

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000068347**1. Entity Name  
**GLOBENET CAPITAL CORPORATION**Principal Place of Business  
507 NORTH NEW YORK AVENUE  
STE. 200  
WINTER PARK FL 32789 USMailing Address  
507 NORTH NEW YORK AVENUE  
STE. 200  
WINTER PARK FL 32789 US2. Principal Place of Business  
220 E CENTRAL PARKWAY3. Mailing Address  
220 E CENTRAL PARKWAYSuite, Apt. #, etc.  
SUITE 4010Suite, Apt. #, etc.  
SUITE 4010City & State  
ALTAMONTE SPRINGS FLCity & State  
ALTAMONTE SPRINGS FLZip Country  
32701 USZip Country  
32701 US4. FEI Number  
**59-3275011**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**SEMONES BOB  
507 NORTH NEW YORK AVE.  
STE. 200  
WINTER PARK FL 32789 US**7. Name and Address of New Registered Agent**Name  
SEMONES BOB  
Street Address (P.O. Box Number is Not Acceptable)  
220 E CENTRAL PARKWAY  
SUITE 4010  
City ALTAMONTE SPRINGS FL Zip Code 32701

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 \_\_\_\_\_ **04/30/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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**

TITLE	VST	<input type="checkbox"/> Delete
NAME	ALLEN MONTY K	
STREET ADDRESS	507 NORTH NEW YORK AVENUE, STE. 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	V	<input type="checkbox"/> Delete
NAME	VENEZIANO KENNETH	
STREET ADDRESS	507 NORTH NEW YORK AVENUE, STE. 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	V	<input type="checkbox"/> Delete
NAME	IRWIN DAVID A	
STREET ADDRESS	507 NORTH NEW YORK AVENUE, STE. 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAGILL LOUIS C	
STREET ADDRESS	507 NORTH NEW YORK AVENUE, STE. 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLSEY ALAN G	
STREET ADDRESS	507 NORTH NEW YORK AVENUE, STE. 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SEMONES BOB	
STREET ADDRESS	507 NORTH NEW YORK AVENUE, STE. 200	
CITY-ST-ZIP	WINTER PARK FL 32789	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN MONTY K	
STREET ADDRESS	220 E CENTRAL PKWY, SUITE 4010	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENEZIANO KENNETH	
STREET ADDRESS	220 E CENTRAL PKWY, SUITE 4010	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR BOB	
STREET ADDRESS	220 E CENTRAL PKWY, SUITE 4010	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER CHRIS	
STREET ADDRESS	220 E CENTRAL PKWY, SUITE 4010	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLSEY ALAN G	
STREET ADDRESS	220 E CENTRAL PKWY, SUITE 4010	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMONES BOB	
STREET ADDRESS	220 E CENTRAL PKWY, SUITE 4010	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	

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: ALAN G. WILLSEY****PD 04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

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**MARK STRAUCH  
THE GALLAGHER CENTRE  
TWO PIERCE PLACE  
ITASCA, IL 60143-3141**

**LEOPOLD KORINS, DIRECTOR  
50 SUNSET INN ROAD**

**LAFAYETTE, NJ 07848**

**GREG VIGRASS, VICE PRESIDENT  
220 E CENTRAL PKWY  
SUITE 4010  
ALTAMONTE SPRINGS, FL 32701**