

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092055

1. Entity Name

TWC SEVENTY-THREE, INC.

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

05-16-2000 90038 013 ***150.00

Principal Place of Business

Mailing Address

6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 600
TAMPA FL 33607

6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 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

~~59-3485220~~
59-2415934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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 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, 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 ☐ Delete
NAME DPT
STREET ADDRESS WILSON, JACK
CITY-ST-ZIP 6200 COURTNEY CAMPBELL CAUSEWAY, STE 600
TAMPA FL 33607

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

(813) 281-8888

Daytime Phone #