

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2000 90043 024 ***150.00

DOCUMENT # P97000018900

1. Entity Name

TWC NINETY-FIVE, INC.

Principal Place of Business

Mailing Address

COURTNEY CAMPBELL CAUSEWAY
SUITE 600
TAMPA FL 33607

6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 600
TAMPA FL 33607-7215

2. Principal Place of Business

655 North Franklin Street

Suite, Apt. #, etc.

Suite 2200

City & State

Tampa, FL

Zip

33602

Country

Hillsborough

3. Mailing Address

655 North Franklin Street

Suite, Apt. #, etc.

Suite 2200

City & State

Tampa, FL

Zip

33602

Country

Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3445523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MCDONOUGH, BRAIN J
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130

7. Name and Address of New Registered Agent

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 State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------------|---------------------------------|
| TITLE | DPTS | <input type="checkbox"/> Delete |
| NAME | WILSON, JACK | |
| STREET ADDRESS | 6200 COURTNEY CAMPBELL CAUSEWAY, #600 | |
| CITY-ST-ZIP | TAMPA FL 33607 | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | KOEHLER, D F | |
| STREET ADDRESS | 6200 COURTNEY CAMBELL CAUSEWAY,M 600 | |
| CITY-ST-ZIP | TAMPA FL 33607 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | WELCH, G E | |
| STREET ADDRESS | 6200 COURTNEY CAMPBELL CAUSEWAY, 600 | |
| CITY-ST-ZIP | TAMPA FL 33607 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | BOWERS, C G | |
| STREET ADDRESS | 6200 COURTNEY CAMPBELL CAUSEWAY, 600 | |
| CITY-ST-ZIP | TAMPA FL 33607 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 655 North Franklin Street, Suite 2200 |
| CITY-ST-ZIP | Tampa, FL 33602 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 655 North Franklin Street, Suite 2200 |
| CITY-ST-ZIP | Tampa, FL 33602 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| 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.

SIGNATURE:

By: **SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra F. Koehler, Senior Vice President

Date

(813) 281-8888

Daytime Phone #

CR2E034 (9/99)