

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J46121

1. Entity Name

NEW GAME ASSOC., INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90144 028 \*\*\*150.00

Principal Place of Business

Mailing Address

4445 OAK VIEW DR  
C/O ANDREW H. KRINSKY  
SARASOTA FL 34232  
US

4445 OAK VIEW DR  
C/O ANDREW H. KRINSKY  
SARASOTA FL 34232-3470  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3944 TORREY PINES BLVD

3944 TORREY PINES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C/O RICHARD A. NYLEN

C/O RICHARD A. NYLEN

City & State

City & State

SARASOTA FL

SARASOTA, FL

Zip

Country

Zip

Country

34238

US

34238

US

4. FEI Number

59-2786946

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

ANDREW H. KRINSKY  
4445 OAK VIEW DRIVE  
SARASOTA FL 34232

Name

RICHARD A NYLEN

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

3944 TORREY PINES BLVD

City

SARASOTA

FL

Zip Code

34238

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

*Richard A. Nylen*

RICHARD A. NYLEN

4/17/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME DP  
STREET ADDRESS KRINSKY, ANDREW H.  
CITY-ST-ZIP 4445 OAK VIEW DRIVE  
SARASOTA FL

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

TITLE ☐ Delete  
NAME DV  
STREET ADDRESS NYLEN, RICHARD A  
CITY-ST-ZIP 47 PHEASANT COVE CIR  
YARMOUTH PORT MA

TITLE ☒ Change ☐ Addition  
NAME P/D  
STREET ADDRESS NYLEN, RICHARD A  
CITY-ST-ZIP 3944 TORREY PINES BLVD  
SARASOTA, FL 34238

TITLE ☐ Delete  
NAME D  
STREET ADDRESS THIBAUT, CHARLES E.  
CITY-ST-ZIP 5750 MIDNIGHT PASS RD.  
SARASOTA FL

TITLE ☒ Change ☐ Addition  
NAME V/D  
STREET ADDRESS THIBAUT, CHARLES E.  
CITY-ST-ZIP 7405 MONTE VERDE  
SARASOTA FL 34238

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard A. Nylen*

RICHARD A. NYLEN

4/17/00 941 927 6326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/99)