2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRIN

FILED OCUMENT # P95000013985 May 24, 2000 8:00 am i. Entity Name Secretary of State TWC Ninety Development, Inc. 05-24-2000 90071 048 ***150.00 rincipal Place of Business Mailing Address 200 Courtney Campbell Cswy 6200 Courtney Campbell Cswy ⊴ite 600 Suite 600 ampa, FL 33607 Tampa, FL 33607 A0064710 Principal Place of Business 3. Mailing Address 😏 North Franklin Street 655 North Franklin Street Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 2200 DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable ampa, FL Tampa, FL 59-3302707 Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired :3602 <u>Hillsborough</u> 33602 <u>Hillsborough</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 'ilson, Jack Street Address (P.O. Box Number is Not Acceptable) 😘 North Franklin Street ⊞ite 2200 ampa, FL 33602 3. 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) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE D/P/T NAME Wilson, Jack STREET ADDRESS 655 North Franklin Street, Suite 2200 STREET ADDRESS 6200 Courtney Campbell Cswy Ste 600 Tampa, FL 33607 CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33602 Change Addition TITLE TITLE NAME NAME Koehler, Debra F. 655 North Franklin Street, Suite 2200 STREET ADDRESS STREET ADDRESS 6200 Courtney Campbell Cswy Ste 600 CITY-ST-ZIP Tampa, FL 33602 CITY-ST-ZIP Tampa, FL 33607 TITLE NAME Welch, Gary E NAME STREET ADDRESS 655 North Franklin Street, Suite 2200 STREET ADDRESS 6200 Courtney Campbell Cswy Ste 600 CITY-ST-ZIP Tampa, FL 33602 CITY-ST-ZIP Tampa, FL 33607 ☐ Delete TITLE TITLE NAME Bowers, Christopher G NAME 655 North Franklin Street, Suite 2200 STREET ADDRESS STREET ADDRESS 6200 Courtney Campbell Cswy Ste 600 Tampa, FL 33602 CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33607 Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME 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.

Vice President