

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B94000000458

1. Entity Name

CHARTWELL CAPITAL PARTNERS, LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 19 PM 1:08

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

3. Mailing Address  
One Independent Drive

Suite, Apt. #, etc.  
Suite 3120

Suite, Apt. #, etc.  
Suite 3120

City & State  
Jacksonville FL

City & State  
Jacksonville FL

Zip  
32202

Country

Zip  
32202

Country

4. FEI Number 59-3271850

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 \$100,000.00 as Shown on record.

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 #	B94000000457	STREET ADDRESS	one Independent Dr, Suite 3120	
NAME	CHARTWELL PARTNERS, L.P.	CITY - ST - ZIP		
STREET ADDRESS	1610 INDEPENDENT SQUARE			
CITY - ST - ZIP	JACKSONVILLE FL 32202			
DOCUMENT #		STREET ADDRESS		
NAME		CITY - ST - ZIP		
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #		STREET ADDRESS	600003219806--5	
NAME		CITY - ST - ZIP	04/24/00-01032-024	
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CITY - ST - ZIP				
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NAME		CITY - ST - ZIP		
STREET ADDRESS				
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: *Wendy Romig* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 2-28-00 (904) 355-3519

Daytime Phone #

CR2E003 (9/99)