

## **1. Owner Authorization Form and Owner Disclosure Form**

SEMINOLE COUNTY  
**APPLICATION & AFFIDAVIT**

**Ownership Disclosure Form**

The owner of the real property associated with this application is a (check one)

- ☐ Individual                      ☐ Corporation                      ☐ Land Trust  
☒ Limited Liability Company    ☐ Partnership  
☐ Other (describe): \_\_\_\_\_

1. List all **natural persons** who have an ownership interest in the property, which is the subject matter of this petition, by name and address.

NAME	ADDRESS	PHONE NUMBER

(Use additional sheets for more space.)

2. For each **corporation**, list the name, address, and title of each officer; the name and address of each director of the corporation; and the name and address of each shareholder who owns two percent (2%) or more of the stock of the corporation. Shareholders need not be disclosed if a corporation's stock are traded publicly on any national stock exchange.

NAME	TITLE OR OFFICE	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

3. In the case of a **trust**, list the name and address of each trustee and the name and address of the beneficiaries of the trust and the percentage of interest of each beneficiary. If any trustee or beneficiary of a trust is a corporation, please provide the information required in paragraph 2 above.

**Trust Name:** \_\_\_\_\_

NAME	TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

4. For **partnerships**, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners. If any partner is a corporation, please provide the information required in paragraph 2 above.

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space.)

5. For each **limited liability company**, list the name, address, and title of each manager or managing member; and the name and address of each additional member with two percent (2%) or more membership interest. If any member with two percent (2%) or more membership interest, manager, or managing member is a corporation, trust or partnership, please provide the information required in paragraphs 2, 3 and/or 4 above.

Name of LLC: HI-OAKS, LLC c/o Clayton Investments, LTD

NAME	TITLE	ADDRESS	% OF INTEREST
Kenneth M. Clayton	President	1065 Maitland Center Commons Blvd. Maitland, FL 32751	
Craig H. Clayton	VP, Secretary & Treasurer	5405 Diplomat Circle, Suite #100 Orlando, FL 32810	

(Use additional sheets for more space.)

6. In the circumstances of a **contract for purchase**, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, partnership, or LLC, provide the information required for those entities in paragraphs 2, 3, 4 and/or 5 above.

Name of Purchaser: River Cross Land Company, LLC

NAME	ADDRESS	% OF INTEREST
Christopher E. Dorworth	1520 Whitstable Court, Lake Mary, FL 32746	100 %

Date of Contract: February 02, 2018

Please specify any contingency clause related to the outcome of the consideration of the application.

6. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the Planning and Development Director prior to the date of the public hearing on the application.
7. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject rezoning, future land use amendment, special exception, or variance involved with this Application to become void. I certify that I am legally authorized to execute this Application and Affidavit and to bind the Applicant to the disclosures herein.

4/25/18  
Date

[Signature]  
Owner, Agent, Applicant Signature

STATE OF FLORIDA

COUNTY OF Orange

Sworn to (or affirmed) and subscribed before me by Christopher E. Dorworth, on this 25<sup>th</sup> day of April, 20 18.  
Owner, Agent, Applicant Name

[Signature]  
Signature of Notary Public

Laura Zuluaga  
Print, Type or Stamp Name of Notary Public

Personally Known ✓ OR Produced Identification                     

Type of Identification Produced N/A



**LAURA ZULUAGA**  
MY COMMISSION # FF911866  
EXPIRES August 23, 2019  
FloridaNotaryService.com



# SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM

(ORIGINAL ONLY)

An authorized applicant is defined as:

- The property owner of record; or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchaser (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I, HI OAKS, LLC, the owner of record for the following described property  
32-21-32-300-0010-0000, 32-21-32-300-0020-0000, 32-21-32-300-0030-0000,  
(Legal Description or Tax/Parcel ID Number) 32-21-32-300-003A-0000, 32-21-32-300-003Z-0000 & 32-21-32-300-0050-0000  
River Cross Land Company LLC or  
hereby affirms that Appian Engineering LLC or S&ME INC is hereby designated to act as my

authorized agent for the filing of the attached application for a: **(CHECK ONE)**

<input type="checkbox"/>	Arbor Permit	<input checked="" type="checkbox"/>	Special Exception	<input type="checkbox"/>	Temporary Use Permit	<input type="checkbox"/>	Variance
<input checked="" type="checkbox"/>	Development Plan	<input type="checkbox"/>	Special Event Permit	<input type="checkbox"/>	Vacate	<input checked="" type="checkbox"/>	OTHER Re-Zon. Comprehensive

and make binding statements and commitments regarding the request. I certify that I have examined the  
attached application and that all statements and diagrams submitted are true and accurate to the best of my  
knowledge. Further, I understand that this application, attachments and fees become part of the Official Records  
of Seminole County, Florida and are not returnable.

4/13/18  
DATE

Kenneth M. Clayton President  
Owner's Signature  
Kenneth M. Clayton President  
Owner's Name

STATE OF FLORIDA  
COUNTY OF Orange

**SWORN TO AND SUBSCRIBED** before me, an officer duly authorized in the State of Florida to take  
acknowledgements, personally appeared Kenneth M. Clayton, who is personally known to  
me or who has produced a \_\_\_\_\_ as identification and who executed the  
foregoing instrument and sworn an oath on this 13<sup>th</sup> day of April, 20 18.



Lydiaiah Singh Gaudreau  
NOTARY PUBLIC