

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90287 021 \*\*\*\*61.25

0004297

**DOCUMENT # N01000006436**

1. Entity Name

**CATHEDRAL SQUARE-THC, INC.**



Principal Place of Business

**8159 ARLINGTON EXPRESSWAY, SUITE 28  
JACKSONVILLE FL 32211**

Mailing Address

**8159 ARLINGTON EXPRESSWAY, SUITE 28  
JACKSONVILLE FL 32211**

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 **59-3742739**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEISLER, M. CURT  
12907 DEEP LAGOON PLACE EAST  
JACKSONVILLE FL 32246**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOWARD, DALE F</b>	
STREET ADDRESS	<b>4619 MONUMENT POINT CIRCLE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GEISLER, M. CURT</b>	
STREET ADDRESS	<b>1290 DEEP LAGOON PLACE EAST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NICHOLAS, JAMES R</b>	
STREET ADDRESS	<b>576 VALLEY FORGE ROAD NORTH</b>	
CITY-ST-ZIP	<b>NEPTUNE BEACH FL 32266</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PAYSINGER, DAVID</b>	
STREET ADDRESS	<b>11841 HIDDEN HILLS DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GUNN, MARSHALL</b>	
STREET ADDRESS	<b>4414 CATHEYS CLUB LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TRAVIS, CHARLES T</b>	
STREET ADDRESS	<b>1152 OAKRIDGE DRIVE SOUTH</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 registered 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] STATE REQUIRED**

11/17/03

904-721-4199

CR2E037 (10/02)