

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90099 019 ****61.25

DOCUMENT # N97000000767

1. Entity Name

THE JOHN WAYNE MEMORIAL, CHAPTER 21 OF THE SPECI

Principal Place of Business

Mailing Address

**685 NEEDLE BOULEVARD
 MERRITT ISLAND FL 32953**

**685 NEEDLE BOULEVARD
 MERRITT ISLAND FL 32953-6138**

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BASS, ROBERT H
 685 NEEDLE BOULEVARD
 MERRITT ISLAND FL 32953**

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	<input type="checkbox"/> Delete
NAME	SALZMAN, ROBERT P	
STREET ADDRESS	355 ORION COURT	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCNATT, ROBERT N	
STREET ADDRESS	5544 STULL AVENUE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input type="checkbox"/> Delete
NAME	BASS, ROBERT H	
STREET ADDRESS	685 NEEDLE BOULEVARD	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOMLIN, THOMAS R	
STREET ADDRESS	1408 GULFWOOD COURT	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT D. FARNUM	
STREET ADDRESS	3360 HIDDEN HAVEN COURT	
CITY-ST-ZIP	TAMPA, FL 33607-6635	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAROLD E. SLUSER	
STREET ADDRESS	6762 CANDLEWOOD DR.	
CITY-ST-ZIP	FT MYERS, FL 33919	
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 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: *Robert H. Bass* **ROBERT H. BASS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 26, 2000 407 453 158
 Date Daytime Phone #