

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90043 036 ****61.25

0011280

DOCUMENT # N98000003698

1. Entity Name

ODUDUWA DESCENDANTS OF TAMPA BAY, INC.

(Handwritten mark)

Principal Place of Business

Mailing Address

9000-B NORTH FLORIDA AVE.
TAMPA FL 33604

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

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **ADEOLA A. ODUSANYA**
 Street Address (P.O. Box Number is Not Acceptable) ~~9225 Hidden Water Cir~~
9225, HIDDEN WATER CIR
 City **RIVERVIEW** FL Zip Code **33569**

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 **ADEOLA A. ODUSANYA**

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

(NOTE: Registered Agent signature required when reinstating)

(Handwritten signature)
 DATE **9/1/01**

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	DP	<input type="checkbox"/> Delete
NAME	ODUWOLE, OLA G	
STREET ADDRESS	9225 HIDDEN WATER CIRCLE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BAKARE, FATAL	
STREET ADDRESS	1119 SHIPWATCH CIRCLE	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ADEMOYE, OLUFEMI	
STREET ADDRESS	8730 N HIMES AVE #206	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MOMEH, PAUL	
STREET ADDRESS	222 POMPAO DR., S.E. ST. #E	
CITY-ST-ZIP	PETERSBURG FL 33705	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BOLARINWA, PERRY G	
STREET ADDRESS	11013 SPRINGRIDGE DR.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODUSANYA, ADEOLA	
STREET ADDRESS	9225, Hidden Water Cir.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

(Handwritten signature)

9/1/01 813-626-6277

CR2E037 (5/01)