

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90032 002 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000089142

1. Entity Name

ALLIANT TAX CREDIT XVIII, INC.

Principal Place of Business  
 340 ROYAL POINCIANA PLAZA, SUITE 305  
 PALM BEACH FL 33480

Mailing Address  
 340 ROYAL POINCIANA PLAZA, SUITE 305  
 PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-1135386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMLIN, CURTIS D  
 1205 MANATEE AVENUE WEST  
 BRADENTON FL 34205

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 former like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON HORWITZ

Date

88-668-2817

Deponent Prints Name

CP20034 (9/01)

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(See criteria on back) ☐

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SIGNATURE:

38833  
Attachment

Attachment



38833

July 9, 2002

Division of Corporations  
Uniform Business Report Filings  
409 East Gaines Street  
Tallahassee, FL 32399

**RE: Uniform Business Reports**  
**SUBJECT: Alliant Tax Credit XVIII, Inc.**  
**REFERENCE: P01000080142**

Dear Sir or Madam:

Enclosed you will find a letter from your office requesting the complete title, name, street address, city, state and zip code of the corporation, Alliant Tax Credit XVIII, Inc.

If you have any questions, or require additional information, please feel free to contact me at 818-668-2817.

Sincerely,

A handwritten signature in dark ink, appearing to read "Amelia", with a long horizontal flourish extending to the right.

Amelia Ross  
Senior Accountant