

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002186

1. Entity Name

BOLLINGER INSURANCE PROGRAMS, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91310 004 ***150.00

Principal Place of Business

Mailing Address

830 MORRIS TURNPIKE
SHORT HILLS NJ 07078

830 MORRIS TURNPIKE
SHORT HILLS NJ 07078

657547



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 22-0781130

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

UNITED CORPORATE SERVICES, INC.
9200 S. DADELAND BLVD.
STE. 508
MIAMI FL 33156

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC ☐ Delete
NAME WINDOLF, JOHN A
STREET ADDRESS FEATHERBED LN
CITY-ST-ZIP NEW VERNON NJ 07976

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

TITLE VP ☐ Delete
NAME CRISPO, G. ALEXANDER
STREET ADDRESS 46 POMEROY ROAD
CITY-ST-ZIP MADISON NJ 07940

TITLE Secretary ☒ Change ☐ Addition
NAME
STREET ADDRESS 10 Harwood Drive
CITY-ST-ZIP madison, NJ 07940

TITLE DEVP ☐ Delete
NAME COOK, DOUGLAS
STREET ADDRESS 130 LLOYD ROAD
CITY-ST-ZIP MONTCLAIR NJ 07042

TITLE Vice President ☒ Change ☐ Addition
NAME
STREET ADDRESS 96 Forest Way
CITY-ST-ZIP Essex Fells, NJ 07021

TITLE V ☐ Delete
NAME JENKINS, DONALD E
STREET ADDRESS 415 PLAZA DR
CITY-ST-ZIP WOODBRIDGE NJ 07095

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

TITLE Treasurer ☐ Delete
NAME Christopher H. Wetzel
STREET ADDRESS 6 Darlington Dr.
CITY-ST-ZIP Rockaway NJ 07866

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

TITLE ☐ Delete
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 all other like empowered.

SIGNATURE:

Christopher H. Wetzel 4/30/01 973-467-0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)