

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000738**

1. Entity Name

TWC SIXTY-EIGHT PARTNERS, LTD.

Principal Place of Business

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

Mailing Address

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

FILED

00 MAY -4 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

655 North Franklin Street

Suite, Apt. #, etc.
Suite 2200

City & State
Tampa, FL

Zip
33602

Country

Hillsborough

3. Mailing Address

655 North Franklin Street

Suite, Apt. #, etc.
Suite 2200

City & State
Tampa, FL

Zip
33602

Country

Hillsborough

4. FEI Number

59-3576337

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
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
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

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.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$100.00

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 # **P98000092050**
NAME **TWC SIXTY-EIGHT, INC.**
STREET ADDRESS **6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 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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STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

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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 Sixty-Eight, Inc.**

SIGNATURE: By: **SIGNATURE OF DEBRA F. KOENIG, Senior Vice President**

(813) 281-8888

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER REQUIRED

Date

Daytime Phone #

CR2E003 (9/91)