

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000076261**

1. Entity Name

TWC EIGHTY-SEVEN DEVELOPMENT, INC.**FILED**
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90038 008 ***150.00

Principal Place of Business	Mailing Address
6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 600 TAMPA FL 33607	6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 600 TAMPA FL 33607-7215



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
655 North Franklin Street Suite, Apt. #, etc. Suite 2200 City & State Tampa, FL Zip 33602 Country Hillsborough	655 North Franklin Street Suite, Apt. #, etc. Suite 2200 City & State Tampa, FL Zip 33602 Country Hillsborough

4. FEI Number 59-3561424	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONOUGH, BRIAN J
2200 MUSEUM TOWER, 150 WEST 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!!! 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 NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, JACK 6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 600 TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T <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	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Koehler, Debra F. 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	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Welch, Gary E. 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	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bowers, Christopher G 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Debra F. Koehler, Senior Vice President

(813) 281-8888

Date

Daytime Phone #

CR2E034 (9/99)