

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2000 90038 043 ***150.00

DOCUMENT # P97000091209

1. Entity Name
TWC SEVENTY-SEVEN, INC.

| | |
|--|---|
| Principal Place of Business 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 TAMPA FL 33607 | Mailing Address 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 TAMPA FL 33607-7215 |
|--|---|

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|--|--|
| 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 |



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 59-3476471 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER ST 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 _____ (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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|---|---------------------------------|---|--|--|
| TITLE | DPT | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WILSON, JACK | | NAME | | |
| STREET ADDRESS | 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 | | STREET ADDRESS | 655 North Franklin Street, Suite 2200 | |
| CITY-ST-ZIP | TAMPA FL 33607 | | CITY-ST-ZIP | Tampa, FL 33602 | |
| TITLE | VS | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KOEHLER, D F | | NAME | | |
| STREET ADDRESS | 6200 C C CSWY, STE 600 | | STREET ADDRESS | 655 North Franklin Street, Suite 2200 | |
| CITY-ST-ZIP | TAMPA FL 33607 | | CITY-ST-ZIP | Tampa, FL 33602 | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WELCH, G E | | NAME | | |
| STREET ADDRESS | 6200 C C CSWY, STE 600 | | STREET ADDRESS | 655 North Franklin Street, Suite 2200 | |
| CITY-ST-ZIP | TAMPA FL 33602 | | CITY-ST-ZIP | Tampa, FL 33602 | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BOWERS, C G | | NAME | | |
| STREET ADDRESS | 6200 C C CSWTM STE 600 | | STREET ADDRESS | 655 North Franklin Street, Suite 2200 | |
| CITY-ST-ZIP | TAMPA FL 33607 | | CITY-ST-ZIP | Tampa, FL 33602 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 Debra F. Koehler** (813) 281-8888
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Debra F. Koehler, Senior Vice President Date Daytime Phone #

CR2E034 (9/99)