

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90348 003 ***150.00

DOCUMENT # F93000002487

1. Entity Name
MASTERCORP OF TENNESSEE, INC.

Principal Place of Business

**3505 N. MAIN ST
 CROSSVILLE TN 38555
 US**

Mailing Address

**POST OFFICE BOX 4027
 CROSSVILLE TN 38557**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1206906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

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. 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	C	<input type="checkbox"/> Delete
NAME	GRINDSTAFF, D. ALAN	
STREET ADDRESS	3505 N MAIN ST	
CITY-ST-ZIP	CROSSVILLE TN	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GRINDSTAFF, CHARLOTTE	
STREET ADDRESS	3505 N MAIN ST	
CITY-ST-ZIP	CROSSVILLE TN	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALE, THOMAS E	
STREET ADDRESS	14 EAST ST	
CITY-ST-ZIP	CROSSVILLE TN 38555	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FARRIER, GLEN	
STREET ADDRESS	3505 N MAIN STREET	
CITY-ST-ZIP	CROSSVILLE TN 38555-5417	
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	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grindstaff, D. Alan	
STREET ADDRESS	3505 N. Main Street	
CITY-ST-ZIP	Crossville, TN 38555-5417	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grindstaff, Charlotte A.	
STREET ADDRESS	3505 N. Main Street	
CITY-ST-ZIP	Crossville, TN 38555-5417	
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:

SIGNATURE REQUIRED Alan Grindstaff

04-03-02

(931)484-1752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)