

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90112 030 \*\*\*\*70.00

**DOCUMENT # 746280**

1. Entity Name  
**GLORIA MUSICAE, INC.**

Principal Place of Business <b>ST BONIFACE CHURCH          MIDNIGHT PASS RD.          SARASOTA FL 34237          US</b>	Mailing Address <b>PO BOX 3863          SARASOTA FL 34230-3863          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip <b>34242</b> Country	Zip Country

4. FEI Number <b>59-1913814</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**MAGENHEIM, JULIE G  
 7745 FAIRWAY WOODS DR  
 SARASOTA FL 34238**

7. Name and Address of New Registered Agent  
 Name **HANNKE, BERNARD S.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8724 28TH ST CIRCLE E**  
 City **PARRISH, FL** FL Zip Code **34219**

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 *Bernard S. Hahnke* **04/24/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>FOWLER, TONY</b>	
STREET ADDRESS	<b>4244 MARIKA CT</b>	
CITY-ST-ZIP	<b>CORTEZ FL 34215</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>HANNKE, BERNARD</b>	
STREET ADDRESS	<b>8724 28TH ST, CIRCLE E</b>	
CITY-ST-ZIP	<b>PARRISH FL 34219</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>PARRY, MARILYN</b>	
STREET ADDRESS	<b>340 CANAL RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<b>MAGENHEIM, JULIE G</b>	
STREET ADDRESS	<b>7745 FAIRWAY WOODS DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	<b>HENDERSON, LAURA</b>	
STREET ADDRESS	<b>308 S. RAVENNA ST</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>HANNKE, SANDRA</b>	
STREET ADDRESS	<b>8724 28TH ST, CIRCLE E</b>	
CITY-ST-ZIP	<b>PARRISH FL 34219</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4244 MARINA CT</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GARVIN, ROBERT</b>	
STREET ADDRESS	<b>1310 WESTWAY DR.</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34236</b>	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JONES, IRWIN E.</b>	
STREET ADDRESS	<b>1505 PELICAN POINT DR BA271</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FLEMING, MILLICENT</b>	
STREET ADDRESS	<b>4713 VILLAGE GARDENS DR.</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34234</b>	
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: *Bernard S. Hahnke* **BERNARD S. HANNKE** **04/24/00** **941 776-3324**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/99)