

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90038 014 ***150.00

DOCUMENT # P98000038670

1. Entity Name
TWC SEVENTY-TWO DEVELOPMENT, INC.

Principal Place of Business 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 TAMPA FL 33607	Mailing Address 6200 COURTNEY CAMPBELL CAUSEWAY SUITE 600 TAMPA FL 33602-4409
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 655 North Franklin Street Suite, Apt. #, etc. Suite 2200 City & State Tampa, FL Zip 33602	3. Mailing Address 655 North Franklin Street Suite, Apt. #, etc. Suite 2200 City & State Tampa, FL Zip 33602
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4. FEI Number 59-3561424	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
State 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)

**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 <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JACK	NAME	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY	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, DEBRA F	NAME	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY #600	STREET ADDRESS	655 North Franklin Street, Suite 2200
CITY-ST-ZIP	TAMP 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, GARY E	NAME	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY	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	BOWERS, CHRISTOPHER G	NAME	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY	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, DIRECTOR, President Date Daytime Phone #

CR2E034 (9/99)