

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A97000001241

1. Entity Name  
TWC Ninety-One Partners, Ltd.

Principal Place of Business: 200 Courtney Campbell Cswy Suite 600 Tampa, FL 33607  
Mailing Address: 6200 Courtney Campbell Cswy Suite 600 Tampa, FL 33607

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business: 655 North Franklin Street Suite 2200 Tampa, FL  
3. Mailing Address: 655 North Franklin Street Suite 2200 Tampa, FL

4. FEI Number: 59-3455317

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Brian J. McDonough, 200 Museum Tower, 150 West Flagler Street, Miami, FL 33130

7. Name and Address of New Registered Agent

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. Capital Contributions as Shown on record: \$50.00  
10. Amount of Capital Contributions in FLORIDA to date: \$100.00  
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000049164	STREET ADDRESS	655 North Franklin Street, Suite 2200
NAME	TWC Ninety-One, Inc.	CITY-ST-ZIP	Tampa, FL 33602
STREET ADDRESS	6200 Courtney Campbell Cswy Ste 600		
CITY-ST-ZIP	Tampa, FL 33607		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000003251830--0
STREET ADDRESS			-05/15/00--01015--026
CITY-ST-ZIP			***193.75 ***141.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

TWC Ninety-One Partners, Ltd. By: TWC Ninety-One, Inc.  
SIGNATURE: By: Debra F. Koehler (813) 281-8888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: Debra F. Koehler, Senior Vice President Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_