



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

PROJ. #: 26-20500004

Received & paid: 2/25/26

REZONE/FUTURE LAND USE AMENDMENT

ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE

APPLICATION TYPES/FEEES

<input type="checkbox"/>	LARGE SCALE FUTURE LAND USE AMENDMENT ONLY (>50 ACRES)	\$400/ACRE* (\$10K MAX. FEE)
<input type="checkbox"/>	LARGE SCALE FLU AMENDMENT <u>AND</u> REZONE (>50 ACRES)	\$400/ACRE* (\$10K MAX. FEE) + 50% OF REZONE
	LSFLUA FEE _____ + 50% OF REZONE FEE _____ = _____	TOTAL LSFLUA AND REZONE FEE
<input type="checkbox"/>	SMALL SCALE FUTURE LAND USE AMENDMENT ONLY (≤50 ACRES)	\$3,500
<input type="checkbox"/>	SMALL SCALE FLU AMENDMENT <u>AND</u> REZONE (≤50 ACRES)	\$3,500 + 50% OF REZONE FEE
	SSFLUA FEE \$3,500 + 50% OF REZONE FEE _____ = _____	TOTAL SSFLUA AND REZONE FEE
<input type="checkbox"/>	TEXT AMENDMENT (NOT ASSOCIATED WITH LAND USE AMENDMENT)	\$3,000
<input type="checkbox"/>	TEXT AMENDMENT (ASSOCIATED WITH LAND USE AMENDMENT)	\$1,000
<input type="checkbox"/>	REZONE (NON-PD)**	\$2,500 + \$75/ACRE* (\$6,500 MAX. FEE)
<input checked="" type="checkbox"/>	PD REZONE**	
<input type="checkbox"/>	PD REZONE	\$4,000 + \$75/ACRE* (\$10K MAX. FEE)
<input type="checkbox"/>	PD FINAL DEVELOPMENT PLAN	\$1,000
<input checked="" type="checkbox"/>	PD FINAL DEVELOPMENT PLAN AS AN ENGINEERED SITE PLAN	CALCULATED BELOW
	(TOTAL SF OF <u>NEW</u> IMPERVIOUS SURFACE AREA SUBJECT FOR REVIEW/1,000) ^{^^} x \$25 + \$2,500 = FEE DUE	
	(TOTAL SF OF <u>NEW</u> ISA <u>85,853</u> /1,000 = <u>85.85</u>) ^{^^} x \$25 + \$2,500 = FEE DUE: <u>\$4,646.25</u>	
	<u>EXAMPLE</u> : 40,578 SF OF NEW ISA UNDER REVIEW = 40,578/1,000 = <u>40.58</u> x \$25 = <u>\$1,014.50</u> + \$2,500 = <u>\$3,514.50</u>	
<input type="checkbox"/>	PD MAJOR AMENDMENT	\$4,000 + \$75/ACRE* ^{^^} (\$10K MAX. FEE)
<input type="checkbox"/>	PD MINOR AMENDMENT	\$1,000
<input type="checkbox"/>	DEVELOPMENT OF REGIONAL IMPACT (DRI)	
<input type="checkbox"/>	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: Sanpik Office

PARCEL ID #(S): 04-20-31-300-0340-0000

LOCATION: 2850 S. Beardall Avenue, Sanford, FL 32773

EXISTING USE(S): Vac Comm w/ Site Improvements PROPOSED USE(S): Office, Warehouse Storage, Outdoor Storage of Contractor's Equipment

TOTAL ACREAGE: +/- 6.07 AC

BCC DISTRICT: 5 [Herr](#)WATER PROVIDER: ~~Private~~ [Sanford](#)SEWER PROVIDER: ~~Private~~ [City of Sanford](#)

CURRENT ZONING: PD

PROPOSED ZONING: PD

CURRENT FUTURE LAND USE: HIP-AP

PROPOSED FUTURE LAND USE: HIP-AP

APPLICANTEPLAN PRIVILEGES: VIEW ONLY UPLOAD NONE

NAME: Matthew Sands

COMPANY: Bill-Matt Properties, LLC.

ADDRESS: 1424 N. Ronald Reagan Blvd., Suite 1300

CITY: Longwood

STATE: Florida

ZIP: 32750

PHONE: 407-988-1033

EMAIL: **CONSULTANT**EPLAN PRIVILEGES: VIEW ONLY UPLOAD NONE

NAME: Jason Bullard

COMPANY: Exo Limited, LLC.

ADDRESS: 3319 Maguire Blvd., Suite 130

CITY: Orlando

STATE: Florida

ZIP: 32803

PHONE: 407-743-0104

EMAIL: **OWNER(S)**

(INCLUDE NOTARIZED OWNER'S AUTHORIZATION FORM)

NAME(S): Matthew Sands, William Picek

Bill-Matt Properties, LLC.

ADDRESS: 1424 N. Ronald Reagan Blvd., Suite 1300

CITY: Longwood

STATE: Florida

ZIP: 32750

PHONE: 407-988-1033

EMAIL: 

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.

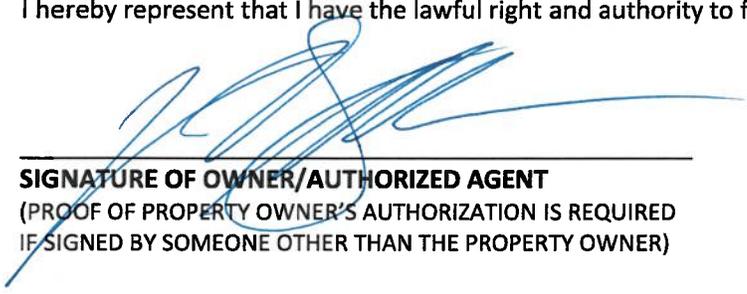
By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of the application and/or revocation of any approval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



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

2/24/20

DATE

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, Matthew Sands, the owner of record for the following described property [Parcel ID Number(s)] 04-20-31-300-0340-0000 hereby designates Exo Limited, LLC. (Jason Bullard) to act as my authorized agent for the filing of the attached application(s) for:

<input type="checkbox"/> Alcohol License	<input checked="" type="checkbox"/> Arbor Permit	<input type="checkbox"/> Construction Revision	<input checked="" type="checkbox"/> Final Engineering
<input type="checkbox"/> Final Plat	<input type="checkbox"/> Future Land Use Amendment	<input type="checkbox"/> Lot Split/Reconfiguration	<input type="checkbox"/> Minor Plat
<input type="checkbox"/> Preliminary Subdivision Plan	<input type="checkbox"/> Rezone	Site Plan	<input type="checkbox"/> Special Event
<input type="checkbox"/> Special Exception	<input type="checkbox"/> Temporary Use Permit	<input type="checkbox"/> Vacate	<input type="checkbox"/> 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.

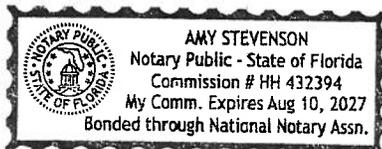
1/19/2026
 Date

[Signature]
 Property Owner's Signature

Matthew Sands
 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 Matthew Sands (property owner),
~~by~~ 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 19th day of January, 2026.



[Signature]
 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
Matthew Sands	167 Citation Way Lake Mary, FL. 32746	407-450-6969 (C)
William Picek	24936 Derby Dr, Sorrento, FL 32776	407-625-6300 (c)

(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: 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

(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: Bill_Matt Properties, LLC - 33-2326390

NAME	TITLE	ADDRESS	% OF INTEREST
Matthew Sands	President	1424 Ronald Regan Blvd Ste.1300 Longwood, FL 32750	50
William Picek	VP	1424 Ronald Regan Blvd Ste.1300 Longwood, FL 32750	50

(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: _____

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:

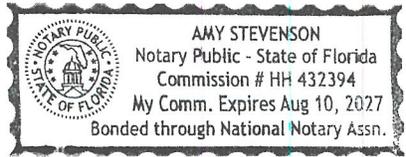
2/18/2026
Date

[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 18th day of February, 2026, by Matthew Sands, who is personally known to me, or has produced _____ as identification.

[Signature]
Signature of Notary Public



Amy Stevenson EXP: 8/10/2027
Print, Type or Stamp Name of Notary Public



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company

BILL-MATT PROPERTIES, LLC

Filing Information

Document Number L24000507808
FEI/EIN Number 33-2326390
Date Filed 12/05/2024
State FL
Status ACTIVE

Principal Address

1424 N RONALD REAGAN BLVD STE 1300
 LONGWOOD, FL 32750

Mailing Address

1424 N RONALD REAGAN BLVD STE 1300
 LONGWOOD, FL 32750

Registered Agent Name & Address

BREWERLONG PLLC
 407 WEKIVA SPRINGS RD STE 241
 LONGWOOD, FL 32751

Authorized Person(s) Detail

Name & Address

Title P

SANDS, MATTHEW

176 CITATION CT
 LAKE MARY, FL 32746

Title VP

PICEK, WILLIAM
 24936 DERBY DR
 SORRENTO, FL 32776

Annual Reports

Report Year	Filed Date
2025	04/17/2025

2026

01/13/2026

Document Images

[01/13/2026 -- ANNUAL REPORT](#)

View image in PDF format

[04/17/2025 -- ANNUAL REPORT](#)

View image in PDF format

[12/05/2024 -- Florida Limited Liability](#)

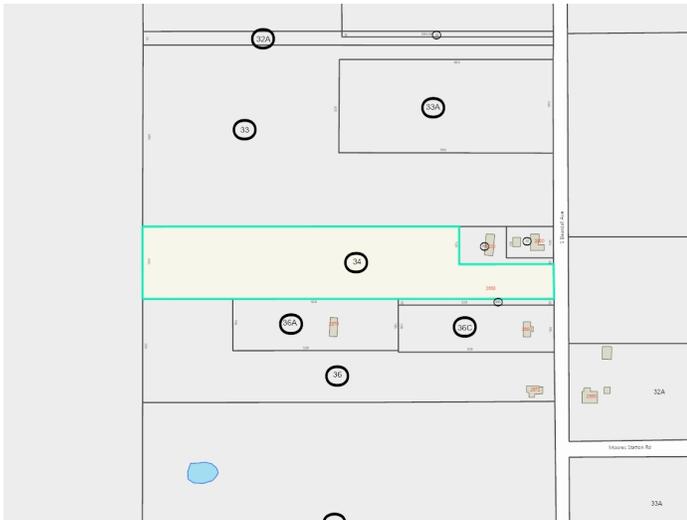
View image in PDF format

Property Record Card



Parcel: **04-20-31-300-0340-0000**
 Property Address: **2850 S BEARDALL AVE SANFORD, FL 32773**
 Owners: **BILL-MATT PROPERTIES LLC**
 2026 Market Value \$913,262 Assessed Value \$913,262 Taxable Value \$913,262
 2025 Tax Bill \$6,574.31 Tax Savings with Non-Hx Cap \$736.55
 Vac Comm W/ Site Improvements property has a lot size of 6.10 Acres

Parcel Location



Site View

Parcel Information

Parcel	04-20-31-300-0340-0000
Property Address	
Mailing Address	1424 N RONALD REAGAN BLVD STE 1300 LONGWOOD, FL 32750-6508
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	\$12,826	\$12,827
Land Value (Market)	\$900,436	\$521,632
Land Value Agriculture	\$0	\$0
Just/Market Value	\$913,262	\$534,459
Portability Adjustment	\$0	\$0
Save Our Homes Adjustment/Maximum Portability	\$0	\$0
Non-Hx 10% Cap (AMD 1)	\$0	\$87,373
P&G Adjustment	\$0	\$0
Assessed Value	\$913,262	\$447,086

2025 Certified Tax Summary

Tax Amount w/o Exemptions	\$7,310.86
Tax Bill Amount	\$6,574.31
Tax Savings with Exemptions	\$736.55

Owner(s)

Name - Ownership Type
 BILL-MATT PROPERTIES LLC

Note: Does NOT INCLUDE Non Ad Valorem Assessments

Legal Description

SEC 04 TWP 20S RGE 31E N 230 FT OF S 1375
FT OF E 1/2 OF SW 1/4 (LESS N 120 FT OF E 334
FT + RD)

Taxes

Taxing Authority	Assessed	Exempt Amount	Taxable
COUNTY GENERAL FUND	\$913,262	\$0	\$913,262
Schools	\$913,262	\$0	\$913,262
FIRE	\$913,262	\$0	\$913,262
ROAD DISTRICT	\$913,262	\$0	\$913,262
SJWM(Saint Johns Water Management)	\$913,262	\$0	\$913,262

Sales

Deed Type	Date	Sale Amount	Book / Page	Sale Type	Qualified?
SPECIAL WARRANTY DEED	6/25/2025	\$1,060,000	10850/0431	Improved	Yes
WARRANTY DEED	12/1/2007	\$450,000	06896/0499	Improved	Yes
QUIT CLAIM DEED	8/1/2007	\$100	06804/1798	Improved	No
PROBATE RECORDS	7/1/2000	\$100	03886/1937	Improved	No
QUIT CLAIM DEED	4/1/1987	\$100	01833/1009	Improved	No
QUIT CLAIM DEED	6/1/1982	\$100	01397/0997	Improved	No
WARRANTY DEED	1/1/1973	\$18,500	00994/0237	Improved	Yes

Land

Units	Rate	Assessed	Market
258,746 SF	\$4.35/SF	\$900,436	\$900,436

Building Information	
#	
Use	
Year Built*	
Bed	
Bath	
Fixtures	
Base Area (ft ²)	
Total Area (ft ²)	
Constuction	
Replacement Cost	
Assessed	

Building

* Year Built = Actual / Effective

Permits				
Permit #	Description	Value	CO Date	Permit Date
18531	2850 S BEARDALL AVE: DEMO RESIDENTIAL-2-Story Single Family Home	\$8,500		7/27/2021
16061	2850 S BEARDALL AVE: FENCE/WALL COMMERCIAL-	\$12,588		11/13/2020

Extra Features				
Description	Year Built	Units	Cost	Assessed
POLE BARNS/AVG	1989	960	\$0	\$0
6' CHAIN LINK FENCE - LIN FT	2021	920	\$14,251	\$12,826

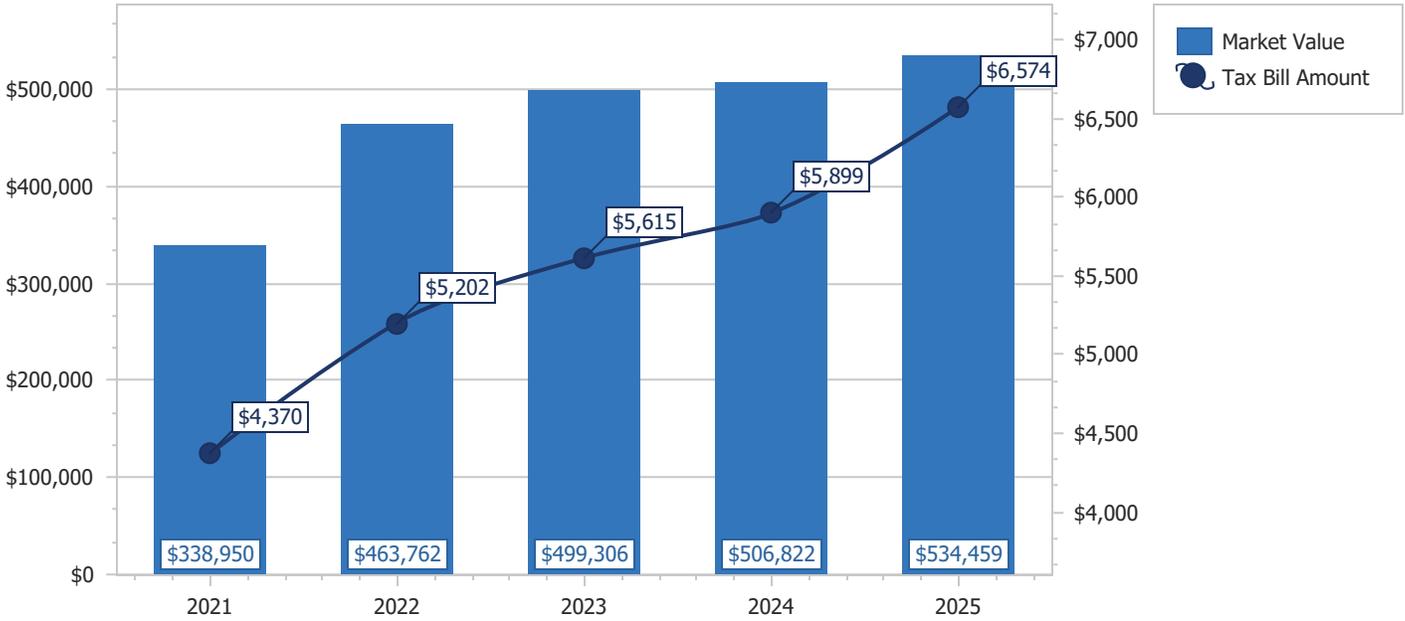
Zoning	
Zoning	PD
Description	Planned Development
Future Land Use	HIPAP
Description	

School Districts	
Elementary	Region 3
Middle	Sanford
High	Seminole

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 18

Utilities	
Fire Station #	Station: 41 Zone: 411
Power Company	FPL
Phone (Analog)	AT&T
Water	Sanford
Sewage	City Of Sanford
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 epandesk@seminolecountyfl.gov or call us at: (407) 665-7371.

Receipt Details

Date: 2/25/2026 11:50:14 AM
Project: 26-20500004
Credit Card Number: 37*****5003
Authorization Number: 240429
Transaction Number: 250226O18-50390FA2-C0DA-4E5C-B463-6B56142868F5
Total Fees Paid: 4736.85

Fees Paid

Description	Amount
FINAL DEVEL PLAN PD WITH SP 14	4646.25
CC CONVENIENCE FEE -- PZ	90.60
Total Amount	4736.85