

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000018058

1. Entity Name

TWC EIGHTY-TWO, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90134 011 ***150.00

C0060488



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA FL 33602	655 NORTH FRANKLIN STREET, 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

4. FEI Number	Applied For
59-3236403	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
WILSON, JACK 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 TAMPA FL 33607

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	DPT <input type="checkbox"/> Delete
NAME	WILSON, JACK
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200
CITY-ST-ZIP	TAMPA FL 33602
TITLE	VS <input type="checkbox"/> Delete
NAME	KOEHLER, DEBRA F
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200
CITY-ST-ZIP	TAMPA FL 33602
TITLE	V <input type="checkbox"/> Delete
NAME	WELCH, GARY E
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200
CITY-ST-ZIP	TAMPA FL 33602
TITLE	V <input type="checkbox"/> Delete
NAME	BOWERS, CHRISTOPHER G
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200
CITY-ST-ZIP	TAMPA FL 33602
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	<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	
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: Debra F. Koehler **Debra F. Koehler** 4/27/01 (813) 281-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Senior Vice President

CR2E034 (10/00)