

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A24209**

1. Entity Name

**CAPITAL DEVELOPMENT FUND 1987, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

*ry*

Principal Place of Business  
110 COUNTRY CLUB DRIVE  
ROYAL PALM BEACH FL 33411

Mailing Address  
110 COUNTRY CLUB DRIVE  
ROYAL PALM BEACH FL 33411-1259



2. Principal Place of Business

3. Mailing Address

**P.O. BOX 812 758**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**BOCA RATON, FL**

4. FEI Number **65-0002110**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33481**

**USA**

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

**PAUL, STEVEN F.**  
**110 COUNTRY CLUB DRIVE**  
**ROYAL PALM BEACH FL 33411**

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.

**\$1,300,000.00**

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 # **M47193**  
NAME **UNITED CAPITAL DEV. CORP**  
STREET ADDRESS **110 COUNTRY CLUB DRIVE**  
CITY - ST - ZIP **ROYAL PALM BEACH FL**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # **PAUL, STEVEN F.**  
NAME **110 COUNTRY CLUB DRIVE**  
STREET ADDRESS **ROYAL PALM BEACH FL**  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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**\*\*\*\*150.00 \*\*\*\*150.00**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*STEVEN F. PAUL*  
**STEVEN F. PAUL**

Date

Daytime Phone #

**4/14/00 (561) 998-9405**

0007485

AF

CR2E003 (9/99)