

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PA 7-2000 81184

1. Entity Name
Alliant Tax Credit I, Inc.

FILED

00 MAY -9 PM 3:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**340 Royal Poinciana way
Suite 305
Palm Beach, FL 33480**

Mailing Address
**340 Royal Poinciana way
Suite 305
Palm Beach, FL 33480**

2. Principal Place of Business
**340 Royal Poinciana way
Suite 305**

3. Mailing Address
**340 Royal Poinciana way
Suite 305**

DO NOT WRITE IN THIS SPACE

City & State
Palm Beach, FL

City & State
Palm Beach, FL

4. FEI Number
65-0783644

Applied For
Not Applicable

Zip
33480

Country

Zip
33480

Country

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

**Hamlin, Curtis D. Esq.
1205 Manatee Avenue West
Bradenton, FL 34205**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CO
Kohl, Sidney
340 Royal Poinciana way, Suite 305
Palm Beach, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Horwitz, Shawn
340 Royal Poinciana way, Suite 305
Palm Beach, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
**700003286377-4
-06/13/00--01023--009
****150.00 ****150.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPD
Kotick, Scott
340 Royal Poinciana way, Suite 305
Palm Beach, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPTS
Jenkins, James
340 Royal Poinciana way, Suite 305
Palm Beach, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
TS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shawn Horwitz

4/17/00

Date

Daytime Phone #

561/833-4211

CR2E034 (9/99)