

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32528

1. Entity Name

SOUTH LAKE COUNTY MINISTERIAL FELLOWSHIP, INC.

Principal Place of Business

C/O BRIAN KNESET  
15749 CR 455  
MONTVERDE FL 34756  
US

Mailing Address

C/O BRIAN KNESET  
15749 CR 455  
MONTVERDE FL 34756  
US

2. Principal Place of Business

% Brian Kneser  
Suite, Apt. #, etc.  
15333 CR 455

3. Mailing Address

% Brian Kneser  
Suite, Apt. #, etc.  
15333 CR 455

City & State

Montverde FL

City & State

Montverde FL

Zip

34756

Country

US

Zip

34756

Country

US

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

KNESET, BRIAN  
15749 CR 455  
MONTVERDE FL 34756

7. Name and Address of New Registered Agent

Name

Brian Kneser

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

15333 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

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 VPD  
NAME MITCHEL, BOB  
STREET ADDRESS 13702 GREEN ISLE CT  
CITY-ST-ZIP CLERMONT FL 34711 ☒ Delete

TITLE STD  
NAME KNESSER, BRIAN  
STREET ADDRESS 15749 CR 455  
CITY-ST-ZIP MONTVERDE FL 34756 ☐ Delete

TITLE STD  
NAME MOUNTAN, DONALD  
STREET ADDRESS 9039 VILLAGE GREEN BLVD  
CITY-ST-ZIP MINNEOLA FL 34711 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME Kneser, Brian  
STREET ADDRESS 15333 CR 455  
CITY-ST-ZIP ☒ Change ☐ Addition

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

TITLE PD  
NAME Rick Van Wagner  
STREET ADDRESS 301 N. Hwy 27  
CITY-ST-ZIP Clermont, FL 34711 ☐ Change ☒ Addition

TITLE VPD  
NAME Doug Lane  
STREET ADDRESS 101 N. Grand Hwy.  
CITY-ST-ZIP Clermont, FL 34711 ☐ Change ☒ Addition

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: Brian N. Kneser 1-4-01 407-469-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0062461

CR2E037 (10/00)

FILED  
Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90060 041 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE