

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000880**

1. Entity Name  
**IDT FUND LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

Principal Place of Business  
175 W CAMINO REAL  
BOCA RATON FL 33432

Mailing Address  
175 W CAMINO REAL  
BOCA RATON FL 33432-5941



2. Principal Place of Business  
**399 S. FEDERAL HWY**  
Suite, Apt. #, etc.

3. Mailing Address  
**399 S. FEDERAL HWY**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**BOCA RATON FL**  
Zip **33432** Country

City & State  
**BOCA RATON FL**  
Zip **33432** Country

4. FEI Number  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**

**FEINGOLD, DAVID J**  
3300 P.G.A. BLVD., STE 410  
PALM BEACH GARDENS FL 33432

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **2,185,163.00** Amount of Capital Contributions in FLORIDA to date. **2,185,163.00**

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 # **F99000004575**  
NAME **IDT FUNDING CORPORATION**  
STREET ADDRESS **3300 P.G.A. BLVD., STE 410**  
CITY - ST - ZIP **PALM BEACH GARDENS FL**

STREET ADDRESS  
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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]** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/27/00** **561-416-8338**  
Date Daytime Phone #

CR2E003 (9/99)