

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S49803

1. Entity Name

RETIREMENT COUNCIL, INC.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90043 014 \*\*\*150.00

Principal Place of Business

Mailing Address

9825 W. SAMPLE RD., STE. 206  
CORAL SPRINGS FL 33065-4040  
US

9825 W. SAMPLE RD., STE. 206  
CORAL SPRINGS FL 33065-4040  
US

A0004087



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

65-0263616

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

CHALOM, JOSEPH C.  
2900 UNIVERSITY DR  
STE 49  
CORAL SPRINGS FL 33065

Name

Joseph C. Chalom

Street Address (P.O. Box Number is Not Acceptable)

9825 West Sample Road, Suite 206

City

Coral Springs

FL

Zip Code  
33065

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

*Joseph C. Chalom* *Joseph Chalom*

*1/6/2000*

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, 2000 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 PST ☐ Delete  
NAME CHALOM, JOSEPH C.  
STREET ADDRESS 2900 UNIVERSITY DR STE 49  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE PST ☒ Change ☐ Addition  
NAME Chalom, Joseph C.  
STREET ADDRESS 9825 West Sample Road, Suite 206  
CITY-ST-ZIP Coral Springs, FL 33065

TITLE D ☐ Delete  
NAME CHALOM, JOSEPH C.  
STREET ADDRESS 2900 UNIVERSITY DR STE 49  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D ☒ Change ☐ Addition  
NAME Chalom, Joseph C.  
STREET ADDRESS 9825 West Sample Road, Suite 206  
CITY-ST-ZIP Coral Springs, FL 33065

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Joseph Chalom*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joseph Chalom*  
Date

*1/6/99 (654) 240-1000*  
Daytime Phone #

CR2E034 (9/99)