

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000282

1. Entity Name

CHARTWELL ASSOCIATES II, L.P.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 11 PM 2:06



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 Country  
32202

Zip Country  
32202

4. FEI Number 59-3506084

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 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. \$0.00

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

DOCUMENT # B98000000281  
NAME CHARTWELL SPMM, L.P.  
STREET ADDRESS 1610 INDEPENDENT SQUARE  
CITY - ST - ZIP JACKSONVILLE FL 32202

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS One Independent Dr., Suite 3120

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

9000003214029--6

-04/19/00--01018--009

\*\*\*150.00 \*\*\*150.00

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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: Mandy Furman SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

228-00 (904) 355-3519

Date

Daytime Phone #

CR2E003 (9/99)