

2001 UNIFORM BUSINESS REPORT (UBR)

0009126 AF

DOCUMENT # A97000001942

1. Entity Name
TWC NINETY-SEVEN, LTD.

FILED
01 MAY -1 PM 5:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 655 NORTH FRANKLIN STREET
STE 2200
TAMPA FL 33602

Mailing Address 655 NORTH FRANKLIN STREET
STE 2200
TAMPA FL 33602



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

5/1 DO NOT WRITE IN THIS SPACE **MJH**

4. FEI Number 59-3475069
Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MCDONOUGH, BRIAN J
STEARNS WEAVER MILLER WEISSLER ALHADEFF
150 W. FLAGLER ST., MUSEUM TOWER STE. 2200
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

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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

10. Amount of Capital Contributions in FLORIDA to date. \$5,888,845.56

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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	A97000001941
NAME	TWC NINETY-SEVEN PARTNERS, LTD.
STREET ADDRESS	655 NORTH FRANKLIN STREET, STE 2200
CITY-ST-ZIP	TAMPA FL 33602
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800004215248-0
CITY-ST-ZIP	-05/14/01--01106--006
STREET ADDRESS	***2276.25 ****526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 Ninety-Seven, Ltd. By: TWC Ninety-Seven Partners, Ltd. By: TWC Ninety-Seven, Inc.

SIGNATURE: By: *Debra F. Koehler* **Debra F. Koehler, Senior Vice President** **4/27/01** **(813) 281-8888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)