

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003496

1. Entity Name

GST CORPORATION OF TENNESSEE

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90146 011 \*\*\*550.00

Principal Place of Business  
 8295 Tournament  
 2620 THOUSAND OAKS BLVD. #3420  
 MEMPHIS TN 38118 38125

Mailing Address  
 8295 Tournament  
 2620 THOUSAND OAKS BLVD. #3420  
 MEMPHIS TN 38118 38125



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8295 Tournament

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 150

City & State

City & State

Memphis Tenn

Same

4. FEI Number

62-0869915

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

38125 Shelby

Same

Same

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 C/O CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	VAUGHN, LANNY	2620 THOUSAND OAKS BLVD. #3420	MEMPHIS TN 38118	<input type="checkbox"/>
V	STEWART, PAUL	2620 THOUSAND OAKS BLVD #3420	MEMPHIS-TN 38118	<input type="checkbox"/>
S	MATSAO, GENE	399 PARK AVE	NEW YORK NY 10022	<input type="checkbox"/>
T	YAMAMOTO, TODD	2620 THOUSAND OAKS BLVD #3420	MEMPHIS TN 38118	<input checked="" type="checkbox"/>
C	TOKUGAWA, TSUNENARI	300-LIGHTING WAY	SECAUCUS NJ 07094	<input type="checkbox"/>
D	KONDO, TED	2620 THOUSAND OAKS BLVD #3420	MEMPHIS TN 38118	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		8295 Tournament Dr	Memphis, TN 38125	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		same		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
	ITO, TONY	8295 TOURNAMENT DR.	MEMPHIS, TN 38125	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
		8295 Tournament	Memphis, TN 38125	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

9/3/00 901-544-3530

CR2E034 (5/00)