

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**  
 04-05-2000 90091 035 \*\*\*\*61.25

**DOCUMENT # N94000000957**

1. Entity Name

**NATIONAL RETIREES COUNCIL, INC.**

Principal Place of Business

Mailing Address

5959 ST. AUGUSTINE RD. #C  
 JACKSONVILLE FL 32247

PO BOX 5057  
 JACKSONVILLE FL 32247-5057



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4000 Union Hall Place

3. Mailing Address

4000 Union Hall Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

59-3215210

Applied For

Not Applicable

Zip

32205

Country

USA

Zip

32205

Country

USA

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

**DEATON, JAMES E**  
**5741 CEDAR PARK LN**  
**JACKSONVILLE FL 32210**

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 *James E Deaton*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

*3/29/2000*  
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROFT, JACK	NAME	
STREET ADDRESS	4243 WOODMERE ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILL, EVA	NAME	
STREET ADDRESS	603 LUNA CT	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANCILLA, FRED	NAME	
STREET ADDRESS	478 WEST 65TH ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEATON, JAMES E	NAME	
STREET ADDRESS	5471 CEAR PARK LANE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMEAU, GEORGE	NAME	
STREET ADDRESS	4809 PHYLISS ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	FST <input checked="" type="checkbox"/> Delete	TITLE	FST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORT, ROBERT E	NAME	Suzanne H. McGlothlin
STREET ADDRESS	9516 WATERFORD RD	STREET ADDRESS	4000 Union Hall Place
CITY-ST-ZIP	JACKSONVILLE F	CITY-ST-ZIP	Jacksonville, Florida 32205

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

*James E Deaton*

Date

Daytime Phone #

CR2E037 (9/99)