

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90046 037 \*\*\*150.00

**DOCUMENT # 832920**

1. Entity Name  
**MCKEE FOODS CORPORATION**

Principal Place of Business  
**10260 MCKEE RD.**  
**P.O. BOX 750**  
**COLLEGE DALE TN 37315-7750**

Mailing Address  
**10260 MCKEE RD.**  
**P.O. BOX 750**  
**COLLEGE DALE TN 37315-7750**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>62-0450611</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>PHILLIPS, JOHN, JR.</b> <b>7161 REVERE CRCL.</b> <b>CHATTANOOGA TN</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>John Phillips</b> <b>10260 McKee Road</b> <b>Collegedale, TN 37315</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DAVIS, JOE W JR</b> <b>2115 ALTURA DR</b> <b>SIGNAL MOUNTAIN TN</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Joe W. Davis, Jr.</b> <b>10260 McKee Road</b> <b>Collegedale, TN 37315</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>PATTERSON, BARRY S</b> <b>9531 MOUNTAIN LAKE DR</b> <b>OOLTEWAH TN 37363</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Barry S. Patterson</b> <b>10260 McKee Road</b> <b>Collegedale, TN 37315</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PATTERSON, BARRY S.</b> <b>9531 MOUNTAIN LAKE DR</b> <b>OOLTEWAH TN 37363</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>R. Ellsworth McKee</b> <b>10260 McKee Road</b> <b>Collegedale, TN 37315</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MCKEE, JACK C.</b> <b>9530 GLYNN DOWNING DRIVE</b> <b>OOLTEWAH TN</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Jack C. McKee</b> <b>10260 McKee Road</b> <b>Collegedale, TN 37315</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MCKEE, MICHAEL K</b> <b>9527 GLYNN DOWNING DRIVE</b> <b>OOLTEWAH TN 37363</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Michael K. McKee</b> <b>10260 McKee Road</b> <b>Collegedale, TN 37315</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Joe W. Davis, Jr.* **REQUIRED** **2/20/02** **(423) 238-7111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Joe W. Davis, Jr., Corporate Secretary**

CR2E034 (9/01)