

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31866

1. Entity Name

THE CATHOLIC LAWYERS GUILD OF THE DIOCESE OF ST.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90101 007 ****61.25

Principal Place of Business

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

Mailing Address

C/O JOHN R GEIGER
4475 US 1 S STE 406
SAINT AUGUSTINE FL 32086-7283
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 ☒ Delete
NAME BESENDORFER, RALPH
STREET ADDRESS 11625 ST. AUGUSTINE RD.
CITY-ST-ZIP JACKSONVILLE FL

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

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

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

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

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

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

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

TITLE ☒ Delete
NAME SEIBOLD, JOANNE E
STREET ADDRESS PO BOX 52957
CITY-ST-ZIP JACKSONVILLE FL 32201

TITLE ☒ Change ☐ Addition
NAME T = (Treasurer)
STREET ADDRESS Consbruck, Paul
CITY-ST-ZIP P.O. Box 4054

TITLE ☒ Delete
NAME BETANCOURT, NEAL
STREET ADDRESS 221 E CHURCH ST
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS Jacksonville, FL 32201
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 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

1/19/2000

904-
630-2570

Date

Daytime Phone #

CR2E037 (9/99)