2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # **746280** 1. Entity Name GLORIA MUSICAE, INC. 05-16-2000 90112 030 ****70.00 Principal Place of Business Mailing Address PO BOX 3863 ST BONIFACE CHURCH SARASOTA FL 34230-3863 MIDNIGHT PASS RD. SARASOTA FL 34291 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1913814 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HNKE BERNARD MAGENHEIM, JULIE G 7745 FAIRWAY WOODS DR SARASOTA FL 34238 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE Delete TITLE NAME FOWLER, TONY NAME **CR2E037** 4244 MARINA CT STREET ADDRESS STREET ADDRESS 4244 MARIKA CT CITY-ST-ZIP CITY-ST-ZIP CORTEZ FL 34215 ☐ Change ☐ Addition TITLE ☐ Delete HAHNKE, BERNARD NAME NAME STREET ADDRESS STREET ADDRESS 8724 28TH ST, CIRCLE E CITY-ST-7IP CITY-ST-7IP PARRISH FL 34219 Change Addition TITLE Delete TITLE NAME PARRY, MARILYN NAME WESTWAY DR. STREET ADDRESS STREET ADDRESS 340 CANAL RD SARASOTA, FL CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 **M** Delete Change Addition TITLE TITLE IRWIN E MAGENHEIM, JULIE G NAME NAME ISOS PELICAN POINT DR BAZTI 7745 FAIRWAY WOODS DR STREET ADDRESS STREET ADDRESS SARASOTA, FL CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34239 **Addition** Delete TITLE ☐ Change TITLE FLEMING, MILLICENT NAME HENDERSON, LAURA NAME STREET ADDRESS STREET ADDRESS 4713 VILLAGE GARDENS 308 S. RAVENNA ST DR. CITY-ST-ZIP CITY-ST-ZIP NOKOMIS FL 34275 ☐ Change Addition TITLE Delete TITLE HAHNKE, SANDRA NAME NAME STREET ADDRESS STREET ADDRESS 8724 28TH ST, CIRCLE E CITY-ST-ZIP CITY-ST-ZIP PARRISH FL 34219 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.

Daytime Phone #