

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002488

1. Entity Name

BOB SNYDER MUSIC MINISTRIES, INC.

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90051 003 ****61.25

Principal Place of Business

1104 N. COLLIER BLVD.
 MARCO ISLAND FL 34145

Mailing Address

1104 N. COLLIER BLVD.
 MARCO ISLAND FL 34145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1098336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREUSEL, JAMIE B
 C/O BERRY & GREUSEL
 1104 N. COLLIER BLVD.
 MARCO ISLAND FL 34145

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 PD
 NAME SNYDER, ROBERT B
 STREET ADDRESS 1104 N. COLLIER BLVD.
 CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD
 NAME HUGHEN, JACK
 STREET ADDRESS 1104 N. COLLIER BLVD.
 CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD
 NAME GRUBER, AARON
 STREET ADDRESS 1104 N. COLLIER BLVD.
 CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 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:

Robert B. Snyder
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-647-8570

CR2E037 (9/01)