

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000002255

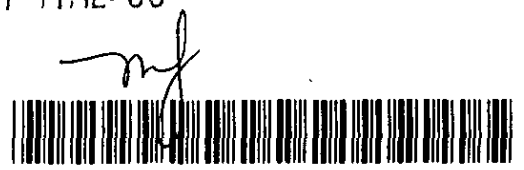
1. Entity Name
RC HOTEL MANAGEMENT, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Principal Place of Business
**827 N. 127TH STREET EAST
WICHITA KS 67206**

Mailing Address
**827 N. 127TH STREET EAST
WICHITA KS 67206-2829**

00 MAY -1 PM 12: 06



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0896386**

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

**JENNEWIN, JONATHAN P
101 EAST KENNEDY BOULEVARD, SUITE 3700
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **Mr. Tim Shaw**

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

720 S. Orange Avenue

City **Sarasota** **FL** Zip Code **34236**

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 **Timothy Shaw** **4/5/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$10.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

| | |
|-----------------|---------------------------------|
| DOCUMENT # | P98000083599 |
| NAME | CORE RC GENERAL, INC. |
| STREET ADDRESS | 827 N. 127TH STREET EAST |
| CITY - ST - ZIP | WICHITA KS 67206 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDRESS CHANGES ONLY

| | |
|-----------------|--|
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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| CITY - ST - ZIP | |

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Kevin Daves** **4/27/00** **316-686-2290**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

1666130011 E.O.