

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Alliant Tax Credit IV, Inc.

P98000052843

FILED

May 12, 2000 8:00 am  
Secretary of State

05-12-2000 90856 037 \*\*\*150.00

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Palm Beach, FL

Palm Beach, FL

4. FEI Number

65-0858819

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

Name

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

City

FL

Zip Code

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

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: President  
NAME: Shawn Horwitz  
STREET ADDRESS: 340 Royal Poinciana Way, Suite 305  
CITY-ST-ZIP: Palm Beach, FL 33480

☐ Delete

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CITY-ST-ZIP: ☐ Change ☐ Addition

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

561/833-4211

Date Daytime Phone #

CR2E034 (9/99)