

# 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, the owner of record for the following described property [Parcel ID Number(s)] 21-19-30-503-0000-0040; 21-19-30-503-0000-0060; 21-19-30-503-0000-0080; 21-19-30-503-0000-0090 hereby designates Seminole County to act as my authorized agent for the filing of the attached application(s) for:

<input type="checkbox"/> Alcohol License	<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 Amendment	<input type="checkbox"/> Lot Split/Reconfiguration	<input type="checkbox"/> Minor Plat
<input type="checkbox"/> Preliminary Subdivision Plan	<input checked="" type="checkbox"/> Rezone	<input type="checkbox"/> 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.

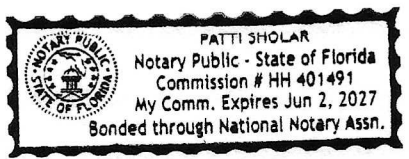
12/4/23  
Date

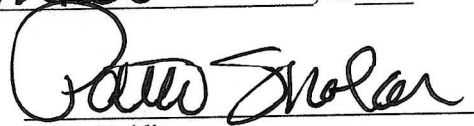
  
Property Owner's Signature

Michael J. Good  
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 4th day of December, 2023.



  
Notary Public



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

## 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
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