

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092047

Entity Name

TWC Sixty-Six, Inc.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90070 028 ***150.00

1. Principal Place of Business
Courtney Campbell Cswy.
Suite 600
Tampa, FL 33607

2. Mailing Address
6200 Courtney Campbell Cswy.
Suite 600
Tampa, FL 33607

3. Principal Place of Business
North Franklin Street
Suite Apt. #, etc.
Suite 2200

4. Mailing Address
655 North Franklin Street
Suite Apt. #, etc.
Suite 2200

DO NOT WRITE IN THIS SPACE

5. City & State
Tampa, FL

6. City & State
Tampa, FL

7. FEI Number
59-2415934

8. Applied For
Not Applicable

9. Certificate of Status Desired
59-3572135

10. \$8.75 Additional Fee Required

11. Name and Address of Current Registered Agent
John J. McDonough
Museum Tower
West Flagler Street
Tampa, FL 33130

12. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 re-registering) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. ADDRESS ST- ZIP	D/P/T Wilson, Jack 6200 Courtney Campbell Cswy Ste 600 Tampa, FL 33607	NAME STREET ADDRESS CITY-ST- ZIP	655 North Franklin Street, Suite 2200 Tampa, FL 33602
2. ADDRESS ST- ZIP	V/S Koehler, Debra F. 6200 Courtney Campbell Cswy Ste 600 Tampa, FL 33607	TITLE NAME STREET ADDRESS CITY-ST- ZIP	655 North Franklin Street, Suite 2200 Tampa, FL 33602
3. ADDRESS ST- ZIP	V Welch, Gary E. 6200 Courtney Campbell Cswy Ste 600 Tampa, FL 33607	TITLE NAME STREET ADDRESS CITY-ST- ZIP	655 North Franklin Street, Suite 2200 Tampa, FL 33602
4. ADDRESS ST- ZIP	V Bowers, Christopher G. 6200 Courtney Campbell Cswy Ste 600 Tampa, FL 33607	TITLE NAME STREET ADDRESS CITY-ST- ZIP	655 North Franklin Street, Suite 2200 Tampa, FL 33602
5. ADDRESS ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. ADDRESS ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra F. Koehler, Senior Vice President

Date

(813) 281-8888

Daytime Phone #