2002 UNIFORM BUSINESS REPORT (UBR)

May 16, 2002 8:00 am § Secretary of State **DOCUMENT #** P98000038670 1. Entity Name TWC SEVENTY-TWO DEVELOPMENT, INC. 05-16-2002 90057 041 ***150.00 Principal Place of Business Mailing Address 655 NORTH FRANKLIN STREET. SUITE 2200 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA FL 33602 TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For - 59 9509 1867 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (9/01)☐ Change ☐ Addition WILSON, JACK NAME NAME 655 NORTH FRANKLIN STREET, SUITE 2200 STREET ADDRESS STREET ADDRESS CR2E034 CITY-ST-7IP **TAMPA FL 33602** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME KOEHLER, DEBRA F NAME STREET ADDRESS 655 NORTH FRANKLIN STREET, SUITE 2200 STREET ADDRESS CITY-ST-ZIF TAMPA FL 33602 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME WELCH, GARY E 655 NORTH FRANKLIN STREET, SUITE 2200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME BOWERS, CHRISTOPHER G NAME STREET ADDRESS 655 NORTH FRANKLIN STREET, SUITE 2200 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ED Debra F. Koehler SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

☐ Change

☐ Addition

FILED