02.26SS.01 ; Z2026-06

SEMINOLE COUNTY **PROJ. #:** 26-20500003
PLANNING & DEVELOPMENT DIVISION
1101 EAST FIRST STREET, ROOM 2028
SANFORD, FLORIDA 32771
(407) 665-7371 EPLANDESK@SEMINOLECOUNTYFL.GOV

REZONE/FUTURE LAND USE AMENDMENT

ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE

APPLICATION TYPES/FEES

☐ **LARGE SCALE FUTURE LAND USE AMENDMENT ONLY** (>50 ACRES) $400/ACRE* ($10K MAX. FEE)

☐ **LARGE SCALE FLU AMENDMENT AND REZONE** (>50 ACRES) $400/ACRE* ($10K MAX. FEE) + 50% OF REZONE

LSFLUA FEE _____ + 50% OF REZONE FEE _____ = _____ TOTAL LSFLUA AND REZONE FEE

☐ **SMALL SCALE FUTURE LAND USE AMENDMENT ONLY** (≤50 ACRES) $3,500

■ **SMALL SCALE FLU AMENDMENT AND REZONE** (≤50 ACRES) $3,500 + 50% OF REZONE FEE

SSFLUA FEE $3,500 + 50% OF REZONE FEE ($5,350/2) TOTAL SSFLUA AND REZONE FEE **$6,175.00**

☐ **TEXT AMENDMENT** (NOT ASSOCIATED WITH LAND USE AMENDMENT) $3,000

☐ **TEXT AMENDMENT** (ASSOCIATED WITH LAND USE AMENDMENT) $1,000

☐ **REZONE** (NON-PD)** $2,500 + $75/ACRE* ($6,500 MAX. FEE)

☒ **PD REZONE****

- ☐ **PD REZONE** $4,000 + $75/ACRE* ($10K MAX. FEE)
- ☐ **PD FINAL DEVELOPMENT PLAN** $1,000
- ☐ **PD FINAL DEVELOPMENT PLAN AS AN ENGINEERED SITE PLAN** CALCULATED BELOW

(TOTAL SF OF NEW IMPERVIOUS SURFACE AREA SUBJECT FOR REVIEW/1,000)^^ x $25 + $2,500 = FEE DUE

(TOTAL SF OF NEW ISA _____ /1,000 = _____)^^ x $25 + $2,500 = FEE DUE: _____

EXAMPLE: 40,578 SF OF NEW ISA UNDER REVIEW = 40,578/1,000 = 40.58 x $25 = $1,014.50 + $2,500 = $3,514.50

- ☒ **PD MAJOR AMENDMENT** $4,000 + $75/ACRE*^ ($10K MAX. FEE)
- ☐ **PD MINOR AMENDMENT** $1,000

☐ **DEVELOPMENT OF REGIONAL IMPACT** (DRI)

- ☐ **DETERMINATION OF SUBSTANTIAL DEVIATION** (OR OTHER CHANGE) $3,500.00

*PER ACRE FEES ARE ROUNDED UP TO THE NEAREST FULL ACRE
**50% OF REZONE FEE IF REZONE IS CONCURRENT WITH A LAND USE AMENDMENT
^ACREAGE IS CALCULATED FOR THE AFFECTED AREA ONLY
^^ROUNDED TO 2 DECIMAL POINTS

PROJECT

PROJECT NAME: Sanford Commerce Center	
PARCEL ID #(S): 21-19-30-513-0000-0020	
LOCATION: Generally located north and west of I-4, south of Orange Blvd., and east of Dunbar Ave.	
EXISTING USE(S): vacant	PROPOSED USE(S): M-1A Ind
TOTAL ACREAGE: 17.225+/-	BCC DISTRICT: District 5 - Herr
WATER PROVIDER: Seminole County	SEWER PROVIDER: Seminole County
CURRENT ZONING: PD	PROPOSED ZONING: PD
CURRENT FUTURE LAND USE: Com & Ind	PROPOSED FUTURE LAND USE: Ind

APPLICANT **EPLAN PRIVILEGES: VIEW ONLY ☐ UPLOAD ■ NONE ☐**

NAME: S. Brent Spain, Esquire	COMPANY: Theriaque & Spain		
ADDRESS: 1809 Edgewater Drive			
CITY: Orlando	STATE: FL	ZIP: 32804	
PHONE: 407.347.5388	EMAIL: [redacted]		

CONSULTANT **EPLAN PRIVILEGES: VIEW ONLY ☐ UPLOAD ■ NONE ☐**

NAME: Cade Thompson	COMPANY: ARCO Design/Build		
ADDRESS: 2100 S. Tyron Street, Suite 205			
CITY: Charlotte	STATE: NC	ZIP: 28203	
PHONE: 848-246-6008	EMAIL: [redacted]		

OWNER(S) (INCLUDE NOTARIZED OWNER'S AUTHORIZATION FORM)

NAME(S): KBC Dev, Inc.			
ADDRESS: 1590 Bobby Lee Point			
CITY: Sanford	STATE: FL	ZIP: 32771	
PHONE: see applicant above	EMAIL: see applicant above		

CONCURRENCY REVIEW MANAGEMENT SYSTEM (SELECT ONE)

☒ I elect to defer the Concurrency Review that is required by Chapter 163, Florida Statutes, per Seminole County's Comprehensive Plan for the above listed property until a point as late as Site Plan and/or Final Engineering submittals for this proposed development plan. I further specifically acknowledge that any proposed development on the subject property will be required to undergo Concurrency Review and meet all Concurrency requirements in the future. **PD Final Development Plan as an Engineered Site Plan may not defer**.

☐ I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued Certificate of Vesting or a prior Concurrency determination (Test Notice issued within the past two years as identified below. Please attach a copy of the Certificate of Vesting or Test Notice.)

TYPE OF CERTIFICATE	**CERTIFICATE NUMBER**	**DATE ISSUED**
VESTING:	_____	_____
TEST NOTICE:	_____	_____

☐ Concurrency application has been submitted online and the appropriate fee is attached. I wish to encumber capacity at an early point in the development process and understand that only upon approval of the Development Order and the full payment of applicable facility reservation fees is a Certificate of Concurrency issued and entered into the Concurrency Management monitoring system.

By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of the application and/or revocation of any approval based upon this application.

I hereby authorize County staff to enter upon the subject property at any reasonable time for the purposes of investigating and reviewing this request. I also hereby agree to place a public notice sign (placard), if required, on the subject property at a location(s) to be determined by County staff.

I further acknowledge that Seminole County may not defend any challenge to my proposed Future Land Use Amendment/Rezoning and related development approvals, and that it may be my sole obligation to defend any and all actions and approvals, which authorize the use or development of the subject property. Submission of this form initiates a process and does not imply approval by Seminole County or any of its boards, commissions or staff.

I further acknowledge that I have read the information contained in this application pertaining to proposed amendments to the official Zoning map, official Future Land Use map and/or Comprehensive Plan and have had sufficient opportunity to inquire with regard to matters set forth therein and, accordingly, understand all applicable procedures and matters relating to this application.

I hereby represent that I have the lawful right and authority to file this application.

_____ 02/05/26

SIGNATURE OF OWNER/AUTHORIZED AGENT **DATE**

(PROOF OF PROPERTY OWNER'S AUTHORIZATION IS REQUIRED IF SIGNED BY SOMEONE OTHER THAN THE PROPERTY OWNER)

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, Michael Good, as President of KBC Development, Inc., the owner of record for the following described property *[Parcel ID Number(s)]* 21-19-30-513-0000-0020 hereby designates S. Brent Spain, Esquire/Theriaque & Spain to act as my authorized agent for the filing of the attached application(s) for:

☐ Alcohol License	☐ Arbor Permit	☐ Construction Revision	☐ Final Engineering
☐ Final Plat	☒ Future Land Use Amendment	☐ Lot Split/Reconfiguration	☐ Minor Plat
☐ Preliminary Subdivision Plan	☒ Rezone PD	☐ Site Plan	☐ Special Event
☐ Special Exception	☐ Temporary Use Permit	☐ Vacate	☐ Variance

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.

1/28/2026
Date

Property Owner's Signature

Michael Good, as President
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 Michael J. Good *(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 28th day of January, 2026.

PATTI SHOLAR
Notary Public - State of Florida
Commission # HH 401491
My Comm. Expires Jun 2, 2027
Bonded through National Notary Assn.

Notary Public

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): _____

_____

_____

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
Michael Good	P, S, D	1590 Bobby Lee Point, Sanford, FL 32771	100

(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)

Rev 1/2020
Ref. Seminole County Code of Ordinances, Section 74.1 (2007)

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: _____

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: GGP Acquisitions, LLC

NAME	ADDRESS	% OF INTEREST
Brian Gibbons	3904 Boston St., Ste. 402, Baltimore, MD 21224	
David Williams	706 Giddings Ave., Ste. 400, Annapolis, MD 21401	
Alex Laperouse/Drew Thigpen	151 West St., Ste. 304, Annapolis, MD 21401/436 E. 36th St., Charlotte, NC 28205	

(Use additional sheets for more space)

Date of Contract: July 23, 2025

Specify any contingency clause related to the outcome for consideration of the application: Land use/rezoning and site plan approval

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:

02/05/26
Date

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 5th day of February, 2026 by S. Brent Spain, who is ☐ personally known to me, or ☐ has produced _____ as identification.

Signature of Notary Public

DIANA HAYS
MY COMMISSION # HH 266110
EXPIRES: September 5, 2026

Print, Type or Stamp Name of Notary Public

Rev 1/2020
Ref. Seminole County Code of Ordinances, Section 74.1 (2007)

Detail by Entity Name

Florida Profit Corporation
KBC DEVELOPMENT, INC.

Filing Information

Document Number	P98000068684
FEI/EIN Number	59-3525272
Date Filed	08/03/1998
State	FL
Status	ACTIVE

Principal Address

4566 ORANGE BLVD.
SUITE 1000
SANFORD, FL 32771

Changed: 04/18/2008

Mailing Address

1590 BOBBY LEE PT
SANFORD, FL 32771

Changed: 03/31/2006

Registered Agent Name & Address

GOOD, MICHAEL J
1590 BOBBY LEE POINT
SANFORD, FL 32771

Address Changed: 04/24/2009

Officer/Director Detail

Name & Address

Title PSD

GOOD, MICHAEL J
1590 BOBBY LEE POINT
SANFORD, FL 32771

Annual Reports

Report Year	Filed Date

2023	04/10/2023
2024	04/09/2024
2025	02/19/2025

Document Images

02/19/2025 -- ANNUAL REPORT	View image in PDF format
04/09/2024 -- ANNUAL REPORT	View image in PDF format
04/10/2023 -- ANNUAL REPORT	View image in PDF format
05/04/2022 -- ANNUAL REPORT	View image in PDF format
04/06/2021 -- ANNUAL REPORT	View image in PDF format
04/24/2020 -- ANNUAL REPORT	View image in PDF format
04/29/2019 -- ANNUAL REPORT	View image in PDF format
04/24/2018 -- ANNUAL REPORT	View image in PDF format
04/26/2017 -- ANNUAL REPORT	View image in PDF format
04/27/2016 -- ANNUAL REPORT	View image in PDF format
04/24/2015 -- ANNUAL REPORT	View image in PDF format
04/18/2014 -- ANNUAL REPORT	View image in PDF format
04/30/2013 -- ANNUAL REPORT	View image in PDF format
03/29/2012 -- ANNUAL REPORT	View image in PDF format
04/25/2011 -- ANNUAL REPORT	View image in PDF format
04/29/2010 -- ANNUAL REPORT	View image in PDF format
04/24/2009 -- ANNUAL REPORT	View image in PDF format
04/18/2008 -- ANNUAL REPORT	View image in PDF format
02/16/2007 -- ANNUAL REPORT	View image in PDF format
03/31/2006 -- ANNUAL REPORT	View image in PDF format
04/07/2005 -- ANNUAL REPORT	View image in PDF format
04/19/2004 -- ANNUAL REPORT	View image in PDF format
03/03/2003 -- ANNUAL REPORT	View image in PDF format
02/05/2002 -- ANNUAL REPORT	View image in PDF format
03/27/2001 -- ANNUAL REPORT	View image in PDF format
03/29/2000 -- ANNUAL REPORT	View image in PDF format
04/29/1999 -- ANNUAL REPORT	View image in PDF format
08/03/1998 -- Domestic Profit	View image in PDF format

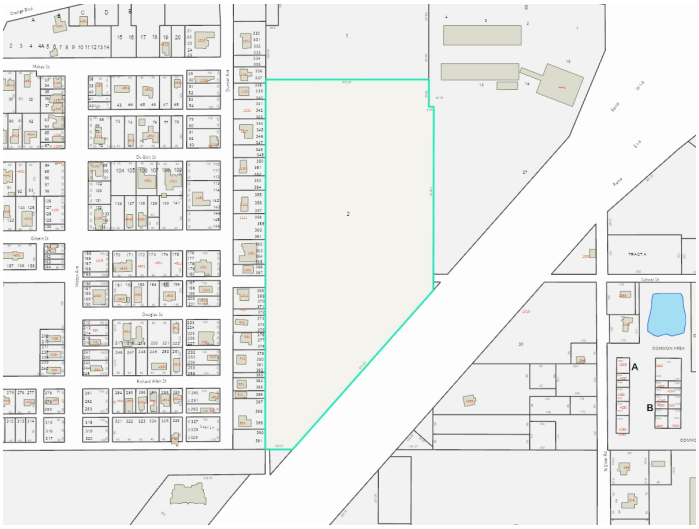
Property Record Card

SEMINOLE COUNTY PROPERTY APPRAISER
DAVID JOHNSON, CFA

Parcel: **21-19-30-513-0000-0020**
Property Address:
Owners: **KBC DEV INC**

2026 Market Value $3,087,226 Assessed Value $3,087,226 Taxable Value $3,087,226
2025 Tax Bill $38,337.81 Tax Savings with Non-Hx Cap $3,892.35
Vac Indust W/Site Improvements property has a lot size of 17.32 Acres

Parcel Location



Site View

Parcel Information

Parcel	21-19-30-513-0000-0020
Property Address	
Mailing Address	1590 BOBBY LEE PT SANFORD, FL 32771-8078
Subdivision	
Tax District	01:County Tax District
DOR Use Code	
Exemptions	None
AG Classification	

Value Summary

	2026 Working Values	2025 Certified Values
Valuation Method	Cost/Market	Cost/Market
Number of Buildings	0	0
Depreciated Building Value	$0	$0
Depreciated Other Features	$47,269	$47,269
Land Value (Market)	$3,039,957	$3,039,957
Land Value Agriculture	$0	$0
Just/Market Value	$3,087,226	$3,087,226
Portability Adjustment	$0	$0
Save Our Homes Adjustment/Maximum Portability	$0	$0
Non-Hx 10% Cap (AMD 1)	$0	$461,727
P&G Adjustment	$0	$0
Assessed Value	$3,087,226	$2,625,499

2025 Certified Tax Summary

Tax Amount w/o Exemptions	$42,230.16
Tax Bill Amount	$38,337.81
Tax Savings with Exemptions	$3,892.35

Note: Does NOT INCLUDE Non Ad Valorem Assessments

Owner(s)

Name - Ownership Type
KBC DEV INC

Legal Description

LOT 2 CBK DEVELOPMENT PLAT BOOK 91
PAGES 21-24

Taxes

Taxing Authority	Assessed	Exempt Amount	Taxable
COUNTY GENERAL FUND	$3,087,226	$0	$3,087,226
Schools	$3,087,226	$0	$3,087,226
FIRE	$3,087,226	$0	$3,087,226
ROAD DISTRICT	$3,087,226	$0	$3,087,226
SJWM(Saint Johns Water Management)	$3,087,226	$0	$3,087,226

Sales

Deed Type	Date	Sale Amount	Book / Page	Sale Type	Qualified?

Land

Units	Rate	Assessed	Market
781,480 SF	$3.89/SF	$3,039,957	$3,039,957

Building Information

#	
Use	
Year Built*	
Bed	
Bath	
Fixtures	
Base Area (ft²)	
Total Area (ft²)	
Constuction	
Replacement Cost	
Assessed	

Building

* Year Built = Actual / Effective

Permits

Permit #	Description	Value	CO Date	Permit Date

Extra Features

Description	Year Built	Units	Cost	Assessed
BLOCK WALL - SF	2008	5680	$78,782	$47,269

Zoning

Zoning	PD
Description	Planned Development
Future Land Use	IND
Description	Industrial

Political Representation

Commissioner	District 5 - Andria Herr
US Congress	District 7 - Cory Mills
State House	District 36 - Rachel Plakon
State Senate	District 10 - Jason Brodeur
Voting Precinct	Precinct 1

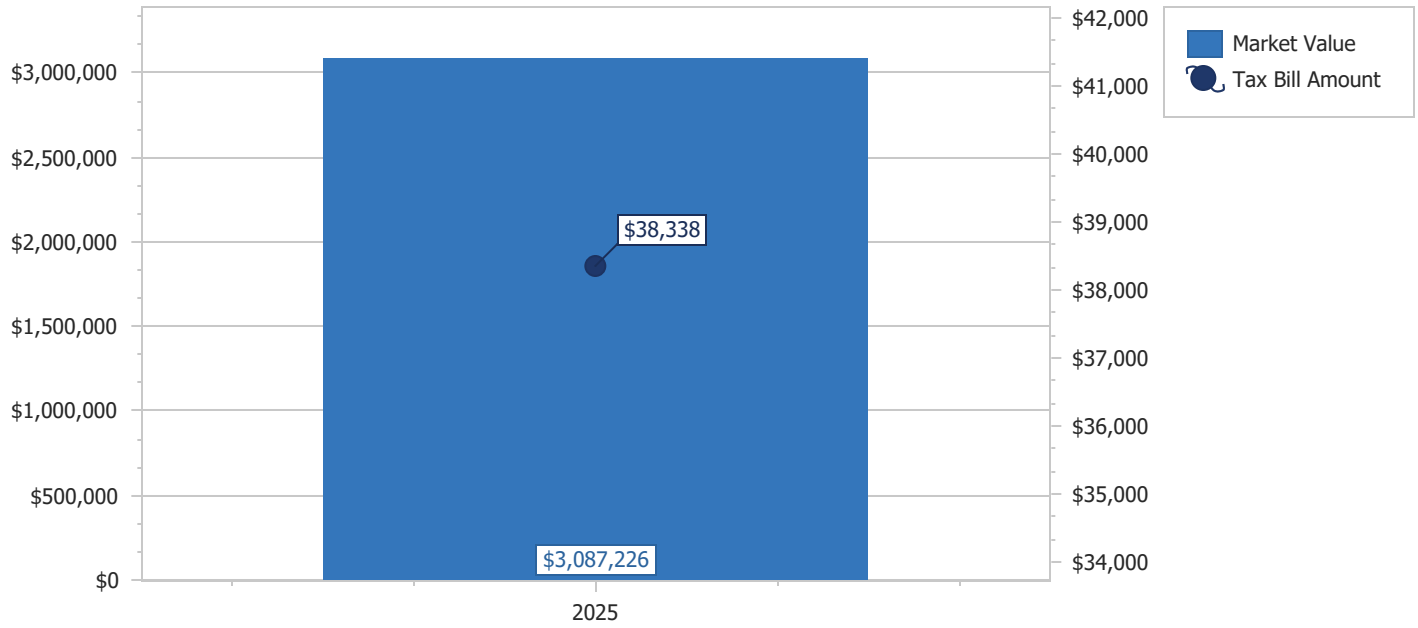
School Districts

Elementary	Region 1
Middle	Markham Woods
High	Seminole

Utilities

Fire Station #	Station: 34 Zone: 341
Power Company	FPL
Phone (Analog)	AT&T
Water	Seminole County Utilities
Sewage	Seminole County Utilities
Garbage Pickup	
Recycle	
Yard Waste	
Hauler #	

Property Value History



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Seminole County Government
Development Services Department
Planning and Development Division
Credit Card Payment Receipt

If you have questions about your application or payment, please email us eplandesk@seminolecountyfl.gov or call us at: (407) 665-7371.

Receipt Details

Date:	3/16/2026 3:48:43 PM
Project:	26-20500003
Credit Card Number:	51**********8712
Authorization Number:	83423Z
Transaction Number:	160326O17-F0D70B62-A09B-429B-8BEE-1B407CBDA220
Total Fees Paid:	6308.40

Fees Paid

Description	**Amount**
CC CONVENIENCE FEE -- PZ	133.40
REZONE WITH LUA (50% OF FEE)14	6175.00
Total Amount	6308.40