

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090151

1. Entity Name

TWC SIXTY-FIVE, INC.

Principal Place of Business

655 NORTH FRANKLIN STREET
STE 2200
TAMPA FL 33602

Mailing Address

655 NORTH FRANKLIN STREET
STE 2200
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MCDONOUGH, BRIAN J
2200 MUSEUM TOWER
150 W. 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

(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!
After MAY 1, 2001 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

TITLE DPT
NAME WILSON, JACK
STREET ADDRESS 655 N FRANKLIN STREET, STE 2200
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE VS
NAME KOEHLER, DEBRA F
STREET ADDRESS 655 N FRANKLIN ST, STE 2200
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE V
NAME WELCH, GARY E
STREET ADDRESS 655 N FRANKLIN STREET, STE 2200
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE V
NAME BOWERS, CHRISTOPHER G
STREET ADDRESS 655 N FRANKLIN STREET, STE 2200
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

Debra F. Koehler
Senior Vice President

Date

Daytime Phone #

FILED

01 MAY -1 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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