

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 ST BONIFACE CHURCH MIDNIGHT PASS RD. SARASOTA FL 34237 US	Mailing Address PO BOX 3863 SARASOTA FL 34230-3863 US
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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 34242 Country	Zip Country

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4244 MARINA CT
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	GARVIN, ROBERT
STREET ADDRESS	1310 WESTWAY DR.
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, IRWIN E.
STREET ADDRESS	1505 PELICAN POINT DR BA271
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEMING, MILLICENT
STREET ADDRESS	4713 VILLAGE GARDENS DR.
CITY-ST-ZIP	SARASOTA, FL 34234
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)