## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 16, 2002 8:00 am § Secretary of State **DOCUMENT #** P97000003350 1. Entity Name 05-16-2002 90056 017 \*\*\*150.00 TWC EIGHTY-THREE, INC. Principal Place of Business Mailing Address 655 N FRANKLIN STREET 655 N FRANKLIN STREET STE 2200 STE 2200 **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 <del>59-345534</del>9 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCDONOUGH, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 2200 MUSEUM TOWER 150 WEST FLAGLER STREET **MIAMI FL 33130** City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Channe Addition NAME WILSON, JACK NAME STREET ADDRESS 655 N FRANKLIN STREET, STE 2200 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME KOEHLER, DEBRA F NAME STREET ADDRESS 655 N FRANKLIN ST, STE 2200 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME WELCH, GARY E NAME STREET ADDRESS 655 N FRANKLIN STREET, STE 2200 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BOWERS, CHRISTOPHER G** STREET ADDRESS 655 N FRANKLIN STREET, STE 2200 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Dobra F. Koehler SIGNATURE AND TYPED OR PRINTED NAME OF

(9/01)

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FILED