

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003698

1. Entity Name

ODUDUWA DESCENDANTS OF TAMPA BAY, INC.

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

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.
SUITE C
TAMPA FL 33604

Name

ADEOLA A. ODUSANYA

Street Address (P.O. Box Number is Not Acceptable)

9225 HIDDEN WATER CIR
RIVERVIEW FL 33569

City

RIVERVIEW

Zip Code

FL 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)

9/1/01

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME ODUWOLE, OLA G
STREET ADDRESS 9225 HIDDEN WATER CIRCLE
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

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

TITLE DV
NAME BAKARE, FATAL
STREET ADDRESS 1119 SHIPWATCH CIRCLE
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

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

TITLE DS
NAME ADEMOYE, OLUFEMI
STREET ADDRESS 8730 N HIMES AVE #206
CITY-ST-ZIP TAMPA FL 33614 ☐ Delete

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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

9/1/01

8/3-626-6277

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

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



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)