

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90135 050 ***150.00

DOCUMENT # 688005

1. Entity Name
WILSON MANAGEMENT COMPANY

Principal Place of Business
**655 NORTH FRANKLIN STREET
 SUITE 2200
 TAMPA FL 33602**

Mailing Address
**655 NORTH FRANKLIN STREET
 SUITE 2200
 TAMPA FL 33602**

C0060522



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 **59-2027272**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WILSON, JACK
 6200 COURTNEY CAMPBELL CAUSEWAY
 SUITE 600
 TAMPA FL 33607**

Name
Wilson, Jack
 Street Address (P.O. Box Number is Not Acceptable)
655 North Franklin Street, Suite 2200
 City **Tampa** FL Zip Code **33602**

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 _____ (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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PTD WILSON, JACK	<input type="checkbox"/> Delete
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE NAME	V WELCH, GARY E	<input type="checkbox"/> Delete
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE NAME	S MITCHELL, STEPHEN J.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	ONE TAMPA CITY CENTER	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME	VS KOEHLER, DEBRA F.	<input type="checkbox"/> Delete
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE NAME	V FINCH, LARRY J	<input type="checkbox"/> Delete
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE NAME	V BOWERS, C G	<input type="checkbox"/> Delete
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Debra F Koehler **Debra F. Koehler** 4/27/01 (813) 281-8888
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment Doc # 688005
C0060522

Wilson Management Company
Document #688005

List of Additional Officers

- Brenda H. Storey
- Barry Hanerfeld
- Terry Foote
- Tee Ann Bailey
- Ashley Wilson (new)