

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000327

1. Entity Name

CABLE FUND XX LIMITED PARTNERSHIP

Principal Place of Business

1085 TAMARIND WAY. S.W.  
BOCA RATON FL 33486

Mailing Address

5151 REED ROAD, SUITE 106-A  
COLUMBUS OH 43220-2553



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2385490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEWEES, LEDYARD H  
1085 TAMARIND WAY, S.W.  
BOCA RATON FL 33486

Name

Street Address (P.O. Box Number is Not Acceptable)

270 NW 3rd Ct.

City

Boca Raton

FL

Zip Code

33432

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.

\$30,000.00

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 # L30857  
NAME CAB-TEL CORPORATION  
STREET ADDRESS 1085 TAMARIND WAY, S.W.  
CITY - ST - ZIP BOCA RATON FL 33486

STREET ADDRESS

270 NW 3rd Ct.

CITY - ST - ZIP

Boca Raton FL 33432

DOCUMENT #  
NAME WILSON, JACK A  
STREET ADDRESS 5151 REED ROAD, SUITE 106-A  
CITY - ST - ZIP COLUMBUS OH 43220

STREET ADDRESS

CITY - ST - ZIP

4000003288754-1

-06/14/00--01060--016

\*\*\*\*298.75 \*\*\*\*298.75

210.00

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
00 MAY -1 AM 10 25  
FILED

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Date

Daytime Phone #