

2000 UNIFORM BUSINESS REPORT (UBR)

0032655

DOCUMENT # P93000067843

1. Entity Name

CHARTWELL CAPITAL MANAGEMENT COMPANY, INC.

FILED

00 APR 11 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1610 INDEPENDENT SQUARE
1610
JACKSONVILLE FL 32202
US

1610 INDEPENDENT SQUARE
1610
JACKSONVILLE FL 32202-5009
US

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

USA

Zip

32202

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3202654

Applied For

Not Applicable

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

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. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS STEIN, ROBERT L
CITY-ST-ZIP 1610 INDEPENDENT SQUARE
JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME One Independent Dr, Suite 3120
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS PURCELL, KENNETH
CITY-ST-ZIP 1610 INDEPENDENT SQUARE
JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME One Independent Dr, Suite 3120
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS MARINATOS, ANTHONY
CITY-ST-ZIP 1610 INDEPENDENT SQUARE
JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME One Independent Dr, Suite 3120
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME CFO
STREET ADDRESS LANIGAN, ARMINDIA
CITY-ST-ZIP 1610 INDEPENDENT SQUARE
JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME One Independent Dr, Suite 3120
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mindy Ramirez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)