

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002384

1. Entity Name

THE MCKEE CHARITABLE FOUNDATION, INC.

FILED
Sep 20, 2000 8:00 am
Secretary of State

09-20-2000 90005 050 ****61.25

Principal Place of Business

137 SOUTH RIVER ROAD
SEWALL'S POINT FL 34996

Mailing Address

P.O. BOX 159
CORNELIUS NC 28031

2. Principal Place of Business

19915 SHEARWATER DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORNELIUS NC

City & State

CORNELIUS NC

Zip

28031

Country

Zip

CORNELIUS NC

Country

4. FEI Number

57-1068011

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

KNIGHT, NEAL W JR
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCKEE, GEORGE C
STREET ADDRESS 137 SOUTH RIVER ROAD
CITY-ST-ZIP SEWALL'S POINT FL 34996 ☐ Delete

TITLE STD
NAME MCKEE, JEAN P
STREET ADDRESS 137 SOUTH RIVER ROAD
CITY-ST-ZIP SEWALL'S POINT FL 34996 ☐ Delete

TITLE VD
NAME MCKEE, CHRISTOPHER B
STREET ADDRESS P.O. BOX 159
CITY-ST-ZIP CORNELIUS NC 28031 ☐ Delete

TITLE VD
NAME MCKEE, GEORGE C JR
STREET ADDRESS P.O. BOX 159
CITY-ST-ZIP CORNELIUS NC 28031 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. BOX 159
CITY-ST-ZIP CORNELIUS, NC 28031

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. BOX 159
CITY-ST-ZIP CORNELIUS, NC 28031

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

9-1300

Date

Daytime Phone #

CR2E037 (5/00)