

# 2000 UNIFORM BUSINESS REPORT (UBR)

0000860  
A

CR2E003 (9/99)

**DOCUMENT #** B98000000311

**1. Entity Name**  
CHARTWELL CAPITAL INVESTORS II, L.P.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR 19 PM 1:05

**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** 59-3506083 **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.** \$150,000,000.00 **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 #	B98000000282	STREET ADDRESS	one Independent Dr., suite 3120
NAME	CHARTWELL ASSOCIATES II, L.P.	CITY - ST - ZIP	
STREET ADDRESS	1610 INDEPENDENT SQUARE		
CITY - ST - ZIP	JACKSONVILLE FL 32202		
DOCUMENT #		STREET ADDRESS	588883219805--8
NAME		CITY - ST - ZIP	-04/24/00--01032--023
STREET ADDRESS			***526.25 ***526.25
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:** *[Signature]* **2-28-00** **(904) 355-3519**

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