

From: solodev@seminolecountyfl.gov
To: [Williams, Timothy](#)
Subject: Request for Board Appointments
Date: Wednesday, April 30, 2025 11:40:51 AM

Contact Information

First Name * **Lucas**
Middle Initial **A**
Last Name * **Ferrer**
Email Address * **lucasaferrer@gmail.com**
Cell Phone Number **561-512-7382**
Office Phone Number
Home Phone Number

Home Address

Address * **1551 Tallapoosa Dr**
Address 2
City * **Geneva**
State * **FL**
Zipcode * **32732**

Work/Office Address

Address
Address 2
City
State
Zipcode

Employment Information

Employer **Hit or Click Marketing**
Position **CEO**
How Long **10 Years**

Education

High School **Summit Christian School**
College **University of Central Florida, Southeastern University & Full Sail University**
Degree Received **Masters Degree in Internet Marketing from Full Sail University**
If you currently or have ever held a professional or business license or certificate, please provide the title, issue date and issuing authority. If any disciplinary action has been taken, please state the type and date of the action taken:

Board Interest

Please list the Boards or Committees on which you would prefer to be considered for appointment: **MetroPlan Orlando Community Advisory Committee**
Do you wish to be considered for other Boards? **no**

Please state your experience and interests that you feel would qualify you as a candidate for appointment to the Board/Committee(s): I was a founding member of Save Rural Seminole and I have a strong desire to maintain appropriate zoning and sustainable development. Florida law requires that members of certain boards file a detailed financial disclosure form. Would you be willing to serve on such a board? * **yes**

Tell Us About Yourself

Are you a resident of Seminole County? * **yes**
Are you a registered voter? * **yes**
Do you own property in Seminole County? * **yes**
Have you ever served on a County Board? * **no**
If yes, when and which boards(s)?

Seminole County strives to ensure that all County Boards are representative of the community. To assist in this endeavor, please check the applicable boxes:

Ethnicity * **hispanic**
Gender * **male**
Date Of Birth **08/24/1982**

Reference 1

Name **Lourdes Aguirre**
Address **1551 Tallapoosa Dr Geneva, FL**
Phone Number **(786) 413-6077**

Reference 2

Name **Dave Bear**
Address **Winter Springs**
Phone Number **(407) 739-0889**

Reference 3

Name **Min Ohye**
Address **3182 Howard Ave Oviedo, FL**
Phone Number **407-486-0686**

Certification

The Appointment Information Form, when completed and filed with the County Commission Office, is a PUBLIC RECORD under Chapter 119, Florida Statutes, and therefore is open to public inspection by any person.

[x] I understand the responsibilities associated with being a Board member, and I have adequate time to serve on the above Board(s). *