

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**  
 05-09-2002 90032 019 \*\*\*150.00

**DOCUMENT # P97000081184**

1. Entity Name

**ALLIANT TAX CREDIT I, INC.**

Principal Place of Business

**340 ROYAL POINCIANA WAY  
 STE 305  
 PALM BEACH FL 33480**

Mailing Address

**340 ROYAL POINCIANA WAY  
 STE 305  
 PALM BEACH FL 33480**

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

**65-0783644**

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

**HAMLIN, CURTIS D ESQ  
 1205 MANATEE AVENUE WEST  
 BRADENTON FL 34205**

7. Name and Address of New Registered Agent

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	CD KOHL, SIDNEY	340 ROYAL POINCIANA WAY STE 305	PALM BEACH FL 33480				
	PD HORWITZ, SHAWN	340 ROYAL POINCIANA WAY - STE 305	PALM BEACH FL 33480				
	EVPD KOTICK, SCOTT	340 ROYAL POINCIANA WAY - STE 305	PALM BEACH FL 33480				
	VPTS JENKINS, JAMES	340 ROYAL POINCIANA WAY - STE 305	PALM BEACH FL 33480				

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 or without other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SHAWN HORWITZ**  
 Date

**818-668-2817**  
 Daytime Phone #

CR2E034 (9/01)