

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000841**

1. Entity Name

**TWC FIFTY-FIVE, LTD.**

Principal Place of Business

**6200 COURTNEY CAMPBELL CAUSEWAY, #600  
TAMPA FL 33607**

Mailing Address

**6200 COURTNEY CAMPBELL CAUSEWAY, #600  
TAMPA FL 33607-7215**

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**

Zip  
**33602**

Country  
**Hillsborough**

Zip  
**33602**

Country  
**Hillsborough**

6. Name and Address of Current Registered Agent

**MITCHELL, STEPHEN J  
201 N. FRANKLIN STREET, SUITE 2100  
TAMPA FL 33602**

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

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.

**\$1,248,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$1,248,000.00**

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

DOCUMENT # **P96000038139**  
NAME **TWC FIFTY-FIVE, INC.**  
STREET ADDRESS **6200 COURTNEY CAMPBELL CAUSEWAY, #600**  
CITY - ST - ZIP **TAMPA FL 33607**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **655 North Franklin Street, Suite 2200**  
CITY - ST - ZIP **Tampa, FL 33602**

DOCUMENT #  
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CITY - ST - ZIP

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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

By: **TWC Fifty-Five, Inc.**

SIGNATURE: By: **SIGNATURE** *[Signature]*  
President

(813) 281-8888

SIGNATURE OF REGISTERED AGENT OR PRESIDENT OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

00 MAY -4 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3385636**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

CE 103 (9/99)