

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90491 007 \*\*\*\*70.00

**DOCUMENT # N99000001453**

1. Entity Name

**IGBO UNION TAMPA BAY, INC.**

Principal Place of Business

**8508 WALLABY WAY  
TAMPA FL 33635**

Mailing Address

**PO BOX 21561  
TAMPA FL 33622-1561**

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 21561**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

Zip

Country

**33622**

Country

**HILLSBOROUGH**

4. FEI Number

**59-3626055**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**OBI, ROWLAND C  
8508 WALLABY WAY  
TAMPA FL 33635**

7. Name and Address of New Registered Agent

Name **CHIKA NWANNA**

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

**3637 CHATHAM DR.**

City **PALM HARBOR**

**FL**

Zip Code

**34684**

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

**CHIKA NWANNA**

**05-21-01**

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

(NOT: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

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 **PD** ☐ Delete  
NAME **OKPALEKE, DR ANDREW**  
STREET ADDRESS **4326 FAIRFAX DRIVE**  
CITY-ST-ZIP **BRADENTON FL 34204**

TITLE **VPD** ☒ Delete  
NAME **OKONKWO, DR LOUIS**  
STREET ADDRESS **728 MIRADO LANE**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **SD** ☒ Delete  
NAME **NJOKU, MR CHIBUNNA**  
STREET ADDRESS **706 EAST HANLON STREET**  
CITY-ST-ZIP **TAMPA FL 33604**

TITLE **FS** ☒ Delete  
NAME **NWANNA, CHIKA**  
STREET ADDRESS **3637 CHATHAM DRIVE**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **T** ☒ Delete  
NAME **IKEGWU, MR GEORGE**  
STREET ADDRESS **8133 82ND STREET**  
CITY-ST-ZIP **LARGO FL 33777**

TITLE **PS** ☒ Delete  
NAME **IGWE, MR CHIBUZOR**  
STREET ADDRESS **2225 131ST AVE, #6604**  
CITY-ST-ZIP **TAMPA FL 33637**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VPD** ☒ Change ☐ Addition  
NAME **OKONKWO, MR UCHE**  
STREET ADDRESS **13719 SUSAN KAY #B.**  
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE **SD** ☒ Change ☐ Addition  
NAME **NWANNA, MR CHIKA**  
STREET ADDRESS **3637 CHATHAM DRIVE**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **FS** ☒ Change ☐ Addition  
NAME **ILONZO, MR OLIVER**  
STREET ADDRESS **1404 CARTIER DRIVE APT #11**  
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE **T** ☒ Change ☒ Addition  
NAME **ONU, MR ADOLPH**  
STREET ADDRESS **1619 29th STREET SOUTH**  
CITY-ST-ZIP **ST PETERSBURG, FL 33712**

TITLE **PS** ☒ Change ☐ Addition  
NAME **IGBOKWE, MR CHRISTOPHER**  
STREET ADDRESS **8401 DELRIO WAY #186**  
CITY-ST-ZIP **TAMPA, FL 33617**

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:

**CHIKA NWANNA 05/21/01 (813)918-4198**

CR2E037 (10/00)