

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003698

1. Entity Name

ODUDUWA DESCENDANTS OF TAMPA BAY, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90010 042 ****61.25

Principal Place of Business

9000-B NORTH FLORIDA AVE.
TAMPA FL 33604

Mailing Address

9000-B NORTH FLORIDA AVE.
TAMPA FL 33604

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

NOT APPLICABLE

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

ODUWOLE, OLA G
9000-B NORTH FLORIDA AVE.
TAMPA FL 33604

Name **PERRY BOLARINWA**

Street Address (P.O. Box Number is Not Acceptable)
9000 N. FLORIDA AVENUE,

SUITE C

City **TAMPA**

FL

Zip Code **33604**

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **ODUWOLE, OLA G**
STREET ADDRESS **10652 3RD STREET N. APT. #G**
CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE **DP** ☒ Change ☐ Addition
NAME **ODUSANYA, ADEOLA**
STREET ADDRESS **9225, HIDDEN WATER CIRCLE**
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **DV** ☐ Delete
NAME **ODUSANYA, ADEOLA**
STREET ADDRESS **9225 HIDDEN WATER CIRCLE**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **DV** ☒ Change ☐ Addition
NAME **BAKARE, FATAI**
STREET ADDRESS **1119, SHIPWATCH CIRCLE**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **DS** ☐ Delete
NAME **POPOOLA, NIYI**
STREET ADDRESS **222 POMPANO DR., S.E. #F**
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE **DS** ☒ Change ☐ Addition
NAME **ADEMONE, OLUFEMI**
STREET ADDRESS **8730, N. HIMES AVE #206**
CITY-ST-ZIP **TAMPA, FL 33614**

TITLE **DT** ☒ Delete
NAME **ASHORABI, LATEEF**
STREET ADDRESS **7708 GULF CT**
CITY-ST-ZIP **TAMPA FL 33637**

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

TITLE **DS** ☐ Delete
NAME **MOMEH, PAUL**
STREET ADDRESS **222 POMPANO DR., S.E. ST. #E**
CITY-ST-ZIP **PETERSBURG FL 33705**

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

TITLE **DS** ☐ Delete
NAME **BOLARINWA, PERRY G**
STREET ADDRESS **11013 SPRINGRIDGE DR.**
CITY-ST-ZIP **TAMPA FL 33624**

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

07.15.2000

Date

Daytime Phone #

CR2E037 (5/00)