

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J94603

1. Entity Name  
GNG PRODUCTIONS, INC.

Principal Place of Business *No longer a K&A franchisee. See attached documentation*  
K&A CAMPGROUNDS- NEW SMYRNA BEACH  
1300 OLD MISSION RD  
NEW SMYRNA BCH FL 32168

2. Principal Place of Business  
New Smyrna Beach Campground  
Suite, Apt. #, etc.

3. Mailing Address  
New Smyrna Beach Campground  
Suite, Apt. #, etc.

## 6. Name and Address of Current Registered Agent

PATIENT, GARY  
1300 OLD MISSION RD  
NEW SMYRNA BCH FL 32168

4. FEI Number 59-2860239

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PATIENT, GARY	
STREET ADDRESS	1300 OLD MISSION RD	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PATIENT, GARY	
STREET ADDRESS	1300 OLD MISSION RD	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PATIENT, DORIS	
STREET ADDRESS	1300 OLD MISSION RD	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PATIENT, DORIS	
STREET ADDRESS	1300 OLD MISSION RD	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Doris Patient Doris Patient 1-6-02 386 427-3581  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Jan 10, 2002 8:00 am**  
**Secretary of State**

01-10-2002 90003 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0018885 AV

CR2E034 (9/01)



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

November 9, 2000

NEW SMYRNA BEACH CAMPGROUND  
1300 OLD MISSION RD.  
NEW SMYRNA BEACH, FL 32168

Subject: **NEW SMYRNA BEACH CAMPGROUND**

REGISTRATION NUMBER: **G00314900206**

This will acknowledge the cancellation of KOA CAMPGROUND - NEW SMYRNA BEACH G92366004293 and reregistration of the above fictitious name registration which was reregistered on November 9, 2000. This reregistration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

**IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES.** Whenever corresponding please provide assigned Registration Number.

For information regarding fictitious names on file or to search the record call (904) 488-9000.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/kw

Division of Corporations

Letter No. 100A00058177

Attached 9/8/299  
Doc# 594603

Attachment 901299 Doc# 394603

# State of Florida



Department of State

I certify from the records of this office that NEW SMYRNA BEACH CAMPGROUND is a Fictitious Name registered with the Department of State on November 9, 2000.

The Registration Number of this Fictitious Name is G00314900206.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Ninth day of November, 2000



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State