

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000090151**

1. Entity Name

TWC SIXTY-FIVE, INC.**FILED****May 16, 2000 8:00 am**
Secretary of State

05-16-2000 90038 019 ***150.00

Principal Place of Business

Mailing Address

COURTNEY CAMPBELL CAUSEWAY, STE. 600
TAMPA FL 336076200 COURTNEY CAMPBELL CAUSEWAY, STE. 600
TAMPA FL 33607-7215

2. Principal Place of Business

3. Mailing Address

655 North Franklin Street**655 North Franklin Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2200**Suite 2200**

City & State

City & State

Tampa, FL**Tampa, FL**

Zip

Zip

33602

Country

Country

Hillsborough**Hillsborough**

4. FEI Number

59-2415934

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 W. 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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
NAME	WILSON, JACK	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, STE. 600	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KOEHLER, DEBRA F	
STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY 600	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	V	<input type="checkbox"/> Delete
NAME	WELCH, GARY E	
STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY 600	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOWERS, CHRISTOPHER G	
STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY 600	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	655 North Franklin Street, Suite 2200
CITY-ST-ZIP	Tampa, FL 33602
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	655 North Franklin Street, Suite 2200
CITY-ST-ZIP	Tampa, FL 33602
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Debra F. Koehler, Senior Vice President

(813) 281-8888

Date

Daytime Phone #