

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** Delete
NAME **SALZMAN, ROBERT P**
STREET ADDRESS **355 ORION COURT**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

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

TITLE **D** Delete
NAME **MCNATT, ROBERT N**
STREET ADDRESS **5544 STULL AVENUE**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **D** Change Addition
NAME **ALBERT D. FARNUM**
STREET ADDRESS **3360 HIDDEN HAVEN COURT**
CITY-ST-ZIP **TAMPA, FL 33607-6635**

TITLE **D** Delete
NAME **BASS, ROBERT H**
STREET ADDRESS **685 NEEDLE BOULEVARD**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

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

TITLE **D** Delete
NAME **TOMLIN, THOMAS R**
STREET ADDRESS **1408 GULFWOOD COURT**
CITY-ST-ZIP **BRANDON FL 33510**

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

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **D** Change Addition
NAME **HAROLD E. SLUSHER**
STREET ADDRESS **6762 CANDLEWOOD DR.**
CITY-ST-ZIP **FT MYERS, FL 33919**

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change 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 #