

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91600 024 ****61.25

DOCUMENT # 746280

1. Entity Name

GLORIA MUSICAE, INC.

Principal Place of Business

ST BONIFACE CHURCH
 MIDNIGHT PASS RD.
 SARASOTA FL 34242
 US

Mailing Address

PO BOX 3863
 SARASOTA FL 34238-8303
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34230-3863

4. FEI Number

59-1913814

Applied For

Not Applicable

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

HAHNKE, BERNARD S
8724 28TH ST CIR E
PARRISH FL 34219

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 **VP** ☐ Delete
 NAME **FOWLER, TONY**
 STREET ADDRESS **4244 MARIKA CT**
 CITY-ST-ZIP **CORTEZ FL 34215**

TITLE **D/S BERRY KATTHANN, BETTE** ☐ Change ☒ Addition
 NAME **2306 Harrier Way**
 STREET ADDRESS **NOKOMIS, FL 34275**
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **HAHNKE, BERNARD**
 STREET ADDRESS **8724 28TH ST, CIRCLE E**
 CITY-ST-ZIP **PARRISH FL 34219**

TITLE **D/P MILLICENT FLEMING** ☐ Change ☒ Addition
 NAME **4713 VILLAGE GARDENS DR.**
 STREET ADDRESS **SARASOTA, FL 34234**
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **PARRY, MARILYN**
 STREET ADDRESS **340 CANAL RD**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **D** ☐ Change ☒ Addition
 NAME **FOWLER, ARDEN**
 STREET ADDRESS **4244 MARINA CT.**
 CITY-ST-ZIP **CORTEZ, FL 34215**

TITLE **T** ☒ Delete
 NAME **MAGENHEIM, JULIE G**
 STREET ADDRESS **7745 FAIRWAY WOODS DR**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **D T IRWIN JONES** ☐ Change ☒ Addition
 NAME **1505 Pelican Point DR BA 271**
 STREET ADDRESS **SARASOTA, FL 34231**
 CITY-ST-ZIP

TITLE **S** ☒ Delete
 NAME **HENDERSON, LAURA**
 STREET ADDRESS **308 S. RAVENNA ST**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **M/D HAHNKE, BERNARD** ☒ Change ☐ Addition
 NAME **8724 28th ST. CIRCLE E.**
 STREET ADDRESS **PARRISH, FL 34219**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HAHNKE, SANDRA**
 STREET ADDRESS **8724 28TH ST, CIRCLE E**
 CITY-ST-ZIP **PARRISH FL 34219**

TITLE **D** ☐ Change ☒ Addition
 NAME **ELBERT WISNER**
 STREET ADDRESS **4939 Fallcrest Cir.**
 CITY-ST-ZIP **SARASOTA, FL 34233**

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: **BERNARD HAHNKE**

4-25-01

941-776-3324

CR2E037 (10/00)