

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001242

1. Entity Name

TWC Ninety-One, Ltd.

Principal Place of Business

6200 Courtney Campbell Cswy
Suite 600
Tampa, FL 33607

Mailing Address

6200 Courtney Campbell Cswy
Suite 600
Tampa, FL 33607

2. Principal Place of Business

655 North Franklin Street
Suite, Apt. #, etc.
Suite 2200

3. Mailing Address

655 North Franklin Street
Suite, Apt. #, etc.
Suite 2200

City & State

Tampa, FL

Zip

33602

Country

Hillsborough

City & State

Tampa, FL

Zip

33602

Country

Hillsborough

4. FEI Number

59-3455316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

00 MAY -4 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

McDonough, Brian J.
200 Museum Tower
50 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

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. Capital Contributions
as Shown on record.

\$643,752.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$643,752.00

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

A97000001241
TWC Ninety-One Partners, Ltd.
6200 Courtney Campbell Cswy Ste 600
Tampa, FL 33607

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

655 North Franklin Street, Suite 2200

CITY-ST-ZIP

Tampa, FL 33602

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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, Ltd. By: TWC Ninety-One Partners, Ltd. By: TWC Ninety-One, Inc.

SIGNATURE: By:

Debra F. Koehler, Senior Vice President

(813) 281-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #