## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P97000077914 May 16, 2000 8:00 am 1. Entity Name Secretary of State TWC NINETY-THREE, INC. 05-16-2000 90038 033 \*\*\*150.00 Principal Place of Business Mailing Address 6200 COURTNEY CAMPBELL CAUSEWAY 6200 COURTNEY CAMPBELL CAUSEWAY 500 E SUITE 600 TAMPA FL 33607-7215 1AMPA FL 33607 3. Mailing Address 2. Principal Place of Business 655 North Franklin Street 655 North Franklin Street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 2200 Suite 2200 City & State Tampa, FL Applied For City & State Tampa, FL 59-2415934 59 3476469 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33602 Hillsborough 33602 Fee Required Hillsborough 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 ST **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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MÂY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS DPT ☐ Addition ☐ Delete TITLE TITLE WILSON, JACK NAME NAME 655 North Franklin Street, Suite 2200 6200 COURTNEY CAMPBELL CAUSEWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Tampa, FL 33602 CITY-ST-7/P **TAMPA FL 33607** X Change ☐ Addition ☐ Delete TITLE KOEHLER, D F NAME NAME 655 North Franklin Street, Suite 2200 6200 CC CAUSEWAY, 600 STREET ADDRESS STREET ADDRESS Tampa, FL 33602 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33607** ☐ Addition TITLE ☐ Delete TITLE WELCH, G E NAME NAME 655 North Franklin Street, Suite 2200 STREET ADDRESS STREET ADDRESS 6200 C C CAUSEWAY, STE 600 Tampa, FL 33602 CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33607 Change Delete TITLE TITLE Bowers, C G NAME NAME 655 North Franklin Street, Suite 2200 6200 C C CAUSEWAY, 600 STREET ADDRESS STREET ADDRESS Tampa, FL 33602 CITY-ST-ZIP **TAMPA FL 33607** CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

President

CITY-ST-ZIP

TITLE

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

INTED NAME OF SIGNING OFFICER OF Koen Ter Senior

☐ Delete

(813) 281-8888

Daytime Phone #

Change

Addition