

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003698

1. Entity Name

ODUDUWA DESCENDANTS OF TAMPA BAY, INC. *P*

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
----------------------------------------------------------------------------	----------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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]* DATE: **7/15/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: DP NAME: ODUWOLE, OLA G STREET ADDRESS: 10652 3RD STREET N. APT. #G CITY-ST-ZIP: ST. PETERSBURG FL 33716	<input type="checkbox"/> Delete
TITLE: DV NAME: ODUSANYA, ADEOLA STREET ADDRESS: 9225 HIDDEN WATER CIRCLE CITY-ST-ZIP: RIVERVIEW FL 33569	<input type="checkbox"/> Delete
TITLE: DS NAME: POPOOLA, NIYI STREET ADDRESS: 222 POMPANO DR., S.E. #F CITY-ST-ZIP: ST. PETERSBURG FL 33705	<input type="checkbox"/> Delete
TITLE: DT NAME: ASHOROBI, LATEEF STREET ADDRESS: 7708 GULF CT CITY-ST-ZIP: TAMPA FL 33637	<input checked="" type="checkbox"/> Delete
TITLE: DS NAME: MOMEH, PAUL STREET ADDRESS: 222 POMPANO DR., S.E. ST. #E CITY-ST-ZIP: PETERSBURG FL 33705	<input type="checkbox"/> Delete
TITLE: DS NAME: BOLARINWA, PERRY G STREET ADDRESS: 11013 SPRINGRIDGE DR. CITY-ST-ZIP: TAMPA FL 33624	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DP NAME: ODUSANYA, ADEOLA STREET ADDRESS: 9225, HIDDEN WATER CIRCLE CITY-ST-ZIP: RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DV NAME: BAKARE, FATAI STREET ADDRESS: 1119, SHIPWATCH CIRCLE CITY-ST-ZIP: TAMPA, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS NAME: ADEMOTI, OLUFEMI STREET ADDRESS: 8730, N. HIMES AVE #206 CITY-ST-ZIP: TAMPA, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE: **07.15.2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)