

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013348

1. Entity Name

TWC PROPERTIES, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90135 028 ***150.00

Principal Place of Business

3461 BONITA BAY BLVD.
SUITE 214
BONITA SPRINGS FL 34134

Mailing Address

3461 BONITA BAY BLVD.
SUITE 214
BONITA SPRINGS FL 34134

00055773



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5405 Park Central Court
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

4. FEI Number

59-3626744

Applied For

Not Applicable

Zip

Country

34109

Collier

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, BRADFORD G
3461 BONITA BAY BLVD.
SUITE 214
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name

Stephen Robison

Street Address (P.O. Box Number is Not Acceptable)

5405 Park Central Court

City

Naples,

FL

Zip Code

34109

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

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, 2001 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/VP	<input type="checkbox"/> Delete
NAME	SMITH, BRADFORD G	
STREET ADDRESS	11180 SAN SEBASTAIN LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, CARLTON H	
STREET ADDRESS	10967 LEITNER CREEK DR. #119	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Robison	
STREET ADDRESS	5405 Park Central Court	
CITY-ST-ZIP	Naples, Florida 34109	
TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Todd Gates	
STREET ADDRESS	5405 Park Central Court	
CITY-ST-ZIP	Naples, Florida 34109	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James McVey	
STREET ADDRESS	5405 Park Central Court	
CITY-ST-ZIP	Naples, Florida 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 information.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/01

Daytime Phone #

941 593-3777

CR2E034 (10/00)