

2000 UNIFORM BUSINESS REPORT (UBR)

003183

DOCUMENT # P98000037076

1. Entity Name

CHARTWELL II, INC.

FILED

00 APR 11 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1610 INDEPENDENT SQ.
JACKSONVILLE FL 32202

1610 INDEPENDENT SQ.
JACKSONVILLE FL 32202-5009

2. Principal Place of Business

3. Mailing Address

One Independent Drive

One Independent Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3120

Suite 3120

City & State

City & State

Jacksonville FL

Jacksonville FL

Zip

Zip

Country

Country

32202

USA

32202

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3506081

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 D ☐ Delete
NAME STEIN, ROBERT L
STREET ADDRESS 1610 INDEPENDENT SQ.
CITY-ST-ZIP JACKSONVILLE FL 32202

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

TITLE D ☐ Delete
NAME PURCELL, KENNETH
STREET ADDRESS 1610 INDEPENDENT SQ.
CITY-ST-ZIP JACKSONVILLE FL 32202

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

TITLE D ☐ Delete
NAME MARINATOS, ANTHONY
STREET ADDRESS 1610 INDEPENDENT SQ.
CITY-ST-ZIP JACKSONVILLE FL 32202

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 8000003213888-07
STREET ADDRESS -04/19/00--01012--008
CITY-ST-ZIP *****150.00 *****150.00

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 L. Long
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-00
Date

(904)355-3519
Daytime Phone #

CR2E034 (9/99)

SP