

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 688827

FILED

1. Entity Name

TWC INVESTMENT COMPANY

00 APR 28 AM 7:29

Principal Place of Business

6200 COURTNEY CAMPBELL CAUSEWAY  
SUITE 600  
TAMPA FL 33607

Mailing Address

6200 COURTNEY CAMPBELL CAUSEWAY  
SUITE 600  
TAMPA FL 33602-4409

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

655 North Franklin Street

3. Mailing Address

655 North Franklin Street

Suite, Apt., #, etc  
Suite 2200

Suite, Apt., #, etc  
Suite 2200

City & State  
Tampa, FL

City & State  
Tampa, FL

4. FEI Number  
59-2415934-59-2026256

Applied For  
Not Applicable

Zip  
33602

Country  
Hillsborough

Zip  
33602

Country  
Hillsborough

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

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

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 VS  Delete  
NAME KOEHLER, DEBRA F.  
STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY, #600  
CITY-ST-ZIP TAMPA FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS 655 North Franklin Street, Suite 2200  
CITY-ST-ZIP Tampa, FL 33602

TITLE DPT  Delete  
NAME WILSON, JACK  
STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY, #600  
CITY-ST-ZIP TAMPA FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS 655 North Franklin Street, Suite 2200  
CITY-ST-ZIP Tampa, FL 33602

TITLE S  Delete  
NAME MITCHELL, STEPHEN J.  
STREET ADDRESS ONE TAMPA CITY CENTER  
CITY-ST-ZIP TAMPA FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS 000003241780  
CITY-ST-ZIP -05/08/00--01012--010  
\*\*\*158.75 \*\*\*158.75

TITLE V  Delete  
NAME WELCH, GARY E  
STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY, #600  
CITY-ST-ZIP TAMPA FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS 655 North Franklin Street, Suite 2200  
CITY-ST-ZIP Tampa, FL 33602

TITLE V  Delete  
NAME BOWERS, CHRISTOPHER G  
STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY, #600  
CITY-ST-ZIP TAMPA FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS 655 North Franklin Street, Suite 2200  
CITY-ST-ZIP Tampa, FL 33602

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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:

By SIGNATURE Debra F. Koehler  
Debra F. Koehler, Senior Vice President

(813) 281-8888

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #

CR25004 (04/00)