

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P940000913042

1. Entity Name

TWC Eighty-Eight Development, Inc.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90071 040 ***150.00

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

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

Principal Place of Business
15 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

4. FEI Number
59-3294759

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

Country Hillsborough Zip 33602 City Hillsborough

A0064718

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Wilson, Jack
15 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

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D/P/T Wilson, Jack 6200 Courtney Campbell Cswy Ste 600 Tampa, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 655 North Franklin Street, Suite 2200 Tampa, FL 33602
V/S Koehler, Debra F. 6200 Courtney Campbell Cswy Ste 600 Tampa, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 655 North Franklin Street, Suite 2200 Tampa, FL 33602
V Bowers, Christopher G. 6200 Courtney Campbell Cswy Ste 600 Tampa, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 655 North Franklin Street, Suite 2200 Tampa, FL 33602
V Welch, Gary 6200 Courtney Campbell Cswy Ste 600 Tampa, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 655 North Franklin Street, Suite 2200 Tampa, FL 33602
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, Senior Vice President

(813) 281-8888

Date Daytime Phone #