## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P94000021545**

TWC EIGHTY-FOUR, INC.

Principal Place of Business

Mailing Address

COURTNEY CAMPBELL CSWY.

6200 COURTNEY CAMPBELL CSWY.

SUITE 600

## FILED May 16, 2000 8:00 am Secretary of State

05-16-2000 90038 035 \*\*\*150.00

SHITE 600 TAMPA FL 33607-7215 TAMPA FL 33607 3. Mailing Address 2. Principal Place of Business 655 North Franklin Street 655 North Franklin Street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 2200 Suite 2200 Applied For City & State City & State 4. FEI Number 59-241593459-3236405-Tampa, FL Tampa, FL Not Applicable Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Hillsborough Fee Required 33602 Hillsborough 33602 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILSON, JACK Street Address (P.O. Box Number is Not Acceptable) 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 TAMPA FL 33607 Zin 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 DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition DPT TITLE ☐ Delete TITLE WILSON, JACK NAME NAME 655 North Franklin Street, Suite 2200 6200 COURTNEY CAMPBELL CSWY, STE. 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP Tampa, FL 33602 **X** Change Addition ☐ Delete TITLE TITLE KOEHLER, DEBRA F NAME 655 North Franklin Street, Suite 2200 STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY, #600 STREET ADDRESS Tampa, FL 33602 CITY-ST-ZIP TAMPA FL CITY-ST-ZIP ▼ Change ☐ Addition ☐ Delete TITLE WELCH, GARY F NAME NAME 655 North Franklin Street, Suite 2200 STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY, #600 STREET ADDRESS Tampa, FL 33602 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete TITLE TITLE BOWERS, CHRISTOPHER G NAME NAME .655 North Franklin Street, Suite 2200 6200 COURTNEY CAMPBELL CAUSEWAY, #600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Tampa, FL 33602 CITY-ST-ZIP TAMPA FL [ ] Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS 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

Kovent persuinciseration round of the President

281-8888

Daytime Phone #