

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083782

1. Entity Name

TWC NINETY-SIX DEVELOPMENT, INC.

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

05-16-2000 90043 021 ***150.00

Principal Place of Business 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 TAMPA FL 33607	Mailing Address 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 TAMPA FL 33602-4409
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 655 North Franklin Street	3. Mailing Address 655 North Franklin Street
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Suite, Apt. #, etc. Suite 2200	Suite, Apt. #, etc. Suite 2200
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City & State Tampa, FL	City & State Tampa, FL
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Zip 33602	Country Hillsborough	Zip 33602	Country Hillsborough
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4. FEI Number 59-3561424-59-3410220	Applied For <input type="checkbox"/> Not Applicable
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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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

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
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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 State

10. 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	DPT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, JACK		NAME		
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, STE 600		STREET ADDRESS	655 North Franklin Street, Suite 2200	
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP	Tampa, FL 33602	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOEHLER, DEBRA F		NAME		
STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY #600		STREET ADDRESS	655 North Franklin Street, Suite 2200	
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP	Tampa, FL 33602	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWERS, CHRISTOPHER G		NAME		
STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY #600		STREET ADDRESS	655 North Franklin Street, Suite 2200	
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP	Tampa, FL 33602	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELCH, GARY E		NAME		
STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY #600		STREET ADDRESS	655 North Franklin Street, Suite 2200	
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP	Tampa, FL 33602	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: By <u>Debra F. Koehler</u>	(813) 281-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Debra F. Koehler, Senior Vice President	Date _____ Daytime Phone # _____

CR2E034 (9/99)