

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90038 022 ***150.00

DOCUMENT # P96000038139

1. Entity Name

TWC FIFTY-FIVE, INC.

Principal Place of Business

Mailing Address

6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 600
TAMPA FL 336076200 COURTNEY CAMPBELL CAUSEWAY, SUITE 600
TAMPA FL 33607-7215

2. Principal Place of Business

655 North Franklin Street

3. Mailing Address

655 North Franklin Street

Suite, Apt. #, etc.

Suite 2200

Suite, Apt. #, etc.

Suite 2200

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3561430

Applied For

Not Applicable

Zip

33602

Country

Hillsborough

Zip

33602

Country

Hillsborough

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, STEPHEN J
201 N. FRANKLIN STREET, SUITE 2100
TAMPA FL 33602

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPT	WILSON, JACK	6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 600	TAMPA FL	<input type="checkbox"/>
VS	KOEHLER, DEBRA F	6200 COURTNEY CAMPBELL CSWY #600	TAMPA FL	<input type="checkbox"/>
V	BOWERS, CHRISTOPHER G	6200 COURTNEY CAMPBELL CSWY #600	TAMPA FL	<input type="checkbox"/>
V	WELCH, GARY E	6200 COURTNEY CAMPBELL CSWY #600	TAMPA FL	<input type="checkbox"/>
S	MITCHELL, STEPHEN J	201 N FRANKLIN ST #2100	TAMPA FL	<input type="checkbox"/>
				<input type="checkbox"/>

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 checked="" type="checkbox"/>
		655 North Franklin Street, Suite 2200	Tampa, FL 33602	<input checked="" type="checkbox"/>
		655 North Franklin Street, Suite 2200	Tampa, FL 33602	<input checked="" type="checkbox"/>
		655 North Franklin Street, Suite 2200	Tampa, FL 33602	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: By: **SIGNATURE**
Debra F. Koehler, Senior Vice President

(813) 281-8888

Date

Daytime Phone #