

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 688827
 1. Entity Name
TWC INVESTMENT COMPANY

FILED

00 APR 28 AM 7:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
6200 COURTNEY CAMPBELL CAUSEWAY **6200 COURTNEY CAMPBELL CAUSEWAY**
SUITE 600 **SUITE 600**
TAMPA FL 33607 **TAMPA FL 33602-4409**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
655 North Franklin Street **655 North Franklin Street**
 Suite, Apt., #, etc. Suite, Apt., #, etc.
Suite 2200 **Suite 2200**

City & State City & State
Tampa, FL **Tampa, FL**

4. FEI Number Applied For
59-2415934-59-2026256 Not Applicable

Zip Country Zip Country
33602 **Hillsborough** **33602** **Hillsborough**

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	
		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOEHLER, DEBRA F.	NAME	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #600	STREET ADDRESS	655 North Franklin Street, Suite 2200
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	Tampa, FL 33602
TITLE	DPT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JACK	NAME	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #600	STREET ADDRESS	655 North Franklin Street, Suite 2200
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	Tampa, FL 33602
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, STEPHEN J.	NAME	000003241780
STREET ADDRESS	ONE TAMPA CITY CENTER	STREET ADDRESS	-05/08/00--01012--010
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	***158.75 ***158.75
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, GARY E	NAME	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #600	STREET ADDRESS	655 North Franklin Street, Suite 2200
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	Tampa, FL 33602
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWERS, CHRISTOPHER G	NAME	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #600	STREET ADDRESS	655 North Franklin Street, Suite 2200
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	Tampa, FL 33602
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 SIGN Debra F. Koehler** (813) 281-8888
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25004 (9/00)