

2001 UNIFORM BUSINESS REPORT (UBR)

0339022

DOCUMENT # P97000077914

1. Entity Name

TWC NINETY-THREE, INC.

FILED

01 MAY -1 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
655 NORTH FRANKLIN STREET, SUITE 2200
TAMPA FL 33602

Mailing Address
655 NORTH FRANKLIN STREET, SUITE 2200
SUITE 600
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 59-3476469

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 WEST 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, 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	DPT WILSON, JACK 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA FL 33602	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KOEHLER, D F 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA FL 33602	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WELCH, G E 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA FL 33602	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOWERS, C G 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA FL 33602	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000004163257--4 -05/08/01--01124--015 ***158.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra F. Koehler
Senior Vice President

Date

Daytime Phone #

(813) 281-8888

CR2E034 (10/00)