

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750212

1. Entity Name

SLAVIC EVANGELICAL BAPTIST CHURCH INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90212 032 ****61.25

Principal Place of Business

2728 53RD STREET S.
GULFPORT FL 33707

Mailing Address

17611 WILLOW CR
LUTZ FL 33549
US

2. Principal Place of Business

635 64th ST. So.

3. Mailing Address

same

Suite, Apt. #, etc.

ST. PETERSBURG, FL.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1971714

Applied For

Not Applicable

Zip

33707

Country

USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAPONIUK, PETER
17611 WILLOW CRK.BLVD.
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Peter Gaponiuk

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

(NOTE: 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 GAPONIUK, PETER
STREET ADDRESS 17611 WILLOW CREEK
CITY-ST-ZIP LUTZ FL

TITLE VD ☐ Delete
NAME NICOLAS, DUBOVY
STREET ADDRESS 6060 SHORE BLVD S
CITY-ST-ZIP GULFPORT FL

TITLE VD ☐ Delete
NAME GAPONIUK, LYDIA
STREET ADDRESS 17611 WILLOW CREEK
CITY-ST-ZIP LUTZ FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

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:

Peter Gaponiuk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.800 813875-0850

Date

Daytime Phone #

CR2E037 (9/99)