SEMINOLE COUNTY APPLICATION & AFFIDAVIT

Ownership Disclosure Form

| Th | e owner of the real property a | ssociated with this applica | tion is a (check one) | | | |
|----|-------------------------------------|--|--|---------------|-----------------------------|--|
| | Individual | □ Corporation | □ Land Trust | | | |
| | Limited Liability Company | □ Partnership | | | | |
| | Other (describe): | Estate of Syd Levy | | | | |
| 1. | List all <u>natural persons</u> who | o have an ownership intere | est in the property, which is the | subject matte | er of this petition, by nam | |
| | NAME | AE | ADDRESS | | PHONE NUMBER | |
| | | (11 | | | | |
| 2. | corporation; and the name | the name, address, and and address of each sha | onal sheets for more space.) title of each officer; the name areholder who owns two perce if a corporation's stock are tr | ent (2%) or i | more of the stock of the | |
| | NAME | TITLE OR OFFICE | ADDRESS | | % OF INTEREST | |
| | | | | | | |
| | | | | | | |
| 3. | | e name and address of ea st of each beneficiary. If a | nal sheets for more space.) ch trustee and the name and a ny trustee or beneficiary of a tru | | | |
| ru | st Name: | | | | | |
| | NAME | TRUSTEE OR BENEFICIARY | ADDRESS | | % OF INTEREST | |
| | | | | | | |
| | | (Use addition | nal sheets for more space.) | | | |
| | | limited partnerships, list the | ne name and address of each on, please provide the information | | | |
| | NAME | ADDRESS | | | % OF INTEREST | |
| | | | | | | |
| | | | | | | |
| | | (Use addition | nal sheets for more space.) | | | |

Rev. 7/12

Ref. Seminole County Code, Section 74.1 (2007)

| Name of LLC: | | | |
|--|----------------------------|--|-----------------------------|
| | | | |
| NAME | TITLE | ADDRESS | % OF INTEREST |
| | | | |
| | | | |
| | (Use additiona | sheets for more space.) | |
| | | name and address of each contract pormation required for those entities in | |
| Name of Purchaser:P | almeira Holdings, LLC | | |
| NAME | | ADDRESS | % OF INTEREST |
| Palmeira Holdings, LLC | 231 Riverside Drive, | 231 Riverside Drive, Unit 2605, Holly Hill, FL 32117 | |
| | | | |
| Please specify any contingency clause related to the outcome of the consideration of the application. 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. 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 rezone, 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. Owner, Agent, Applicant Signature | | | |
| STATE OF FLORIDA | | U | |
| Sworn to (or affirmed) and subscrib | cu before the by | ToJ WALLS gent, Applicant Name | _, on this <u>27 th</u> day |
| of JUNE, 201 | | | |
| Jan Do | nyth. | Print, Type or Stamp Name of Notary | y Public |
| Signature of Notary Public | OR Produced Identification | | y Public |

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).

| containing a clause of clauses and wing an approach to be mea). | | | | | |
|---|---|-------------------------------|--|--|--|
| I, AS PERSONAL REPRESENT OF SYDNEY A. LENY, property (Tax/Parcel ID Number) | TATIVES OF THE ESTATE, the OSCEASED, " (See attached) | e owner of record for | the following described hereby designate | | |
| Jon D. Walls | | ct as my authorized age | ent for the filing of the | | |
| attached application(s) for: | | | | | |
| ☐ Arbor Permit | ☐ Construction Revision | ☐ Final Engineering | ☐ Final Plat | | |
| ☑ Future Land Use | ☐ Lot Split/Reconfiguration | ☐ Minor Plat | ☐ Special Event | | |
| ☐ Preliminary Sub. Plan | ☐ Site Plan | ☐ Special Exception | ™ Rezone | | |
| ☐ Vacate | ☐ Variance | ☐ Temporary Use | ☐ Other (please list): | | |
| and make binding statements and commitments regarding the request(s). I certify that I have examined the attached application(s) 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. | | | | | |
| Date Secret Schniffel | | | | | |
| | ly appeared GEORGE (| • | , who is personally | | |
| known to me or who has produced a as identification and | | | | | |
| TUNK PA MY COMI | oing instrument and sworn , 20 \ \lambda \. UL P. PARTYKA MISSION # GG 067792 RES: May 29, 2021 Notary Public Underwriters | an oath on this otary Public | 26th day of | | |

An authorized applicant is defined as:

| wing described hereby designate he filing of the |
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| ne filing of the |
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| al Plat |
| cial Event |
| one |
| er (please list): |
| the best of my Official Records |
| EPRESENTATIVE LEVY, DECEASE Florida to take |
| is personally |
| entification and |
| day of |
| |

| be submitted with Contract purchase | ner of record; or property owner (power of attorne in the application); or er (a copy of a fully executed sal se or clauses allowing an applica | es contract must be subm | | |
|---|---|-----------------------------------|---|--|
| property (Tax/Parcel ID Number) | TE PENDER GEORGE SONIPPE ENTATIVES OF THE ESTATE , the (y, DECEASED ") (SOR at) ached) | e owner of record for | the following describedhereby designate ent for the filing of the | |
| attached application(s) for: | | | | |
| ☐ Arbor Permit | ☐ Construction Revision | ☐ Final Engineering | ☐ Final Plat | |
| ☑ Future Land Use | ☐ Lot Split/Reconfiguration | ☐ Minor Plat | ☐ Special Event | |
| ☐ Preliminary Sub. Plan | ☐ Site Plan | ☐ Special Exception | | |
| ☐ Vacate | ☐ Variance | ☐ Temporary Use | ☐ Other (please list): | |
| OTHER: | | | | |
| and make binding statement | ts and commitments regarding t | he request(s). I certify t | hat I have examined the | |
| attached application(s) and t | hat all statements and diagrams | submitted are true and a | ocurate to the best of my | |
| knowledge. Further, I unders | tand that this application, attachn | nents, and fees become pa | rt of the Official Records | |
| of Seminole County, Florida | and are not returnable. | | | |
| June 25, 2018 | | Divident Signature Bill Rivation | -(Y3) | |
| STATE OF FLORIDA COUNTY OF ORANGE Owner's Printed Name BILL RINALDI AS PERSONAL REPRESENTATIVE OF THE ESTATE OF SYDNEY A LENY, DECEASED | | | | |
| | UBSCRIBED before me, an off | | | |
| | lly appeared BILL RI | | | |
| known to me or who has pro | oduced a | _ | as identification and | |
| who executed the foreg | oing instrument and sworn | an oath on this | day of | |
| JUNE | , 20 18. | | | |

Notary Public

PAUL P. PARTYKA
MY COMMISSION # GG 067792
EXPIRES: May 29, 2021
Bonded Thru Notary Public Underwriters

An authorized applicant is defined as:

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- 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).

| 11 BILL RINALDI, GEORGE | - FENDER, GEORGE SCHNIPPE | ΣL | |
|--|---|---|--|
| I. AS PERSONAL REPRES | - FENDER I GEORGE SCHNIPPE ENTATIVES OF THE ESTAE DECEASED.", the | e owner of record for | the following described |
| OF SYDNEY A. LEVY, property (Tax/Parcel ID Number) | DECEASED." | | hereby designate |
| property (facti area in itember) | | ot on man outhorized and | |
| | to a | ct as my authorized age | ent for the filing of the |
| attached application(s) for: | | 9 | |
| ☐ Arbor Permit | ☐ Construction Revision | ☐ Final Engineering | ☐ Final Plat |
| ☑ Future Land Use | ☐ Lot Split/Reconfiguration | ☐ Minor Plat | ☐ Special Event |
| ☐ Preliminary Sub. Plan | □ Preliminary Sub. Plan □ Site Plan | | □ Rezone |
| ☐ Vacate | ☐ Variance | ☐ Temporary Use | ☐ Other (please list): |
| OTHER: | | | |
| and make binding statement | s and commitments regarding t | he request(s). I certify the | hat I have examined the |
| attached application(s) and the | hat all statements and diagrams | submitted are true and ac | ccurate to the best of my |
| ** | tand that this application, attachn | | No. No. of the control of the contro |
| of Seminole County, Florida | | rents, una rees eccomo pa | |
| of Schinole County, Plorida | | | |
| Juno 22 | 2018 | 900 57 | Ferron (1/3) |
| Date | C | Owner's Signature | \sim \sim \sim |
| | - | Granges > | 1-cmpor (13) |
| STATE OF FLORIDA | | | |
| COUNTY OF DIQUICA | OF 7 | THE ESTATE OF SYN | NORY A. LEVY, DECEASE, |
| 0 | | ~ 11 .1 11 .1 | G CDI |
| | UBSCRIBED before me, an off | 0 1 | |
| acknowledgements, persona | lly appeared Gleor Cyc | rencuir | , who is personally |
| known to me or who has pro | oduced a Drivers Lice | Me | as identification and |
| | oing instrument and sworn | | 22nd day of |
| June | , 20 <u>\8</u> . | | |
| | | \ | Real |
| | $\overline{\mathbf{N}}$ | Notary Public | LKCC. |
| | | | ary Public State of Florids |
| | | Sad My | ni M. Beck Commission GG 127871 ires 07/24/2021 |