FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 04, 2001 8:00 am Secretary of State DOCUMENT # P94000091342 TWC EIGHTY-EIGHT DEVELOPMENT, INC. 05-04-2001 90136 041 \*\*\*150.00 Principal Place of Business Mailing Address 655 N FRANKLI STREET 655 N FRANKLI STREET STE 2200 STE 2200 C0060560 TAMPA FL 33602 TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3294759 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILSON, JACK Street Address (P.O. Box Number is Not Acceptable) 655 N FRANKLIN STREET STE 2200 **TAMPA FL 33602** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00 Addition TITLE ☐ Delete TITLE Change WILSON, JACK NAME NAME STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY, #600 STREET ADDRESS CITY-ST-7IP TAMPA FL CITY-ST-ZIP VS TITLE ☐ Delete TITLE Change ☐ Addition KOHELER, DEBRA F NAME NAME 6200 COYRTNET CAMPBELL CAUSEWAY, #600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete TITLE Change ■ Addition **BOWERS, CHRISTOPER G** NAME NAME 6200 COURTNEY CAMPBELL CAUSEWAY, #600 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TAMPA FL ☐ Delete TITLE TITLE ☐ Change Addition WELCH, GARY NAME NAME STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY, #600 STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-7IP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Dobra F. Koehler SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

ICER OR DIRECTOR Senior Vice President