

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046728

1. Entity Name

TWC EIGHTY-FIVE, INC.

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

05-16-2000 90038 011 ***150.00

Principal Place of Business

Mailing Address

COURTNEY CAMPBELL CAUSEWAY, STE. 600
FL 33607

6200 COURTNEY CAMPBELL CAUSEWAY, STE. 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

Zip
33602

Country
Hillsborough

Zip
33602

Country
Hillsborough

4. FEI Number

59-2415934

59-3455351

Applied For

Not Applicable

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

MCDONOUGH, BRIAN J
2200 MUSEUM TOWER, 150 W. FLAGLER ST.
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, 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 ☐ Delete
NAME WILSON, JACK
STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY, STE. 600
CITY-ST-ZIP TAMPA FL 33607

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 655 North Franklin Street, Suite 2200
CITY-ST-ZIP Tampa, FL 33602

TITLE VS ☐ Delete
NAME KOEHLER, D F
STREET ADDRESS 6200 C C CSWY, STE 600
CITY-ST-ZIP TAMPA FL 33607

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 655 North Franklin Street, Suite 2200
CITY-ST-ZIP Tampa, FL 33602

TITLE V ☐ Delete
NAME WELCH, G E
STREET ADDRESS 6200 C C CSWY, STE 600
CITY-ST-ZIP TAMPA FL 33607

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 655 North Franklin Street, Suite 2200
CITY-ST-ZIP Tampa, FL 33602

TITLE V ☐ Delete
NAME BOWERS, C G
STREET ADDRESS 6200 C C CSWY, STE 600
CITY-ST-ZIP TAMPA FL 33607

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 655 North Franklin Street, Suite 2200
CITY-ST-ZIP Tampa, FL 33602

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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: Debra F. Koehler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Debra F. Koehler, Senior Vice President

(813) 281-8888

Date

Daytime Phone #

CR2E034 (9/99)