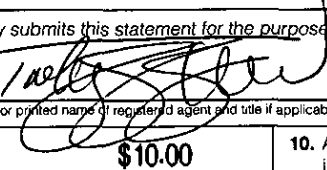


# 2000 UNIFORM BUSINESS REPORT (UBR)


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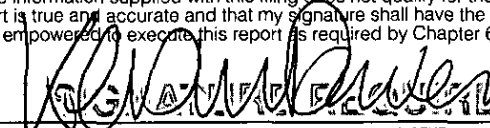
<b>DOCUMENT # A99000000303</b>					
1. Entity Name <b>RC SARASOTA CLUB, LTD.</b>					
Principal Place of Business <b>827 NORTH 127TH STREET WICHITA KS 67206</b>			Mailing Address <b>827 NORTH 127TH STREET WICHITA KS 67206-2829</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0896370</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>JENNEWIN, JONATHAN P C/O HILL WARD &amp; HENDERSON, P.A. 101 EAST KENNEDY BOULEVARD, SUITE 3700 TAMPA FL 33602</b>			Name <b>Mr. Tim Shaw</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>Kirk-Pinkerton 720 S. Orange</b>		
			City <b>Sarasota</b> <b>FL</b> Zip Code <b>34236</b>		
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 		<b>Timothy Shaw</b>		<b>4/5/00</b>	
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. <b>\$10.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	<b>A99000000302</b>		STREET ADDRESS	<b>827 N. 127th E.</b>	
NAME	<b>RC CLUB MANAGEMENT, LTD.</b>		CITY - ST - ZIP	<b>Wichita, KS 67206</b>	
STREET ADDRESS	<b>720 SOUTH ORANGE AVENUE</b>				
CITY - ST - ZIP	<b>SARASOTA FL 34236</b>				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
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NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06 



DO NOT WRITE IN THIS SPACE

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: 		<b>Kevin Daves</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #
		<b>4/27/00</b>	<b>316-686-2290</b>