

# 2000 UNIFORM BUSINESS REPORT (UBR)

000360 AF

**DOCUMENT #** B98000000281

**1. Entity Name**  
CHARTWELL SPMM, L.P.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR 19 PM 1:04

**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, Apt. #, etc. Suite 3120  
City & State Jacksonville FL  
Zip 32202 Country

**3. Mailing Address**  
One Independent Drive  
Suite, Apt. #, etc. Suite 3120  
City & State Jacksonville FL  
Zip 32202 Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-3506085 **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** \_\_\_\_\_ 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. \$1,980,000.00 **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 #                      | P98000037076            | STREET ADDRESS           | One Independent Dr, suite 3120 |
| NAME                            | CHARTWELL II, INC.      | 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           |                                |
| NAME                            |                         | CITY - ST - ZIP          |                                |
| STREET ADDRESS                  |                         |                          |                                |
| CITY - ST - ZIP                 |                         |                          |                                |
| DOCUMENT #                      |                         | STREET ADDRESS           |                                |
| NAME                            |                         | CITY - ST - ZIP          |                                |
| STREET ADDRESS                  |                         |                          |                                |
| CITY - ST - ZIP                 |                         |                          |                                |
| DOCUMENT #                      |                         | STREET ADDRESS           |                                |
| NAME                            |                         | CITY - ST - ZIP          |                                |
| STREET ADDRESS                  |                         |                          |                                |
| CITY - ST - ZIP                 |                         |                          |                                |
| DOCUMENT #                      |                         | STREET ADDRESS           |                                |
| 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:** *Arminda M. Langan* **2-28-00** **904 355-3519**

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