

# 2000 UNIFORM BUSINESS REPORT (UBR)

000298

DOCUMENT # P94000068654

1. Entity Name

CHARTWELL, INC.

FILED

00 APR 11 PM 12: 12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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, Apt. #, etc.

Ste 3120

Ste 3120

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32202

Country

USA

Zip

32202

Country

USA

4. FEI Number

59-3273355

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 C  
NAME STEIN, ROBERT L  
STREET ADDRESS 1610 INDEPENDENT SQUARE  
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE CEO  
NAME PURCELL, KENNETH  
STREET ADDRESS 161 INDEPENDENT SQUARE  
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS One Independent Dr, Suite 3120  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS One Independent Dr, Suite 3120  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS One Independent Dr, Suite 3120  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS One Independent Dr, Suite 3120  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

SP

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 Lange

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-00

Date

(904) 355-3519

Daytime Phone #

CR2E034 (9/99)