

2000 UNIFORM BUSINESS REPORT (UBR)

0291813

DOCUMENT # P94000035046

1. Entity Name

HEMISPHERE INVESTMENTS, INC.

FILED

00 JUL -5 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

200 N ANDREWS AVE
3RD FLOOR
FT. LAUDERDALE FL 33301
US

200 N ANDREWS AVE
3RD FLOOR
FT. LAUDERDALE FL 33301-1018
US

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

65-0492136

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEUKAMM, MICHAEL E
201 E. PINE STREET
STE. 1200
ORLANDO FL 32801

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	HOLZEMER, BEN	
STREET ADDRESS	408 SEVEN ISLES DR	
CITY-ST-ZIP	FT LAUDERDALE FL 32301	
TITLE	TSC	<input type="checkbox"/> Delete
NAME	ROLLINS, HARLEY	
STREET ADDRESS	1561 NW 101 WAY	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	DCEO	<input checked="" type="checkbox"/> Delete
NAME	HOLZEMER, BEN	
STREET ADDRESS	408 SEVEN ISLE DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	RINDERKNECHT, THOMAS	
STREET ADDRESS	8CETHOVENSTRASSE 7 POSTFACH 4451	
CITY-ST-ZIP	ZURICH CH-8022 SWITZERLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARRINGTON, JOHN	
STREET ADDRESS	VICTORIA LODGE, HERMITAGE WALK	
CITY-ST-ZIP	LONDON E18 2BN	
TITLE	DC	<input type="checkbox"/> Delete
NAME	NELSON, JERRY	
STREET ADDRESS	8711 E PINNACLE PEAK RD	
CITY-ST-ZIP	SCOTTSDALE AZ 85255	

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ben Holzemer	
STREET ADDRESS	3153 Royal Palm Ave	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Gordon	
STREET ADDRESS	2175 Emerson Street	
CITY-ST-ZIP	Palo Alto, CA 94301	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tim McCarthy	
STREET ADDRESS	6 Irene Road	
CITY-ST-ZIP	London, UK SW16	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Sarcu	
STREET ADDRESS	9 Cambridge Gate, Apt. 4	
CITY-ST-ZIP	Regents Park, London, UK NW1 4JT	
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		

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:

Ben Holzemer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/30/00