

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**  
 05-16-2000 90038 017 \*\*\*150.00

**DOCUMENT # P98000092050**

1. Entity Name  
**TWC SIXTY-EIGHT, INC.**

Principal Place of Business <b>COURTNEY CAMPBELL CSWY          STE 600          TAMPA FL 33607</b>	Mailing Address <b>6200 COURTNEY CAMPBELL CSWY          STE 600          TAMPA FL 33607-7215</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>655 North Franklin Street          Suite, Apt. #, etc.          Suite 2200          City &amp; State          Tampa, FL          Zip          33602</b>	3. Mailing Address <b>655 North Franklin Street          Suite, Apt. #, etc.          Suite 2200          City &amp; State          Tampa, FL          Zip          33602</b>
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4. FEI Number <b>59-2415934</b>	NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

6. Name and Address of Current Registered Agent  
**MCDONOUGH, BRIAN J  
 2200 MUSEUM TOWERS  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WILSON, JACK 6200 COURTNEY CAMPBELL CSWY STE 600 TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 655 North Franklin Street, Suite 2200 Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KOEHLER, DEBRA F 6200 COURTNEY CAMPBELL CSWY STE 600 TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 655 North Franklin Street, Suite 2200 Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WELCH, GARY E 6200 COURTNEY CAMPBELL CSWY STE 600 TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 655 North Franklin Street, Suite 2200 Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOWERS, CHRISTOPHER G 6200 COURTNEY CAMPBELL CSWY STE 600 TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 655 North Franklin Street, Suite 2200 Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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* (813) 281-8888  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, OR OTHER EMPLOYEE Date Daytime Phone #  
**Debra F. Koehler, Senior Vice President**

CR2E034 (9/99)