

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90119 027 \*\*\*150.00

**DOCUMENT # F02000003854**



1. Entity Name  
**GOLD CAPITAL MANAGEMENT OF BRADENTON, INC.**

Principal Place of Business  
**10975 EL MONTE, SUITE 225  
OVERLAND PARK KS 66211**

Mailing Address  
**10975 EL MONTE, SUITE 225  
OVERLAND PARK KS 66211**

**22002124**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**48-1104365**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPD ☐ Delete  
NAME STEPP, J. DANIEL  
STREET ADDRESS 10975 EL MONTE, SUITE 225  
CITY-ST-ZIP OVERLAND PARK KS 66211

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ASLIN, MALCOLM M  
STREET ADDRESS 10975 EL MONTE, SUITE 225  
CITY-ST-ZIP OVERLAND PARK KS 66211

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME ANDERSON, DAVID B  
STREET ADDRESS 10975 EL MONTE, SUITE 225  
CITY-ST-ZIP OVERLAND PARK KS 66211

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME KEAVENY, THOMAS L  
STREET ADDRESS 10975 EL MONTE, SUITE 225  
CITY-ST-ZIP OVERLAND PARK KS 66211

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME KASPER, PAMELA R  
STREET ADDRESS 10975 EL MONTE, SUITE 225  
CITY-ST-ZIP OVERLAND PARK KS 66211

TITLE DST ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☒ Delete  
NAME BERNARD, GREG  
STREET ADDRESS 10975 EL MONTE, SUITE 225  
CITY-ST-ZIP OVERLAND PARK KS 66211

TITLE VD ☐ Change ☒ Addition  
NAME James McLaughlin  
STREET ADDRESS 10975 El Monte Ste. 225  
CITY-ST-ZIP Overland Park, KS 66211

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)