

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32528

1. Entity Name

SOUTH LAKE COUNTY MINISTERIAL FELLOWSHIP, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90012 014 ****61.25

Principal Place of Business

C/O DONALD MOUNTAN
9039 VILLAGE GREEN BLVD
CLERMONT FL 34711
US

Mailing Address

C/O DONALD MOUNTAN
9039 VILLAGE GREEN BLVD
CLERMONT FL 34711-8524
US

2. Principal Place of Business

% Brian Kneser

3. Mailing Address

% Brian Kneser

Suite, Apt. #, etc.

Suite, Apt. #, etc.

15749 CR 455

15749 CR 455

City & State

City & State

Montverde, FL

Montverde, FL

Zip

Zip

34756

Country

USA

34756

Country

USA



DO NOT WRITE IN THIS SPACE

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

MOUNTAN, DONALD L
90349 VILLAGE GREEN BLVD
CLERMONT FL 34711

Name

Brian Kneser

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

15749 CR 455

City

Montverde

FL

Zip Code

34756

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 Brian N. Kneser Rev. Brian N. Kneser SEC/TREAS. 2-7-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	TRUFFIN, TERRY	
STREET ADDRESS	P.O. BOX 176	
CITY-ST-ZIP	MINNEOLA FL 34755	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	JONES, ANTHONY	
STREET ADDRESS	P.O. BOX 120553	
CITY-ST-ZIP	CLERMONT, FL 34712	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MOUNTAN, DONALD	
STREET ADDRESS	9039 VILLAGE GREEN BLVD	
CITY-ST-ZIP	MINNEOLA FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Mitchell	
STREET ADDRESS	13702 Green Isle Ct.	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Kneser	
STREET ADDRESS	15749 CR 455	
CITY-ST-ZIP	Montverde FL 34756	
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: Brian N. Kneser Rev. Brian N. Kneser 2-7-00 407-469-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)