

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G81364

1. Entity Name  
TWC Holding Company

FILED

00 APR 28 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6200 Courtney Campbell Cswy  
Suite 600  
Tampa, FL 33607

Mailing Address  
6200 Courtney Campbell Cswy  
Suite 600  
Tampa, FL 33607

2. Principal Place of Business  
655 North Franklin Street  
Suite, Apt. #, etc.  
Suite 2200  
City & State  
Tampa, FL

3. Mailing Address  
655 North Franklin Street  
Suite, Apt. #, etc.  
Suite 2200  
City & State  
Tampa, FL

Zip  
33602

Country  
Hillsborough

Zip  
33602

Country  
Hillsborough

4. FEI Number  
59-2415934

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

Wilson, Jack  
655 North Franklin Street  
Suite 2200  
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, to the following address:  
100003236711--1  
-05/03/00--01054--002  
\*\*\*\*158.75 \*\*\*\*158.75

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	D/P/T	<input type="checkbox"/> Delete
NAME	Wilson, Jack	
STREET ADDRESS	6200 Courtney Campbell Cswy Ste 600	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	V/S	<input type="checkbox"/> Delete
NAME	Koehler, Debra F.	
STREET ADDRESS	6200 Courtney Campbell Cswy Ste 600	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	S	<input type="checkbox"/> Delete
NAME	Mitchell, Stephen J.	
STREET ADDRESS	One Tampa City Center	
CITY-ST-ZIP	Tampa, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	Welch, Gary E.	
STREET ADDRESS	6200 Courtney Campbell Cswy Ste 600	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	V	<input type="checkbox"/> Delete
NAME	Bowers, Christopher G.	
STREET ADDRESS	6200 Courtney Campbell Cswy Ste 600	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	655 North Franklin Street, Suite 2200
CITY-ST-ZIP	Tampa, FL 33602
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	655 North Franklin Street, Suite 2200
CITY-ST-ZIP	Tampa, FL 33602
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	655 North Franklin Street, Suite 2200
CITY-ST-ZIP	Tampa, FL 33602
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Debra F. Koehler, Senior Vice President

(813) 281-8888

Date Daytime Phone #

CR2E034 (9/99)