

# 2000 UNIFORM BUSINESS REPORT (UBR)

2000352 AF

**DOCUMENT # B94000000457**

1. Entity Name  
**CHARTWELL PARTNERS, LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR 19 PM 1:10

Principal Place of Business  
**1610 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202**

Mailing Address  
**1610 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202-5009**



2. Principal Place of Business  
**One Independent Drive  
Suite 3120  
Jacksonville FL  
32202**

3. Mailing Address  
**One Independent Drive  
Suite 3120  
Jacksonville FL  
32202**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3271853** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**LANIGAN, ARMINDIA M  
1610 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202**

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 \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$990,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION                  |                                | 13. ADDRESS CHANGES ONLY                                 |  |
|--|--------------------------------|--|--|
| DOCUMENT #<br><b>P94000068654</b>                | NAME<br><b>CHARTWELL, INC.</b> | STREET ADDRESS<br><b>One Independent Dr., Suite 3120</b> |  |
| STREET ADDRESS<br><b>1610 INDEPENDENT SQUARE</b> |                                | CITY - ST - ZIP<br><b>600003222006--7</b>                |  |
| CITY - ST - ZIP<br><b>JACKSONVILLE FL 32202</b>  |                                |  |  |
| DOCUMENT #                                       | NAME                           | STREET ADDRESS   |  |
| STREET ADDRESS                                   |                                | CITY - ST - ZIP  |  |
| CITY - ST - ZIP                                  |                                |  |  |
| DOCUMENT #                                       | NAME                           | STREET ADDRESS   |  |
| STREET ADDRESS                                   |                                | CITY - ST - ZIP  |  |
| CITY - ST - ZIP                                  |                                |  |  |
| DOCUMENT #                                       | NAME                           | STREET ADDRESS   |  |
| STREET ADDRESS                                   |                                | CITY - ST - ZIP  |  |
| CITY - ST - ZIP                                  |                                |  |  |
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| STREET ADDRESS                                   |                                | CITY - ST - ZIP  |  |
| CITY - ST - ZIP                                  |                                |  |  |
| DOCUMENT #                                       | NAME                           | STREET ADDRESS   |  |
| STREET ADDRESS                                   |                                | CITY - ST - ZIP  |  |
| CITY - ST - ZIP                                  |                                |  |  |

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Brandy J. Lanigan** **2-28-00 (904) 355-3519**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)