8  
NORTH NAPLES FL 33940**

STREET ADDRESS

CITY-ST-ZIP

**300005577319--7**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PATRICIA SULLIVAN BOLLINGER  
4401 GULF SHORE BLVD., PH 8  
NORTH NAPLES FL 33940**

STREET ADDRESS

CITY-ST-ZIP

**05/21/02-01060-015**

**\*\*\*\*141.25 \*\*\*\*141.25**

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Paul Parker Bollinger Sr.*

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4-27-02**

**502-425-1300**

CR2E003 (9/01)