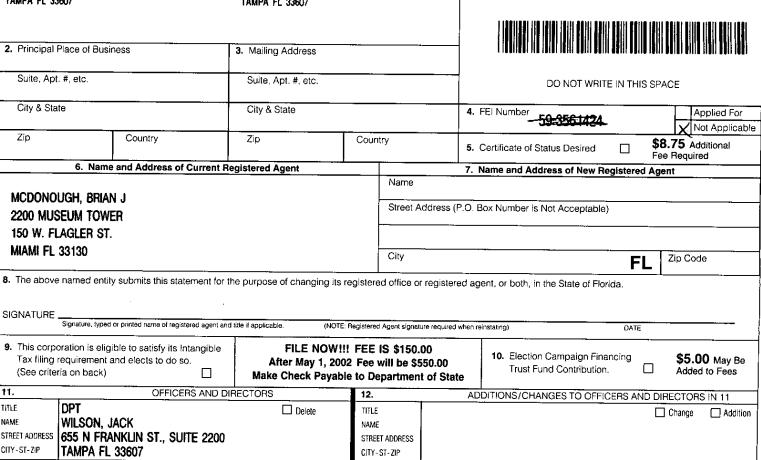
2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000090520 1. Entity Name TWC SEVENTY-THREE DEVELOPMENT, INC. Principal Place of Business Mailing Address 655 N FRANKLIN STREET. SUITE 2200 655 N FRANKLIN STREET. SUITE 2200 TAMPA FL 33607 TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

FILED May 16, 2002 8:00 am Secretary of State

05-16-2002 90057 040 ***150.00



Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 200 Make Check Payab		! FEE IS \$150.00 2 Fee will be \$550.00 e to Department of State		Election Campaign Fin Trust Fund Contribution	~ _	\$5.0 6 Added	May Be to Fees	
11.	OFFICERS AND DIRI	ECTORS	12.	ADD	ITIONS/CHANGES TO OFF	ICERS AND DIRE	CTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WILSON, JACK 655 N FRANKLIN ST., SUITE 2200 TAMPA FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ C	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KOEHLER, DEBRA F 655 N FRANKLIN ST., SUITE 2200 TAMPA FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			c	hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WELCH, GARY E 655 N FRANKLIN ST., SUITE 2200 TAMPA FL 33602	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			c	hange	Addition
	V BOWERS, CHRISTOPHER G 655 N FRANKLIN ST, SUITE 2200 TAMPA FL 33602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ c	hange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ CI	hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ cr	nange	Addition

Country

City

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:

City & State

MCDONOUGH, BRIAN J

2200 MUSEUM TOWER 150 W. FLAGLER ST. **MIAMI FL 33130**

Country

6. Name and Address of Current Registered Agent

Zip

SIGNATURE _

CLORED Dobra F. Koehler Senior Vice President