

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

0075284

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

**DOCUMENT # 746280**

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

Principal Place of Business Mailing Address  
**ST BONIFACE CHURCH PO BOX 3863**  
**MIDNIGHT PASS RD. SARASOTA FL 34238-8303**  
**SARASOTA FL 34242 US**

002021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **59-1913814** Applied For  
 Not Applicable

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

**34230-3863**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/S</b> <b>KATTHANN, BETTE</b> <b>2306 Harrier Way</b> <b>NOKOMIS, FL 34275</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <b>MILLICENT FLEMING</b> <b>4713 VILLAGE GARDENS DR.</b> <b>SARASOTA, FL 34234</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FOWLER, ARDEN</b> <b>4244 MARINA CT.</b> <b>CORTEZ, FL 34215</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>IRWIN JONES</b> <b>1505 Pelican Point DR BA 271</b> <b>SARASOTA, FL 34231</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M/D</b> <b>HAHNKE, BERNARD</b> <b>8724 28th ST. CIRCLE E.</b> <b>PARRISH, FL 34219</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ELBERT WISNER</b> <b>4939 Fallcrest Cir.</b> <b>SARASOTA, FL 34233</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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** 4-25-01 941-776-3324

CR2E037 (10/00)