

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2001 8:00 am
Secretary of State

07-23-2001 90002 038 ****61.25

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1. Entity Name

CHECMATE: THE ELECTRONIC EDUCATION ENRICHMENT CE

Principal Place of Business

Mailing Address

2236 PAUL RUSSELL CIRCLE
TALLAHASSEE FL 32301

2236 PAUL RUSSELL CIRCLE
TALLAHASSEE FL 32301

A0010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2902 South Monroe St.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Same

4. FEI Number

59-3677967

Applied For

Not Applicable

Zip

32301

Country

Leon

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DENNARD, KHA DR
2236 PAUL RUSSELL CIRCLE
TALLAHASSEE FL 32301

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

Kha Dennard, Ph.D. 7/16/01

FILE NOW: FEE IS \$61.25

After September 12, 2001, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PCEO	DENNARD, KHA	2236 PAUL RUSSELL CIRCLE	TALLAHASSEE FL 32301	<input type="checkbox"/>
D	DENNARD, KHA	2236 PAUL RUSSELL CIRCLE	TALLAHASSEE FL 32301	<input type="checkbox"/>
VD	BROWN, KEITH	FAMU PRES. SCHOLARS PROGRAM- FL A&M UNIV.	TALLAHASSEE FL 32307	<input checked="" type="checkbox"/>
SD	GORDON, YANELA	2236 PAUL RUSSELL CIRCLE	TALLAHASSEE FL 32301	<input type="checkbox"/>
TD	NERO, GEORGE	2200 WINDERMERE RD	TALLAHASSEE FL 32311	<input type="checkbox"/>
D	HADLEY, PATRICK	415 N GADSDEN ST, APT 112	TALLAHASSEE FL 32303	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Assistant Treasurer	Christina Grange	2902 S. Monroe Street	Tallahassee, Florida 32301	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chairman/Vice President	Patrick Hadley	415 N. Gadsden St, Apt 112	Tallahassee, FL 32303	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Research Coordinator	Cherelle Hall	2902 S. Monroe St.	Tallahassee, FL 32301	<input type="checkbox"/>	<input checked="" type="checkbox"/>
← Oate Dozier, Henry, Ph.D.	FAMU Professor - FL A&M University	Tallahassee, FL 32307		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public Relations Liaison	Patricia Smith	Comcast Cablevision	Tallahassee, Florida 32303	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Development Coordinator	Cheryl Gonzales	FSU Diversity Enhancement Fl St. Univ.	Tallahassee, Florida 32306	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

Kha Dennard, Ph.D. 7/16/01 850 877-5806

CR2E037 (5/01)