

# 2000 UNIFORM BUSINESS REPORT (UBR)

PS192

DOCUMENT #

1. Entity Name

Alliant Tax Credit IX, Inc.

FILED

00 JUL 24 AM 9:26

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, Apt. #, etc.  
Suite 305  
City & State -  
Palm Beach, FL

3. Mailing Address

340 Royal Poinciana way  
Suite, Apt. #, etc.  
Suite 305  
City & State  
Palm Beach, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1570820

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. 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, 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

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

TITLE :  
NAME :  
STREET ADDRESS :  
CITY-ST-ZIP :

TITLE :  
NAME :  
STREET ADDRESS :  
CITY-ST-ZIP :

TITLE :  
NAME :  
STREET ADDRESS :  
CITY-ST-ZIP :

TITLE :  
NAME :  
STREET ADDRESS :  
CITY-ST-ZIP :

TITLE :  
NAME :  
STREET ADDRESS :  
CITY-ST-ZIP :

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE :  
NAME :  
STREET ADDRESS :  
CITY-ST-ZIP :  
300003358083--5  
-08/15/00--01070--011  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE :  
NAME :  
STREET ADDRESS :  
CITY-ST-ZIP :

TITLE :  
NAME :  
STREET ADDRESS :  
CITY-ST-ZIP :

TITLE :  
NAME :  
STREET ADDRESS :  
CITY-ST-ZIP :

TITLE :  
NAME :  
STREET ADDRESS :  
CITY-ST-ZIP :

TITLE :  
NAME :  
STREET ADDRESS :  
CITY-ST-ZIP :

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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shawn Horwitz

4/17/00

561/833-4211

Date

Daytime Phone #

CR2E034 (9/99)

SP

Pg 2 of 2



July 12, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Alliant Tax Credit Fund IX, Ltd. and Alliant Tax Credit IX, Inc.**

Dear Sir or Madam:

Enclosed please find the corrected Uniform Business Report Form for Alliant Tax Credit IX, Inc. I have already submitted the UBR for Alliant Tax Credit Fund IX, Ltd. and this entity also requires a filing.

Should you have any further questions or comments, please give me a call at (818) 668-2819. Thank you for your assistance in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "Allison Leclair". The signature is fluid and cursive.

Allison Leclair

Encl.

ALLIANT ASSET MANAGEMENT COMPANY, LLC  
21550 OXNARD STREET, SUITE 1020 WOODLAND HILLS, CA 91367  
818.668.6800 818.668.2828 FAX  
www.alliantcapital.com

Copyright © 2000 Alliant Asset Management Company, LLC

ALLIANT ASSET MANAGEMENT COMPANY, LLC  
21550 OXNARD STREET, SUITE 1020 WOODLAND HILLS, CA 91367  
818.668.6800 818.668.2828 FAX  
www.alliantcapital.com