

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90135 030 ***150.00

DOCUMENT # P97000018900

1. Entity Name

TWC NINETY-FIVE, INC.

Principal Place of Business

**655 N FRANKLIN STREET
STE 2200
TAMPA FL 33602**

Mailing Address

**655 N FRANKLIN STREET
STE 2200
TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3445523**Applied For
Not Applicable5. 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****MCDONOUGH, BRAIN J
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130**

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DPTS	WILSON, JACK	655 N FRANKLIN STREET, STE 2200 TAMPA FL 33607	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VS	KOEHLER, D F	655 N FRANKLIN STREET, STE 2200 TAMPA FL 33607	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	V	WELCH, G E	655 NORTH FRANKLIN STREET, STE 2200 TAMPA FL 33602	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	V	BOWERS, C G	655 NORTH FRANKLIN STREET, STE 2200 TAMPA FL 33602	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dobra F. Koehler
Senior Vice President

Date

4/27/01

Daytime Phone #

(813) 281-8888

CR2E034 (10/00)