

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90007 019 \*\*\*150.00

**DOCUMENT # F99000000716**

1. Entity Name

**GLOBAL STONE TENN LUTTRELL COMPANY**

Principal Place of Business

Mailing Address

486 CLINCH VALLEY RD.  
 LUTTRELL TN 37779-9414

486 CLINCH VALLEY RD.  
 LUTTRELL TN 37779-1630

2. Principal Place of Business

3. Mailing Address

P. O. Box 6508

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 Cleveland, OH

4. FEI Number **23-2054534**

Applied For  
 Not Applicable

Zip Country

Zip Country

44101-1508

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.

SIGNATURE

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	<b>C</b> <input type="checkbox"/> Delete
NAME	<b>LAUER, JOHN N</b>
STREET ADDRESS	<b>1100 SUPERIOR AVE.</b>
CITY-ST-ZIP	<b>CLEVELAND OH 44114-2598</b>
TITLE	<b>DV</b> <input checked="" type="checkbox"/> Delete
NAME	<b>GRAY, JEFFREY S</b>
STREET ADDRESS	<b>1100 SUPERIOR AVE.</b>
CITY-ST-ZIP	<b>CLEVELAND OH 44114-2598</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KELSEY, DAVID H</b>
STREET ADDRESS	<b>1100 SUPERIOR AVE.</b>
CITY-ST-ZIP	<b>CLEVELAND OH 44114-2598</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>SHEPHERD, DANNY R</b>
STREET ADDRESS	<b>10898 CRABAPPLE RD., STE. 101</b>
CITY-ST-ZIP	<b>ROSWELL GA 30075</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>BIEHL, MICHAEL F</b>
STREET ADDRESS	<b>1100 SUPERIOR AVE.</b>
CITY-ST-ZIP	<b>CLEVELAND OH 44114-2598</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>KIRN, JOHN J JR.</b>
STREET ADDRESS	<b>1100 SUPERIOR AVE.</b>
CITY-ST-ZIP	<b>CLEVELAND OH 44114-2598</b>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Rochelle F. Walk</b>
STREET ADDRESS	<b>1100 Superior Avenue</b>
CITY-ST-ZIP	<b>Cleveland, OH 44114-2598</b>
TITLE	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>David H. Kelsey</b>
STREET ADDRESS	<b>1100 Superior Avenue</b>
CITY-ST-ZIP	<b>Cleveland, OH 44114-2598</b>
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:

*Michael F. Biehl*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-00

Date

216-861-2843

Daytime Phone #

CR2E034 (9/99)