

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90045 009 \*\*\*150.00

0061522

**DOCUMENT # 549111**

1. Entity Name

**AL HAVENER'S MUSICLAND OF SARASOTA, INCORPORATED**

Principal Place of Business

**2042 BEE RIDGE RD  
SARASOTA FL 34239  
US**

Mailing Address

**6509 CENTRAL AVE  
ST. PETERSBURG FL 33710**

2. Principal Place of Business

**5862 DEACON ROAD**

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

**SARASOTA FL 34238**

City &amp; State

Zip

**34238**

Country

Zip

Country

4. FEI Number

**59-1781759**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**STEPHEN F. ELLIS  
1800 SECOND STREET  
SUITE 806  
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>WOODRUM HAVENER, GIA</b>	
STREET ADDRESS	<b>2042 BEE RIDGE RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PSTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAVENER, GIA WOODRUM</b>	
STREET ADDRESS	<b>5862 DEACON ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GIA WOODRUM HAVENER**

Date

Daytime Phone #

**941-925-1200**

CR2E034 (10/00)