

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000518**

1. Entity Name  
**TWC NINETY-FIVE PARTNERS, LTD.**



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

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

**FILED**  
**03 APR 30 AM 5:33**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**MJH**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **59-3445532**

Applied For

Not Applicable

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

**MCDONOUGH, BRIAN J  
2200 MUSEUM TOWER  
150 W. FLAGLER STREET  
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.

DATE

9. Capital Contributions  
as Shown on record. **\$100.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 # **P97000018900**  
NAME **TWC NINETY-FIVE, INC.**  
STREET ADDRESS **655 N. FRANKLIN ST., SUITE 2200**  
CITY-ST-ZIP **TAMPA FL 33602**

STREET ADDRESS

CITY-ST-ZIP

~~04/30/03--01059--010 \*\*141.25~~

DOCUMENT #  
NAME  
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**200017569702**  
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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-Five, Inc.**

SIGNATURE: By: **SIGNATURE**

**Debra F. Roemer, Senior Vice President**

**Jo 4-30-03**

**(813) 281-8888**

Date

Daytime Phone #

CR2E003 (10/02)

0004483 AV

STAPLE CHECK HERE