

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016586 AF

DOCUMENT # **A99000000303**

1. Entity Name

**RC SARASOTA CLUB, LTD.**

Principal Place of Business

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

Mailing Address

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

**FILED**

**01 APR 26 AM 11:45**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9916 E. Harry**

Suite, Apt. #, etc.

**Suite 104**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

City & State

**Wichita KS**

City & State

**Wichita KS**

4. FEI Number

**65-0896370**

Applied For

Not Applicable

Zip

**67207**

Country

**USA**

Zip

**67207**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

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. 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 # **A99000000302**  
NAME **RC CLUB MANAGEMENT, LTD.**  
STREET ADDRESS **827 NORTH 127TH STREET**  
CITY-ST-ZIP **WICHITA KS 67206**

13. ADDRESS CHANGES ONLY

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

DOCUMENT #  
NAME  
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:

**Kevin Daves**

**4/25/01**

**316-686-2290**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)