

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90858 028 \*\*\*\*61.25

**DOCUMENT # N31866**

1. Entity Name

**THE CATHOLIC LAWYERS GUILD OF THE DIOCESE OF ST. AUGUSTINE, INC.**

Principal Place of Business

Mailing Address

C/O JOHN R GEIGER  
 4475 US 1 S STE 406  
 SAINT AUGUSTINE FL 32086  
 US

C/O JOHN R GEIGER  
 4475 US 1 S STE 406  
 SAINT AUGUSTINE FL 32086  
 US

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

**59-2945814**

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

**SIMMONS, SIDNEY S. II**  
**ONE INDEPENDENT DRIVE**  
**SUITE 3200**  
**JACKSONVILLE FL 32202**

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 **D** ☐ Delete  
 NAME **BESENDORFER, RALPH**  
 STREET ADDRESS **11625 ST. AUGUSTINE RD.**  
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **D** ☒ Delete  
 NAME **HEALY, RUSSELL**  
 STREET ADDRESS **233 E BAY ST STE 1120**  
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **Thomas E. Bishop - Treasurer** ☐ Change ☒ Addition  
 NAME **50 North Laura Street, Suite 3900**  
 STREET ADDRESS **Jacksonville, Florida 32202**  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **SIMMONS, SIDNEY S. I**  
 STREET ADDRESS **ONE INDEPENDENT DRIVE, SUITE 3200**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **Director** ☐ Change ☒ Addition  
 NAME **G. Glenn Warren,**  
 STREET ADDRESS **1837 Hendricks Avenue**  
 CITY-ST-ZIP **Jacksonville, Florida 32207**

TITLE **D** ☒ Delete  
 NAME **GEIGER, JOHN R**  
 STREET ADDRESS **4475 US 1 S STE 406**  
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

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

TITLE **T** ☐ Delete  
 NAME **CONSRUCK, PAUL**  
 STREET ADDRESS **PO BOX 57742**  
 CITY-ST-ZIP **JACKSONVILLE FL 32241**

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

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)