

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90848 048 \*\*\*\*70.00

**DOCUMENT # N47039**

1. Entity Name

**UKRAINIAN BAPTIST CHURCH OF NORTH PORT, INC.**



Principal Place of Business

**14251 CHANCELLOR BLVD.  
PT. CHARLOTTE FL 33953  
US**

Mailing Address

**104 BAYAMO DRIVE  
WARM MINERAL SPRINGS FL 34287  
US**

2. Principal Place of Business

**AS ABOVE**

3. Mailing Address

**AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0317726**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75**-Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PIATNOCHKA, TIMOTHY  
104 BAYAMO DRIVE  
WARM MINERAL SPRINGS FL 34287**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Timothy Piatnochka*

Timothy Piatnochka - Treasurer

Feb. 10, 2003

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	PIATNOCHKA, TIMOTHY	<input type="checkbox"/> Delete
NAME		104 BAYAMO DRIVE	
STREET ADDRESS		WARM MINERAL SPRINGS FL 34287	
CITY-ST-ZIP			
TITLE	T	KOMBEL ALEKSANDER	<input type="checkbox"/> Delete
NAME		12021 SARTO LN.	
STREET ADDRESS		WARM MIN. SPRINGS FL	
CITY-ST-ZIP			
TITLE	T	LISSITCHUK, JOHN	<input type="checkbox"/> Delete
NAME		201 CIBOA AV	
STREET ADDRESS		WARM MIN. SPRINGS FL 34287	
CITY-ST-ZIP			
TITLE	T	GURIAK ALEX	<input type="checkbox"/> Delete
NAME		120016 SARTO LN.	
STREET ADDRESS		WARM MIN. SPRINGS FL	
CITY-ST-ZIP			
TITLE	TC	GORDON, MICHAEL	<input type="checkbox"/> Delete
NAME		12116 MARGARITA AVENUE	
STREET ADDRESS		WARM MINERAL SPRINGS FL 34287	
CITY-ST-ZIP			
TITLE	T	ZINCHUK, ALEX	<input checked="" type="checkbox"/> Delete
NAME		2309 CROWE ST.	
STREET ADDRESS		FORT CHARLOTTE FL 33948	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	Shchaylinskiy, Oleg	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1691 Chamberlain Blvd.	
STREET ADDRESS		North Port, FL 34286-6707	
CITY-ST-ZIP			
TITLE	T	Yakovets, Stepan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12028 Sarto Lane	
STREET ADDRESS		Warm Mineral Springs, FL 34287	
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			
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: *Timothy Piatnochka* Timothy Piatnochka - Treasurer Feb. 10, 2003 (941)426-6662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)