

2001 UNIFORM BUSINESS REPORT (UBR)

0018595 AF

DOCUMENT # **A99000000302**

1. Entity Name

RC CLUB MANAGEMENT, LTD.

FILED

01 APR 26 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**827 NORTH 127TH STREET
WICHITA KS 67206**

Mailing Address

**827 NORTH 127TH STREET
WICHITA KS 67206**

2. Principal Place of Business

9916 E. Harry

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite 104

Suite, Apt. #, etc.

City & State

Wichita KS

City & State

Zip

67207

Country
USA

Zip

Country

4. FEI Number

65-0896371

Applied For

Not Applicable

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

**MR. TIM SHAW
KIRK-PINKERTON
720 ORANGE AVENUE
SARASOTA FL 34236**

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. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000083645**
NAME **CORE RC CLUB GENERAL, INC.**
STREET ADDRESS **827 NORTH 127TH STREET**
CITY-ST-ZIP **WICHITA KS 67206**

STREET ADDRESS **9916 E. Harry Suite 104**
CITY-ST-ZIP **Wichita KS 67207**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Kevin Daves

4/25/01

Date

316-686-2290

Daytime Phone #

CP2E003 (11/00)