

2002 UNIFORM BUSINESS REPORT (UBR)

000311 AV

DOCUMENT # A97000001920

1. Entity Name

TWC EIGHTY-NINE PARTNERS, LTD.

FILED

02 MAY -1 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

655 NORTH FRANKLIN STREET, SUITE 2200
TAMPA FL 33602

Mailing Address

655 NORTH FRANKLIN STREET, SUITE 2200
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3477739

Applied For

Not Applicable

Zip

Country

Zip

Country

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
STEARNS WEAVER MILLER WEISSLER ALHADEFF
150 W. FLAGLER ST., MUSEUM TOWER STE. 2200
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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$50.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$50.00

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 # P97000077219
NAME TWC EIGHTY-NINE, INC.
STREET ADDRESS 655 NORTH FRANKLIN STREET, SUITE 2200
CITY-ST-ZIP TAMPA FL 33602

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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 Eighty-Nine Partners, Ltd. By: TWC Eighty-Nine, Inc.

SIGNATURE: By: *Demetrius A. Kocik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02 813-281-0000

Date

Daytime Phone #

CR2E003 (9/01)