

**SEMINOLE COUNTY  
APPLICATION & AFFIDAVIT**

**Ownership Disclosure Form**

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

- Individual
  Corporation
  Land Trust  
 Limited Liability Company
  Partnership
  Other (describe): Non-Profit \*

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
N/A		

(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
Jerry Griffing	CEO	2401 W. SR 426, Oviedo, FL 32765	0 *
Michael Ray	CFO	2401 W. SR 426, Oviedo, FL 32765	0 *
George Hansel	SD	2401 W. SR 426, Oviedo, FL 32765	0 *

Susan Hanas PD 2345 Mikler Road, Oviedo, FL 32765 0 \*

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: N/A

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
N/A		

(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: N/A

NAME	TITLE	ADDRESS	% OF INTEREST

(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: N/A

NAME	ADDRESS	% OF INTEREST

(Use additional sheets for more space)

Date of Contract: N/A

Specify any contingency clause related to the outcome for consideration of the application: \_\_\_\_\_

7. 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.

8. 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:

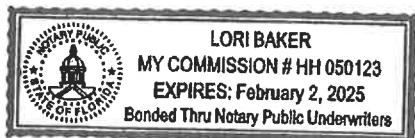
09-20-2021  
Date

[Signature]  
Owner, Agent, Applicant Signature

**STATE OF FLORIDA  
COUNTY OF SEMINOLE**

Sworn to and subscribed before me by means of  physical presence or  online notarization, this 20th day of September, 2021, by JERRY GRIFFING, who is  personally known to me, or  has produced \_\_\_\_\_ as identification.

[Signature]  
Signature of Notary Public



LORI BAKER  
Print, Type or Stamp Name of Notary Public

# OWNER AUTHORIZATION FORM

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 purchase (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, Jerry Griffing, the owner of record for the following described property (Tax/Parcel ID Number) 21-21-31-300-0090-0000 & 21-21-31-300-0100-0000 hereby designates Constance D. Silver, PE to act as my authorized agent for the filing of the attached application(s) for:

<input type="checkbox"/> Arbor Permit	<input type="checkbox"/> Construction Revision	<input type="checkbox"/> Final Engineering	<input type="checkbox"/> Final Plat
<input checked="" type="checkbox"/> Future Land Use	<input type="checkbox"/> Lot Split/Reconfiguration	<input type="checkbox"/> Minor Plat	<input type="checkbox"/> Special Event
<input type="checkbox"/> Preliminary Sub. Plan	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Special Exception	<input checked="" type="checkbox"/> Rezone
<input type="checkbox"/> Vacate	<input type="checkbox"/> Variance	<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Other (please list):

**OTHER:** \_\_\_\_\_

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.

09-20-2021  
Date

  
 \_\_\_\_\_  
 Property Owner's Signature  
Jerry Griffing, CEO  
 \_\_\_\_\_  
 Property Owner's Printed Name

**STATE OF FLORIDA**  
**COUNTY OF** Seminole

**SWORN TO AND SUBSCRIBED** before me, an officer duly authorized in the State of Florida to take acknowledgements, appeared Jerry Griffing (property owner),  
 by means of physical presence or  online notarization; and  who is personally known to me or  who has produced \_\_\_\_\_ as identification, and who executed the foregoing instrument and sworn an oath on this 20<sup>th</sup> day of September, 2021.



  
 \_\_\_\_\_  
 Notary Public