

2000 UNIFORM BUSINESS REPORT (UBR)

0000335 AF

DOCUMENT # B94000000459

1. Entity Name

CHARTWELL CAPITAL INVESTORS, LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 19 PM 1:09

Principal Place of Business

1610 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

Mailing Address

1610 INDEPENDENT SQUARE
JACKSONVILLE FL 32202-5009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

One Independent Drive

3. Mailing Address

One Independent Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3120

Suite 3120

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3271850

Applied For

Not Applicable

Zip

Country

32202

Zip

Country

32202

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANIGAN, ARMINDIA M

1610 INDEPENDENT SQUARE

JACKSONVILLE FL 32202

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. Capital Contributions
as Shown on record.

\$31,000,000.00

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 # B94000000458
NAME CHARTWELL CAPITAL PARTNERS, L.P.
STREET ADDRESS 1610 INDEPENDENT SQUARE
CITY - ST - ZIP JACKSONVILLE FL 32202

STREET ADDRESS One Independent Dr., Suite 3120

CITY - ST - ZIP

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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:

Arminda M. Langan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

REQUIRED

2-28-00 (904) 355-3519

Date

Daytime Phone #

CR2E003 (9/99)