

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000002384**

1. Entity Name

THE MCKEE CHARITABLE FOUNDATION, INC.

Principal Place of Business

**1996 SHEARWATER DR
CORNELIUS NC 28031**

Mailing Address

**P.O. BOX 159
CORNELIUS NC 28031**

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

57-1068011

Applied For

Not Applicable

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

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

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCKEE, GEORGE C
P.O. BOX 159
CORNELIUS NC 28031** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
MCKEE, JEAN P
P.O. BOX 159
CORNELIUS NC 28031** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MCKEE, CHRISTOPHER B
P.O. BOX 159
CORNELIUS NC 28031** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MCKEE, GEORGE C JR
P.O. BOX 159
CORNELIUS NC 28031** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90088 042 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

attachment # 4798000002384

418708

ROBERT M. BURNS
Certified Public Accountant
1135 Harding Place
Charlotte, North Carolina 28204
(704) 377-6525

February 20, 2002

Secretary of State
Division of Corporations

Dear Sir or Madam,

Enclosed is the 2002 Uniform Business Report (UBR) for The McKee Charitable Foundation, Inc. along with the annual fee of \$61.25. There have been no changes since last year. If you have any questions or need any additional information, please do not hesitate to call.

Yours truly,



Robert M. Burns