

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91323 038 \*\*\*150.00

**DOCUMENT # P02000007624**



1. Entity Name  
**TWC THIRTY-FOUR, INC.**

Principal Place of Business  
**655 N. FRANKLIN ST., STE. 2200  
TAMPA FL 33602**

Mailing Address  
**655 N. FRANKLIN ST., STE. 2200  
TAMPA FL 33602**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MCDONOUGH, BRIAN J  
2200 MUSEUM TOWER  
150 W. FLAGLER ST.  
MIAMI FL 33130**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D PT</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, JACK</b>	
STREET ADDRESS	<b>655 N. FRANKLIN ST., STE. 2200</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>KOEHLER, DEBRA F.</b>	
STREET ADDRESS	<b>655 N. FRANKLIN STREET, STE 2200</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33602</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WELCH, GARY E.</b>	
STREET ADDRESS	<b>655 N. FRANKLIN STREET, STE 2200</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33602</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BOWERS, CHRISTOPHER G.</b>	
STREET ADDRESS	<b>655 N. FRANKLIN STREET, STE 2200</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33602</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**Dobra F. Koehler**

Senior Vice President

4-30-03 (813) 281-8888

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)