

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044369

1. Entity Name  
TWC SEVENTY-FOUR DEVELOPMENT, INC.

Principal Place of Business  
655 N. FRANKLIN ST., SUITE 2200  
TAMPA FL 33602

Mailing Address  
655 N. FRANKLIN ST., SUITE 2200  
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

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  
2200 MUSEUM TOWER  
150 W. FLAGLER STREET  
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.

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D WILSON, JACK**  
STREET ADDRESS **655 N. FRANKLIN ST., SUITE 2200**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME Koehler, Debra F.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VS Koehler, Debra F.  
STREET ADDRESS 655 North Franklin Street, Suite 2200  
CITY-ST-ZIP Tampa, FL 33602

TITLE ☐ Delete  
NAME Bowers, Christopher G.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME V Bowers, Christopher G.  
STREET ADDRESS 655 North Franklin Street, Suite 2200  
CITY-ST-ZIP Tampa, FL 33602

TITLE ☐ Delete  
NAME Welch, Gary E.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME V Welch, Gary E.  
STREET ADDRESS 655 North Franklin Street, Suite 2200  
CITY-ST-ZIP Tampa, FL 33602

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**  
05-04-2001 90136 027 \*\*\*150.00

C0060574



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)