



Interoffice Memorandum

Received on August 25, 2025
Deadline: September 2, 2025
Publish: September 7, 2025

Date: August 25, 2025

TO: Jennifer Lara-Kilmetz, Deputy Clerk, Comptroller Clerk's Office

THRU: Cheryl Gillespie, Agenda Development Supervisor
Agenda Development Office, BCC

FROM: Susan V. Ussach, P.E., CFM, Deputy Director/County Engineer, Public Works Department 

THRU: William Worley, Assistant Project Manager
Development Engineering Division, Public Works Department
Telephone: 407-836-7925
E-mail address: William.worley@ocfl.net

RE: **Request for Public Hearing PTV-25-06-017 – Bill Maki on behalf of Ohara Holdings LLC and Wayne Casper**

Applicant: Bill Maki
913 N. Pennsylvania Avenue
Winter Park, Florida 32789

Location: S34/T24/R30 Petition to vacate a 20-foot-wide by 76-foot-long utility easement located on the south property line of the commercial lot located within the Orlando Kissimmee Farms Subdivision containing approximately 1520.00 square feet. Public interest was created by Document # 20230023572 of the public records of Orange County, Florida. The parcel ID number is 34-24-30-6368-00-100. The parcel address is 6351 New Hope Road, and the parcel lies in District 4.

Estimated time required for public hearing: Five (5) minutes, not to exceed ten (10) minutes.

Hearing controversial: No.

Advertising timeframes: Publish the petition, the Clerk's estimated hearing date, time and place at least 14 days prior to the date set for the public hearing. Publish the notice of adoption within 30 days of the hearing date.

Applicant/Abutters to Be notified: Yes – Mailing labels are attached.

Request for Public Hearing PTV-25-06-017 – Bill Maki on behalf of Ohara Holdings LLC and Wayne Casper

Hearing by Fla. Statute # or code: Pursuant to Section 336.10 of the Florida Statutes.

Spanish contact person: Para más información acerca de esta vista pública, favor de comunicarse con la División de Ingeniería de Desarrollos (Development Engineering Division) al número 407-836-7921.

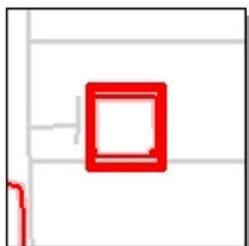
Materials being submitted as backup for public hearing request:

1. Complete originals and exhibits
2. Certified sketch and legal description
3. Receipt of payment of petition fees
4. Proof of property ownership
5. Mailing labels

SPECIAL INSTRUCTIONS TO CLERK (IF ANY):

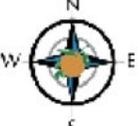
Please notify William Worley of the scheduled date and time. The Development Engineering Division will notify the customer.

For questions regarding this map,
please contact William Worley at 407-836-7925



PTV-25-06-017
Nona South Townhomes

 Proposed Vacation  Subject Property


0 50 100
Feet
1 : 1,071
1 in : 89 ft

**PETITION REQUESTING VACATION OF
ORANGE COUNTY ROAD, RIGHT OF WAY OR EASEMENT**

To: Board of County Commissioners
Orange County, Florida

The undersigned hereby petitions the Board of County Commissioners to vacate an existing right-of-way or easement and to disclaim any right Orange County and the public have in that right-of-way or easement.

The undersigned does hereby certify:

PUBLIC INTEREST IN RIGHT OF WAY OR EASEMENT:

The title or interest of Orange County and the public in the above described right-of-way or easement is acquired and is evidenced in the following manner: (state whether public interest acquired by deed, dedication or prescription).

Public interest was created by Document # 20230023572 as recorded of the public records of Orange County, Florida.

ATTACH SKETCH AND DESCRIPTION: Attached as Exhibit "A" is a sketch and legal description prepared by a registered land surveyor accurately showing and describing the above-described right-of-way or easement and showing its location in relation to the surrounding property.

SEE ATTACHED EXHIBIT 'A'

ABUTTING PROPERTY OWNER: Attached as Exhibit "B" is a list which constitutes a complete and accurate schedule of all abutting property owners (other than the petitioner). This exhibit *may* also include any letters received from abutting property owners resulting from courtesy letters sent to them.

SEE ATTACHED EXHIBIT 'B'

ACCESS TO OTHER PROPERTY: The undersigned certifies that if this petition is granted and the right-of-way or easement is terminated, no other property owner will be denied access to and from his or her property.

POSTING OF NOTICE: The undersigned agrees to place a notice of petition to vacate on the subject property in a conspicuous and easily visible location no later than ten (10) days prior to the public hearing on the petition. This notice will be available at the Orange County Public Works Division after a Public Hearing has been scheduled.

PUBLIC UTILITIES: Attached as Exhibit "C" are certificates of public utility companies serving the area of the above-described property, and each utility company has certified that the vacating will not interfere with the utility services being provided.

SEE ATTACHED EXHIBIT 'C'

NO FEDERAL OR STATE HIGHWAY AFFECTED: The undersigned certifies that, to the best of his or her knowledge, the above-described right-of-way or easement is not a part of any existing or proposed state or federal highway. It was not acquired or dedicated for state or federal highway purposes, and such right of way or easement is under the control and jurisdiction of the Board of County Commissioners.

GROUND FOR GRANTING PETITION: The undersigned submits as grounds and reasons in support of this petition the following: (State in detail why the petition should be granted)

Respectfully submitted by:

[Handwritten Signature]

AUTHORIZED
AGENT

Petitioner's Signature
(Include title if applicable)

Bill MAKE

Print Name

Petitioner's Signature
(Include title if applicable)

Print Name

Address:

913 H PENNSYLVANIA AVE

WINTER PARK FL 32789

Phone Number: (407) 740-7373

STATE OF FLORIDA

COUNTY OF ORANGE

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 19th day of June, 2025 who is personally known or who has produced Personally known as identification.



Amel

Signature of Notary

Jason Abel

Print Name

EXHIBIT "A"

LEGAL DESCRIPTION AND SKETCH OF DESCRIPTION

LEGAL DESCRIPTION

PROJECT NAME: INTEGRA TOWERS AT NONA SOUTH (22-E-046)
PROJECT NUMBER: 99626

8/1/2025
JDBZ

LEGAL DESCRIPTION:

A PORTION OF LOT 10, ORLANDO-KISSIMMEE FARMS, ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK "O", PAGE 117-1/2, PUBLIC RECORDS OF ORANGE COUNTY, FLORIDA, LYING IN SECTION 34, TOWNSHIP 24 SOUTH, RANGE 30 EAST, ORANGE COUNTY, FLORIDA.

DESCRIBED AS FOLLOWS:

COMMENCE AT THE SOUTHEAST CORNER OF LOT 10, ORLANDO-KISSIMMEE FARMS, ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK "O", PAGE 117-1/2, PUBLIC RECORDS OF ORANGE COUNTY, FLORIDA; THENCE RUN NORTH 89°55'17" WEST ALONG THE NORTH RIGHT OF WAY LINE OF NEW HOPE ROAD FOR A DISTANCE OF 319.88 FEET TO THE **POINT OF BEGINNING**; THENCE CONTINUE NORTH 89° 55' 17" WEST ALONG THE SAID NORTH RIGHT OF WAY LINE FOR A DISTANCE OF 76.00 FEET; THENCE RUN NORTH 00° 04' 43" EAST DEPARTING SAID NORTH RIGHT OF WAY LINE FOR A DISTANCE OF 20.00 FEET; THENCE RUN SOUTH 89° 55' 17" EAST FOR A DISTANCE OF 76.00 FEET; THENCE RUN SOUTH 00° 04' 43" WEST A DISTANCE OF 20.00 FEET TO THE **POINT OF BEGINNING**.

CONTAINING 1,520 SQUARE FEET, MORE OR LESS.

CERTIFY TO:
ORANGE COUNTY

SHEET 1 OF 2
SEE SHEET 2 FOR SKETCH OF DESCRIPTION



SURVEYING • MAPPING
GEOSPATIAL SERVICES
www.allen-company.com
16 East Plant Street
Winter Garden, Florida 34787 • (407) 654-5355
LB #6723

SURVEYOR'S NOTES:

1. THIS IS NOT A SURVEY.
2. THIS SKETCH IS NOT VALID UNLESS SIGNED AND SEALED WITH AN EMBOSSED SURVEYOR'S SEAL.
3. BEARINGS SHOWN HEREON ARE BASED ON THE NORTH RIGHT OF WAY LINE OF NEW HOPE ROAD AS BEING NORTH 89°55'17" WEST (ASSUMED FOR ANGULAR DESIGNATION ONLY).
4. THIS LEGAL DESCRIPTION WAS PREPARED WITHOUT THE BENEFIT OF TITLE.
5. DELINEATION OF THE LANDS SHOWN HEREON ARE AS PER THE CLIENT'S INSTRUCTIONS.
6. THE LEGAL DESCRIPTION SHOWN HEREON WAS PREPARED BY THE SURVEYOR AT THE CLIENT'S REQUEST.

JOB NO. 20200225

DATE: 7-21-22

SCALE: N/A

CALCULATED BY: MR

DRAWN BY: PF

CHECKED BY: MR

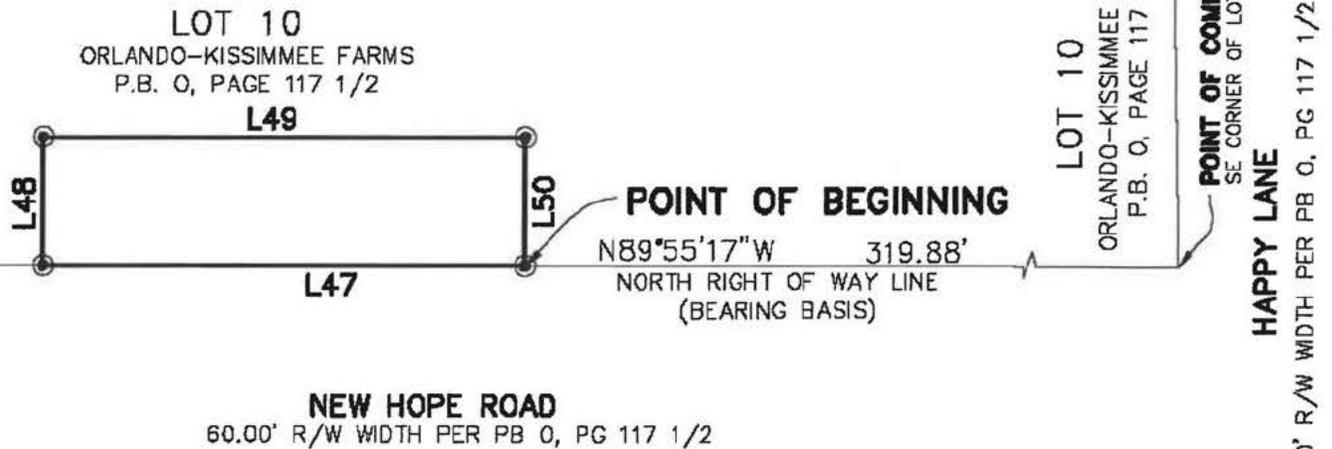
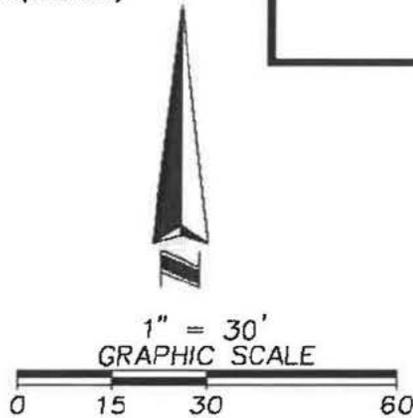
FOR THE LICENSED BUSINESS #6723 BY:

JAMES L. ROCKMAN, P.S.M. #5633

SKETCH OF DESCRIPTION

PROJECT NAME: INTEGRA TOWERS AT NONA SOUTH (22-E-046)
 PROJECT NUMBER: 99626

LINE TABLE		
LINE	BEARING	LENGTH
L47	N89°55'17"W	76.00'
L48	N00°04'43"E	20.00'
L49	S89°55'17"E	76.00'
L50	S00°04'43"W	20.00'



SHEET 2 OF 2
 SEE SHEET 1 FOR LEGAL DESCRIPTION



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SYMBOL AND ABBREVIATION LEGEND:

- CHANGE IN DIRECTION
- PB PLAT BOOK
- PG(S) PAGE(S)
- R/W RIGHT OF WAY

JOB NO. 20200225
 DATE: 7-21-22
 SCALE: 1" = 30'

EXHIBIT "B"

Does not apply – petitioner owns all property
surrounding the area requested for vacation

EXHIBIT 'B'

ABUTTING PROPERTY OWNERS

As an abutting property owner, I hereby consent without objection, to the vacating of the Easement or Right of Way in the attached petition

NAME AND ADDRESS	DESCRIPTION OF PROPERTY	SIGNATURE(S)	
/		/	
	/		
	NOT APPLICABLE - PETITIONER OWNS ALL PROPERTY SURROUNDING THE AREA REQUESTED FOR VACATION		
	/		
	/		

EXHIBIT "C"

UTILITY LETTERS

daly design group, inc.

Urban Planning • Landscape Architecture
• Project Management

Orange County Utilities
Greg Simms, P.E
9150 Curry Ford Road
Orlando, FL 32825

July 23, 2025

Petition to Vacate utility easement: PTV-25-06-017 / PID# 34-24-30-6368-00-100

Dear Mr. Alex Moncaleano,

I am in the process of requesting that Orange County vacate the entirety of a utility easement located along the south property line of a portion of lot 10, located within the Orlando Kissimmee Farms Subdivision PB O PG 117 Public interest was created by Document # 20230023572 as recorded of the public records of Orange County, Florida. Part of the vacation process is to provide letters showing no objection from utility companies who have jurisdiction in the neighborhood.

Please review your records, complete the form below and return this letter to me. If you have any questions, please contact Bill Maki at 407-740-7373

Sincerely,



Bill Maki, RLA
Daly Design Group

- The subject parcel is NOT within our service area.
- The subject parcel is within our service area. We do ~~not~~ have ~~any~~ facilities within the right-of-way. We have no objection to the vacation.
- The subject parcel is within our service area. We object to the vacation.

Additional comments: _____

Signature: Gregory J. Sims
 Print Name: Gregory J. Sims
 Title: Engineer EIT I
 Date: 7-30-25



STAFF COMMENTS



PUBLIC WORKS DEPARTMENT - DEVELOPMENT ENGINEERING DIVISION
DALE V. MUDRAK, P.E., *Manager*
4200 South John Young Parkway - Orlando, Florida 32839-9205
407-836-7904 - Fax 407-836-8003
e-mail: dale.mudrak2@ocfl.net

August 1, 2025

Dear Mr. Claude Cassagnol, P.E.

The following divisions have Approved the Petition to Vacate and have provided the following comments below.

EPD Review

An Orange County Wetland Determination (WD) may be required prior to approval of any plans or permits on this property.

Please contact Alyse Tristram at with any questions.

Real Estate Management Review

Please contact Elizabeth (Beth) Jackson at 407-836-7099 with any questions.

Property Record - 34-24-30-6368-00-100

Orange County Property Appraiser •
<http://www.ocpafl.org>

Property Summary as of 08/01/2025

Property Name

6351 New Hope Rd

Names

Kasper Wayne C 50% Int
Ohara Holdings Llc 50% Int

Municipality

ORL - Orlando

Property Use

0202 - Manufactured Home

Mailing Address

6351 New Hope Rd
Orlando, FL 32824-9219

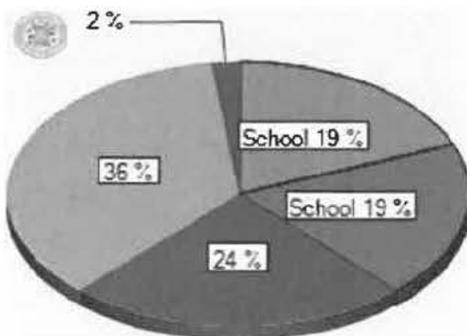
Physical Address

6351 New Hope Rd
Orlando, FL 32824

OR
OR
Code
Code
For
Mobile
Phone



302434636800100 06/05/2006



Value and Taxes

Historical Value and Tax Benefits

Tax Year Values	Land	Building(s)	Feature(s)	Market Value	Assessed Value
2024 <input checked="" type="checkbox"/> MKT	\$726,400	+ \$59,701	+ \$23,593	= \$809,694 (30%)	\$331,694 (3.0%)
2023 <input checked="" type="checkbox"/> MKT	\$553,880	+ \$45,924	+ \$23,933	= \$623,737 (9.9%)	\$322,033 (3.0%)
2022 <input checked="" type="checkbox"/> MKT	\$500,000	+ \$33,306	+ \$34,395	= \$567,701 (9.4%)	\$312,653 (3.0%)
2021 <input checked="" type="checkbox"/> MKT	\$455,000	+ \$28,961	+ \$34,895	= \$518,856	\$303,547

Tax Year Benefits	Original Homestead	Additional Hx	Other Exemptions	SOH Cap	Tax Savings
2024 <input checked="" type="checkbox"/> \$ <input checked="" type="checkbox"/> HX <input checked="" type="checkbox"/> GAP	\$25,000	\$25,000	\$0	\$478,000	\$9,424
2023 <input checked="" type="checkbox"/> \$ <input checked="" type="checkbox"/> HX <input checked="" type="checkbox"/> GAP	\$25,000	\$25,000	\$0	\$301,704	\$6,209
2022 <input checked="" type="checkbox"/> \$ <input checked="" type="checkbox"/> HX <input checked="" type="checkbox"/> GAP	\$25,000	\$25,000	\$0	\$255,048	\$5,376
2021 <input checked="" type="checkbox"/> \$ <input checked="" type="checkbox"/> HX <input checked="" type="checkbox"/> GAP	\$25,000	\$25,000	\$0	\$215,309	\$4,728

2024 Taxable Value and Certified Taxes

Taxing Authority	Assd Value	Exemption	Tax Value	Millage Rate	Taxes	%
Public Schools: By State Law (Rle)	\$331,694	\$25,000	\$306,694	3.2160 (1.36%)	\$986.33	19 %
Public Schools: By Local Board	\$331,694	\$25,000	\$306,694	3.2480 (0.00%)	\$996.14	19 %
Orange County (General)	\$331,694	\$50,000	\$281,694	4.4347 (0.00%)	\$1,249.23	24 %
City Of Orlando	\$331,694	\$50,000	\$281,694	6.6500 (0.00%)	\$1,873.27	36 %
Library - Operating Budget	\$331,694	\$50,000	\$281,694	0.3748 (0.00%)	\$105.58	2 %
South Florida Water Management District	\$331,694	\$50,000	\$281,694	0.0948 (0.00%)	\$26.70	1 %
South Florida Wmd Okeechobee Basin	\$331,694	\$50,000	\$281,694	0.1026 (0.00%)	\$28.90	1 %
South Florida Wmd Everglades Const	\$331,694	\$50,000	\$281,694	0.0327 (0.00%)	\$9.21	0 %
				18.1536	\$5,275.36	

2024 Non-Ad Valorem Assessments

Levying Authority	Assessment Description	Units	Rate	Assessment
CITY OF ORLANDO	ORLANDO STORM - DRAINAGE - (407)246-2370	764.95	\$1.00	\$764.95
				\$764.95

Tax Savings

2025 Estimated Gross Tax Total:	\$6,397.03
Your property taxes without exemptions would be	\$14,800.68
Your ad-valorem property tax with exemptions is	– \$5,441.52
Providing You A Savings Of	= \$9,359.16

Property Features

Property Description

ORLANDO KISSIMMEE FARMS O/117 1/2 LOT 10 (LESS THAT PT OF LOT 10 DESC AS: COMM AT SE COR OF SAID LOT 10 RUN N89-55-17W 37.36 FT FOR POB TH CONT N89-55-17W 16.08 FT TH N01-11-33W 18.97 FT TH S89-01-36W 1.5 FT TH N00-58-24W 45 FT TH N89-01-36E 35 FT TH S00-58-24E 45 FTO TH S89-01-38W 17.39 FT TH S01-05-03E 19.26 FT TO POB)

Total Land Area

395,661 sqft (+/-)

|

9.08 acres (+/-)

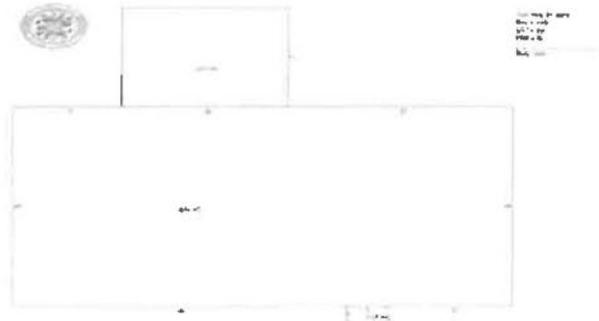
GIS Calculated

Land

Land Use Code	Zoning	Land Units	Unit Price	Land Value	Class	Unit Price	Class Value
0200 - Manufactured Home	ORL-PD/AN	9.08 Units	working...	working...	working...	working...	working...

Buildings

Model Code	Type Code	Building Value	Estimated New Cost	Actual Year Built	Beds	Baths	Floors	Gross Area	Living Area	Exterior Wall	Interior Wall	Subarea Description	Sqft	Value
2 - Manufactured Home	0202 - Manufactured Home	working...	working...	1975	3	1.5	1	1690 sqft	1440 sqft	Alum/Vylsd	Plywood.Pn	BAS - Base Area	1440	working...
												UST - Unfinished	240	working...
												FOP - Finished O	10	working...



Extra Features

Description	Date Built	Units	Unit Price	XFOB Value
SHED - Shed	01/01/1989	3 Unit(s)	working...	working...
PL1 - Pool 1	01/01/1998	1 Unit(s)	working...	working...
AB2 - Accessory Building 2	01/01/2007	480 Unit(s)	working...	working...
AB2 - Accessory Building 2	01/01/2007	1225 Unit(s)	working...	working...
AB1 - Accessory Building 1	01/01/2007	1640 Unit(s)	working...	working...
PT1 - Patio 1	01/01/2012	1 Unit(s)	working...	working...

Sales

Sales History

Sale Date	Sale Amount	Instrument #	Book/Page	Deed Code	Seller(s)	Buyer(s)	Vac/Imp
10/01/2020	\$600,000	20200555742	/	Special Warranty Deed			Improved
12/22/1999	\$100	20170334122	/	Quit Claim Deed			Improved
12/17/1999	\$150,000	19990559089	05911 / 3955	Warranty Deed			Improved
01/28/1992	\$30,000	19924007752	04379 / 4639	Quit Claim Deed			Improved
11/02/1990	\$110,000	19903648966	04236 / 3290	Warranty Deed			Improved

Similar Sales

Address	Sale Date	Sale Amount	\$/SQFT	Deed Code	Beds/Baths	Instrument #	Book/Page
18802 Merrich Rd	05/27/2025	\$372,000	\$182	Warranty Deed	3/2	20250384475 /	
3000 Clarcona Rd Unit 2231	05/22/2025	\$85,000	\$115	Warranty Deed	2/1	20250330585 /	
6990 Pompeii Rd	04/07/2025	\$125,000	\$107	Warranty Deed	3/2	20250205388 /	
6845 Pompeii Rd	04/03/2025	\$275,000	\$200	Warranty Deed	3/2	20250208521 /	
23552 Christmas Cemetery Rd	03/28/2025	\$300,000	\$222	Warranty Deed	3/2	20250186238 /	
17208 Mercury Rd	03/25/2025	\$104,000	\$78	Warranty Deed	3/2	20250176596 /	
3000 Clarcona Rd Unit 2828	03/14/2025	\$118,000	\$131	Warranty Deed	2/1	20250155647 /	
2058 8Th St	02/15/2025	\$329,900	\$218	Warranty Deed	3/2	20250128852 /	
18097 2Nd Ave	12/31/2024	\$100,000	\$87	Warranty Deed	3/2	20250002929 /	
341 Wellon Ave	12/24/2024	\$150,000	\$119	Warranty Deed	2/2	20250003114 /	

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:19 PM 11/04/2009
FILED 03:09 PM 11/04/2009
SRV 090990708 - 4749662 FILE

STATE OF DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE OF FORMATION

This Certificate of Formation is being executed for the purpose of forming a limited liability company pursuant to the Delaware Limited Liability Company Act, 6 Del.C 18-101, et Seq.

FIRST: The name of the limited liability company is O'HARA HOLDINGS, LLC.

SECOND: The address of its registered office in the State of Delaware is 113 Barksdale Professional Center in the City of Newark, County of New Castle, zip code, 19711. The name of its Registered Agent at such address is Delaware Intercorp, Inc.

THIRD: The members agree to be bound by the signed Limited Liability Company Agreement except as it may be contradicted by the Limited Liability Company Act of the State of Delaware.

FOURTH: The initial members of this Limited Liability Company shall be:

JoBee O'Hara and
Donald O'Hara
As Tenants by the Entirety
with Rights of Survivorship
1590 Waterwitch Drive
Orlando, Florida 32806

IN WITNESS WHEREOF, I, the undersigned, being fully authorized to execute and file this document, for the purpose of forming a limited liability company pursuant to the Delaware Limited Liability Act, do make this Certificate of Formation, acknowledging under the penalties of perjury in the third degree, hereby declaring and certifying that this instrument is my act and deed and the facts herein are true, pursuant to 6 Del.C §18-204 and accordingly have hereunto set my hand this Fourth day of November, 2009.

DELAWARE INTERCORP, INC.

By: Robin Goldberg
Print Name: Robin Goldberg
Its: Secretary

DELAWARE INTERCORP, INC.
A DELAWARE COMPANY

**STATEMENT OF ACTIONS TAKEN
TO ORGANIZE
O'HARA HOLDINGS, LLC**

- FIRST:** Delaware Intercorp, Inc., a Delaware corporation (the "Organizer"), directed the Secretary of State for the State of Delaware to register the name and certify the formation of O'HARA HOLDINGS, LLC, a Delaware limited liability company (the "Company").
- SECOND:** This meeting is intended to organize and perfect the Company. The Organizer now elects JoBee O'Hara and Donald O'Hara, as Tenants by the Entirety, with Rights of Survivorship, as initial member(s) (the "Initial Member(s)") with full power to operate and bind the undertaking, until such time as successors are elected and qualify.
- THIRD:** The Organizer has been retained to act as the Registered Agent for the Company. The Organizer assumes no further liabilities other than those consistent with that relationship.
- FOURTH:** That from this day hence, the Organizer has fulfilled its obligations and relinquishes all further duties and authorities of the Company to the Initial Member(s), subject only to the right to correct errors of record with respect to the formation of the Company.

Signed and executed by the Organizer on this Monday, November 09, 2009.

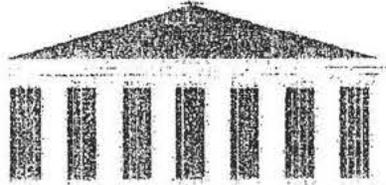
DELAWARE INTERCORP, INC.,
as Organizer

By: 
Name: Robin Goldberg
Title: Secretary

NUMBER

1

OWNERSHIP
INTEREST
100%



ORGANIZED UNDER THE LAWS OF THE STATE OF DELAWARE

O'HARA HOLDINGS, LLC

Authorized to Issue Membership Interests

THIS CERTIFIES that JoBee O'Hara and Donald O'Hara, TBEWROS are the owners of one hundred percent (100%) of all outstanding membership interest in the above Limited Liability Company.

The Company will furnish without charge to each owner of a membership interest in the Limited Liability Company who so requests, the powers, designations, preferences and relative participation rights of holders of membership interests in the Limited Liability Company, and the qualifications, limitations or restrictions of such rights.

In Witness Whereof, the said Limited Liability Company has caused this Certificate to be signed by its duly authorized Manager.

Dated: November 4, 2009.



Donald O'Hara, Manager

Transfer of the interest described above is subject to restrictions in the Operating Agreement for this Limited Liability Company.

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

OMB No. 1545-0003

EIN

27-1304283

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested O'Hara Holdings, LLC		3 Executor, administrator, trustee, "care of" name	
	2 Trade name of business (if different from name on line 1)		5a Street address (if different) (Do not enter a P.O. box.) 1590 Waterwitch Drive	
	4a Mailing address (room, apt., suite no. and street, or P.O. box)		5b City, state, and ZIP code (if foreign, see instructions)	
	4b City, state, and ZIP code (if foreign, see instructions) Orlando, Florida 32806		6 County and state where principal business is located Orange County	
	7a Name of principal officer, general partner, grantor, owner, or trustee Donald O'Hara		7b SSN, ITIN, or EIN [REDACTED]	
	8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members 2	
8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ multi member llc		<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____		
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State Foreign country		
10 Reason for applying (check only one box)		<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
<input checked="" type="checkbox"/> Started new business (specify type) ▶ Holding Company <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____		12 Closing month of accounting year December		
11 Date business started or acquired (month, day, year). See instructions. 11-4-09		14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")		
13 Highest number of employees expected in the next 12 months (enter -0- if none).		15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶		
Agricultural 0 Household 0 Other 0		16 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) Holding Company		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Holding Company		18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶		

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.			
Third Party Designee	Designee's name Amelia Barreto, Paralegal, Pohl & Short, P.A.	Designee's telephone number (include area code) (407) 647-7645	
	Address and ZIP code 280 W. Canton Avenue, Suite 410, Winter Park, FL 32789	Designee's fax number (include area code) (407) 647-2314	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) (407) 948-7992	
Name and title (type or print clearly) ▶ Donald O'Hara, Manager		Applicant's fax number (include area code) () ()	
Signature ▶		Date ▶	

For Staff Use Only:

Initially submitted on _____

Updated On _____

Project Name (as filed) _____

Case or Bid No. _____

ORANGE COUNTY SPECIFIC PROJECT EXPENDITURE REPORT

This lobbying expenditure form shall be completed in full and filed with all application submittals. This form shall remain cumulative and shall be filed with the department processing your application. Forms signed by a principal's authorized agent shall include an executed Agent Authorization Form.

This is the initial Form: _____

This is a Subsequent Form: _____

Part I

Please complete all of the following:

Name and Address of Principal (legal name of entity or owner per Orange County tax rolls): DON OHARA
(OHARA HOLDINGS LLC) 1590 WATERWITCH DRIVE, ORLANDO FL 32806

Name and Address of Principal's Authorized Agent, if applicable: BILL MAKI
913 N PENNSYLVANIA AVE, WINTER PARK FL. 32789

List the name and address of all lobbyists, consultants, contractors, subcontractors, individuals or business entities who will assist with obtaining approval for this project. (Additional forms may be used as necessary.)

1. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes or No
2. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes or No
3. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes or No
4. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes or No
5. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes or No
6. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes or No
7. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes or No
8. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes or No

For Staff Use Only:
 Initially submitted on _____
 Updated On _____
 Project Name (as filed) _____
 Case or Bid No. _____

**Part II
 Expenditures:**

For this report, an "expenditure" means money or anything of value given by the principal and/or his/her lobbyist for the purpose of lobbying, as defined in section 2-351, Orange County Code. This may include public relations expenditures including, but not limited to, petitions, fliers, purchase of media time, cost of print and distribution of publications. However, the term "expenditure" **does not** include:

- Contributions or expenditures reported pursuant to chapter 106, Florida Statutes;
- Federal election law, campaign-related personal services provided without compensation by individuals volunteering their time;
- Any other contribution or expenditure made by or to a political party;
- Any other contribution or expenditure made by an organization that is exempt from taxation under 26 U.S.C. s. 527 or s. 501(c)(4), in accordance with s.112.3215, Florida Statutes; and/or
- Professional fees paid to registered lobbyists associated with the project or item.

The following is a complete list of all lobbying expenditures and activities (including those of lobbyists, contractors, consultants, etc.) incurred by the principal or his/her authorized agent and expended in connection with the above-referenced project or issue. **You need not include de minimus costs (under \$50) for producing or reproducing graphics, aerial photographs, photocopies, surveys, studies or other documents related to this project.**

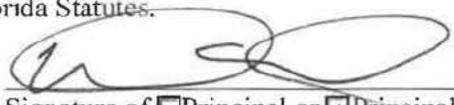
Date of Expenditure	Name of Party Incurring Expenditure	Description of Activity	Amount Paid
TOTAL EXPENDED THIS REPORT			\$\$ 0.00

For Staff Use Only:
Initially submitted on _____
Updated On _____
Project Name (as filed) _____
Case or Bid No. _____

Part III
ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED

I hereby certify that information provided in this specific project expenditure report is true and correct based on my knowledge and belief. I acknowledge and agree to comply with the requirement of section 2-354, of the Orange County code, to amend this specific project expenditure report for any additional expenditure(s) incurred relating to this project prior to the scheduled Board of County Commissioner meeting. I further acknowledge and agree that failure to comply with these requirements to file the specific expenditure report and all associated amendments may result in the delay of approval by the Board of County Commissioners for my project or item, any associated costs for which I shall be held responsible. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Date: 8/6/25



Signature of Principal or Principal's Authorized Agent
(check appropriate box)

PRINT NAME AND TITLE: BILL MAKI, AUTHORIZED AGENT

STATE OF FLORIDA :
COUNTY OF Orange :

I certify that the foregoing instrument was acknowledged before me this 6th day of August, 2025 by Jason Abel. He/she is personally known to me or has produced personally known as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the 6th day of August, in the year 2025



And
Signature of Notary Public
Notary Public for the State of Florida
My Commission Expires: July 5, 2026

Staff signature and date of receipt of form
Staff reviews as to form and does not attest to the accuracy or veracity of the information provided herein.

For Staff Use Only:
Initially submitted on _____
Updated On _____
Project Name (as filed) _____
Case or Bid No. _____

ORANGE COUNTY SPECIFIC PROJECT EXPENDITURE REPORT

This lobbying expenditure form shall be completed in full and filed with all application submittals. This form shall remain cumulative and shall be filed with the department processing your application. Forms signed by a principal's authorized agent shall include an executed Agent Authorization Form.

This is the initial Form: _____
This is a Subsequent Form: _____

Part I

Please complete all of the following:

Name and Address of Principal (legal name of entity or owner per Orange County tax rolls): WAYNE KASPER
6351 NEW HOPE ROAD, ORLANDO FL 32824

Name and Address of Principal's Authorized Agent, if applicable: BILL MAKI
913 N PENNSYLVANIA AVE, WINTER PARK FL. 32789

List the name and address of all lobbyists, consultants, contractors, subcontractors, individuals or business entities who will assist with obtaining approval for this project. (Additional forms may be used as necessary.)

1. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes or No
2. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes or No
3. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes or No
4. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes or No
5. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes or No
6. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes or No
7. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes or No
8. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes or No

For Staff Use Only:
 Initially submitted on _____
 Updated On _____
 Project Name (as filed) _____
 Case or Bid No. _____

Part II
Expenditures:

For this report, an "expenditure" means money or anything of value given by the principal and/or his/her lobbyist for the purpose of lobbying, as defined in section 2-351, Orange County Code. This may include public relations expenditures including, but not limited to, petitions, fliers, purchase of media time, cost of print and distribution of publications. However, the term "expenditure" **does not** include:

- Contributions or expenditures reported pursuant to chapter 106, Florida Statutes;
- Federal election law, campaign-related personal services provided without compensation by individuals volunteering their time;
- Any other contribution or expenditure made by or to a political party;
- Any other contribution or expenditure made by an organization that is exempt from taxation under 26 U.S.C. s. 527 or s. 501(c)(4), in accordance with s.112.3215, Florida Statutes; and/or
- Professional fees paid to registered lobbyists associated with the project or item.

The following is a complete list of all lobbying expenditures and activities (including those of lobbyists, contractors, consultants, etc.) incurred by the principal or his/her authorized agent and expended in connection with the above-referenced project or issue. **You need not include de minimus costs (under \$50) for producing or reproducing graphics, aerial photographs, photocopies, surveys, studies or other documents related to this project.**

Date of Expenditure	Name of Party Incurring Expenditure	Description of Activity	Amount Paid
TOTAL EXPENDED THIS REPORT			\$\$ 0.00

For Staff Use Only:
Initially submitted on _____
Updated On _____
Project Name (as filed) _____
Case or Bid No. _____

Part III
ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED

I hereby certify that information provided in this specific project expenditure report is true and correct based on my knowledge and belief. I acknowledge and agree to comply with the requirement of section 2-354, of the Orange County code, to amend this specific project expenditure report for any additional expenditure(s) incurred relating to this project prior to the scheduled Board of County Commissioner meeting. I further acknowledge and agree that failure to comply with these requirements to file the specific expenditure report and all associated amendments may result in the delay of approval by the Board of County Commissioners for my project or item, any associated costs for which I shall be held responsible. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Date: 8/6/25



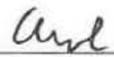
Signature of Principal or Principal's Authorized Agent
(check appropriate box)

PRINT NAME AND TITLE: BILL MAKI, AUTHORIZED AGENT

STATE OF FLORIDA :
COUNTY OF Orange :

I certify that the foregoing instrument was acknowledged before me this 6th day of August, 2025 by Jason Abel. He/she is personally known to me or has produced personally known as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the 6th day of August, in the year 2025.



Signature of Notary Public
Notary Public for the State of Florida
My Commission Expires: July 5, 2025

Staff signature and date of receipt of form
Staff reviews as to form and does not attest to the accuracy or veracity of the information provided herein.

For Staff Use Only:
Initially submitted on _____
Updated on _____
Project Name (as filed) _____
Case Number _____

RELATIONSHIP DISCLOSURE FORM
FOR USE WITH DEVELOPMENT RELATED ITEMS, EXCEPT THOSE WHERE THE
COUNTY IS THE PRINCIPAL OR PRIMARY APPLICANT

This relationship disclosure form must be submitted to the Orange County department or division processing your application at the time of filing. In the event any information provided on this form should change, the Owner, Contract Purchaser, or Authorized Agent(s) must file an amended form on or before the date the item is considered by the appropriate board or body.

Part I

INFORMATION ON OWNER OF RECORD PER ORANGE COUNTY TAX ROLLS:

Name: OHARA HOLDINGS LLC

Business Address (Street/P.O. Box, City and Zip Code): _____
1590 WATERWITCH DRIVE, ORLANDO FL. 32806

Business Phone 407-516-7523

Facsimile NA

INFORMATION ON CONTRACT PURCHASER, IF APPLICABLE:

Name: _____

Business Address (Street/P.O. Box, City and Zip Code): _____

Business Phone _____

Facsimile _____

INFORMATION ON AUTHORIZED AGENT, IF APPLICABLE:

(Agent Authorization Form also required to be attached)

Name: BILL MAKI (DALY DESIGN GROUP)

Business Address (Street/P.O. Box, City and Zip Code): _____
913 N PENNSYLVANIA AVE, WINTER PARK, FL 32789

Business Phone 407-740-7373

Facsimile NA

For Staff Use Only:
Initially submitted on _____
Updated on _____
Project Name (as filed) _____
Case Number _____

Part II

**IS THE OWNER, CONTRACT PURCHASER, OR AUTHORIZED AGENT A
RELATIVE OF THE MAYOR OR ANY MEMBER OF THE BCC?**

YES NO

**IS THE MAYOR OR ANY MEMBER OF THE BCC AN EMPLOYEE OF THE
OWNER, CONTRACT PURCHASER, OR AUTHORIZED AGENT?**

YES NO

**IS ANY PERSON WITH A DIRECT BENEFICIAL INTEREST IN THE OUTCOME
OF THIS MATTER A BUSINESS ASSOCIATE OF THE MAYOR OR ANY
MEMBER OF THE BCC? (When responding to this question please consider all
consultants, attorneys, contractors/subcontractors and any other persons who may have
been retained by the Owner, Contract Purchaser, or Authorized Agent to assist with
obtaining approval of this item.)**

YES NO

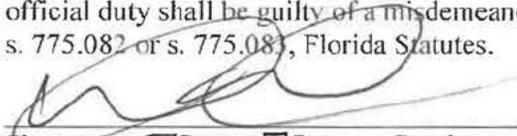
If you responded "YES" to any of the above questions, please state with whom and
explain the relationship:

(Use additional sheets of paper if necessary)

For Staff Use Only:
Initially submitted on _____
Updated on _____
Project Name (as filed) _____
Case Number _____

Part III
ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED

I hereby certify that information provided in this relationship disclosure form is true and correct based on my knowledge and belief. If any of this information changes, I further acknowledge and agree to amend this relationship disclosure form prior to any meeting at which the above-referenced project is scheduled to be heard. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.


Signature of Owner, Contract Purchaser
or Authorized Agent

Date: 8/6/25

Print Name and Title of Person completing this form: BILL MAKI (AUTHORIZED AGENT)

STATE OF FLORIDA :
COUNTY OF Orange :

I certify that the foregoing instrument was acknowledged before me this 6th day of August, 2025 by Jason Abel. He/she is personally known to me or has produced personally known as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the 6th day of August, in the year 2025.




Signature of Notary Public
Notary Public for the State of Florida
My Commission Expires:
July 5, 2026

Staff signature and date of receipt of form
Staff reviews as to form and does not attest to the accuracy or veracity of the information provided herein.

For Staff Use Only:
Initially submitted on _____
Updated on _____
Project Name (as filed) _____
Case Number _____

RELATIONSHIP DISCLOSURE FORM
FOR USE WITH DEVELOPMENT RELATED ITEMS, EXCEPT THOSE WHERE THE
COUNTY IS THE PRINCIPAL OR PRIMARY APPLICANT

This relationship disclosure form must be submitted to the Orange County department or division processing your application at the time of filing. In the event any information provided on this form should change, the Owner, Contract Purchaser, or Authorized Agent(s) must file an amended form on or before the date the item is considered by the appropriate board or body.

Part I

INFORMATION ON OWNER OF RECORD PER ORANGE COUNTY TAX ROLLS:

Name: WAYNE KASPER

Business Address (Street/P.O. Box, City and Zip Code): _____
3651 NEW HOPE ROAD, ORLANDO, FL. 32824

Business Phone 407-516-7523

Facsimile NA

INFORMATION ON CONTRACT PURCHASER, IF APPLICABLE:

Name: _____

Business Address (Street/P.O. Box, City and Zip Code): _____

Business Phone _____

Facsimile _____

INFORMATION ON AUTHORIZED AGENT, IF APPLICABLE:

(Agent Authorization Form also required to be attached)

Name: BILL MAKI (DALY DESIGN GROUP)

Business Address (Street/P.O. Box, City and Zip Code): _____
913 N PENNSYLVANIA AVE, WINTER PARK, FL 32789

Business Phone 407-740-7373

Facsimile NA

For Staff Use Only:
Initially submitted on _____
Updated on _____
Project Name (as filed) _____
Case Number _____

Part II

**IS THE OWNER, CONTRACT PURCHASER, OR AUTHORIZED AGENT A
RELATIVE OF THE MAYOR OR ANY MEMBER OF THE BCC?**

YES NO

**IS THE MAYOR OR ANY MEMBER OF THE BCC AN EMPLOYEE OF THE
OWNER, CONTRACT PURCHASER, OR AUTHORIZED AGENT?**

YES NO

**IS ANY PERSON WITH A DIRECT BENEFICIAL INTEREST IN THE OUTCOME
OF THIS MATTER A BUSINESS ASSOCIATE OF THE MAYOR OR ANY
MEMBER OF THE BCC? (When responding to this question please consider all
consultants, attorneys, contractors/subcontractors and any other persons who may have
been retained by the Owner, Contract Purchaser, or Authorized Agent to assist with
obtaining approval of this item.)**

YES NO

If you responded "YES" to any of the above questions, please state with whom and
explain the relationship:

(Use additional sheets of paper if necessary)

For Staff Use Only:
Initially submitted on _____
Updated on _____
Project Name (as filed) _____
Case Number _____

Part III
ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED

I hereby certify that information provided in this relationship disclosure form is true and correct based on my knowledge and belief. If any of this information changes, I further acknowledge and agree to amend this relationship disclosure form prior to any meeting at which the above-referenced project is scheduled to be heard. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.


Signature of Owner, Contract Purchaser
or Authorized Agent

Date: 8/6/25

Print Name and Title of Person completing this form: BILL MAKI (AUTHORIZED AGENT)

STATE OF FLORIDA :
COUNTY OF Orange :

I certify that the foregoing instrument was acknowledged before me this 6th day of August, 2025 by Jason Abel. He/she is personally known to me or has produced personally known as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the 6th day of August, in the year 2025.




Signature of Notary Public
Notary Public for the State of Florida
My Commission Expires:
July 5, 2026

Staff signature and date of receipt of form _____
Staff reviews as to form and does not attest to the accuracy or veracity of the information provided herein.

AGENT AUTHORIZATION FORM



FOR PROJECTS LOCATED IN ORANGE COUNTY, FLORIDA

I/WE, (PRINT PROPERTY OWNER NAME) DON O'HARA (OHARA HOLDINGS LLC), AS THE OWNER(S) OF THE REAL PROPERTY DESCRIBED AS FOLLOWS, 6351 NEW HOPE ROAD, ORLANDO FL 32824., DO HEREBY AUTHORIZE TO ACT AS MY/OUR AGENT (PRINT AGENT'S NAME), BILL MAKI (DALY DESIGN GROUP), TO EXECUTE ANY PETITIONS OR OTHER DOCUMENTS NECESSARY TO AFFECT THE APPLICATION APPROVAL REQUESTED AND MORE SPECIFICALLY DESCRIBED AS FOLLOWS, EASEMENT VACATE APPLICATION PTV-25-06-017, AND TO APPEAR ON MY/OUR BEHALF BEFORE ANY ADMINISTRATIVE OR LEGISLATIVE BODY IN THE COUNTY CONSIDERING THIS APPLICATION AND TO ACT IN ALL RESPECTS AS OUR AGENT IN MATTERS PERTAINING TO THE APPLICATION.

Date: 8-5-25

[Handwritten Signature]
 Signature of Property Owner

Donald O'Hara
 Print Name Property Owner

Date: _____

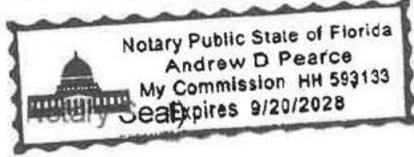
Signature of Property Owner

Print Name Property Owner

STATE OF FLORIDA :
 COUNTY OF ORANGE :

I certify that the foregoing instrument was acknowledged before me this 5th day of August, 2025 by DONALD O'HARA. He/she is personally known to me or has produced _____ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the 5th day of August, in the year 2025.



[Handwritten Signature]
 Signature of Notary Public
 Notary Public for the State of Florida

My Commission Expires: 09/20/2028

Legal Description(s) or Parcel Identification Number(s) are required:
PARCEL ID #:
<u>34-24-30-6368-00-100</u>
LEGAL DESCRIPTION:
<u>ORLANDO KISSIMMEE FARMS O/117 1/2 LOT 10 (LESS THAT PT OF LOT 10 DESC AS: COMM AT SE COR OF SAID LOT 10 RUN N89-55-17W 37.36 FT FOR POB TH CONT N89-55-17W 16.08 FT TH N01-11-33W 18.97 FT TH S89-01-36W 1.5 FT TH N00-58-24W 45 FT TH N89-01-36E 35 FT TH S00-58-24E 45 FTO TH S89-01-38W 17.39 FT TH S01-05-03E 19.26 FT TO POB) Total Land Area 395,661 sqft (+/-) 9.08 acres (+/-)</u>

AGENT AUTHORIZATION FORM



FOR PROJECTS LOCATED IN ORANGE COUNTY, FLORIDA

I/WE, (PRINT PROPERTY OWNER NAME) WAYNE KASPER, AS THE OWNER(S) OF THE REAL PROPERTY DESCRIBED AS FOLLOWS, 6351 NEW HOPE ROAD, ORLANDO FL 32824., DO HEREBY AUTHORIZE TO ACT AS MY/OUR AGENT (PRINT AGENT'S NAME), BILL MAKI (DALY DESIGN GROUP), TO EXECUTE ANY PETITIONS OR OTHER DOCUMENTS NECESSARY TO AFFECT THE APPLICATION APPROVAL REQUESTED AND MORE SPECIFICALLY DESCRIBED AS FOLLOWS, EASEMENT VACATE APPLICATION PTV-25-06-017, AND TO APPEAR ON MY/OUR BEHALF BEFORE ANY ADMINISTRATIVE OR LEGISLATIVE BODY IN THE COUNTY CONSIDERING THIS APPLICATION AND TO ACT IN ALL RESPECTS AS OUR AGENT IN MATTERS PERTAINING TO THE APPLICATION.

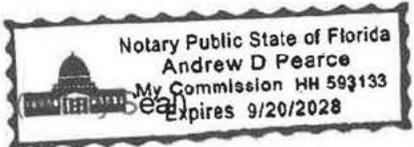
Date: 8-5-25 Wayne Kasper WAYNE KASPER
Signature of Property Owner Print Name Property Owner

Date: _____ _____ _____
Signature of Property Owner Print Name Property Owner

STATE OF FLORIDA :
COUNTY OF Orange :

I certify that the foregoing instrument was acknowledged before me this 5th day of August, 2025 by WAYNE KASPER. He/she is personally known to me or has produced FLDL as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the 5 day of August, in the year 2025.



[Signature]
Signature of Notary Public
Notary Public for the State of Florida
My Commission Expires: 09/20/2028

Legal Description(s) or Parcel Identification Number(s) are required:
PARCEL ID #: <u>34-24-30-6368-00-100</u>
LEGAL DESCRIPTION: <u>ORLANDO KISSIMMEE FARMS O/117 1/2 LOT 10 (LESS THAT PT OF LOT 10 DESC AS: COMM AT SE COR OF SAID LOT 10 RUN N89-55-17W 37.36 FT FOR POB TH CONT N89-55-17W 16.08 FT TH N01-11-33W 18.97 FT TH S89-01-36W 1.5 FT TH N00-58-24W 45 FT TH N89-01-36E 35 FT TH S00-58-24E 45 FTO TH S89-01-38W 17.39 FT TH S01-05-03E 19.26 FT TO POB) Total Land Area 395,661 sqft (+/-) 9.08 acres (+/-)</u>



INVOICE

Orange County Public Works Department
4200 South John Young Parkway
Orlando, FL 32839

Invoice To :
Baxter & Woodman, Inc.
Mr. Claude Cassagnol, P.E.
200 E. Robinson St.
Orlando, FL 32807

Invoice No : 5729199
Invoice Date : Aug 07, 2025
Folder # : 25 161557 000 00 PTV

Case Number : PTV-25-06-017
Project Name : 6378 New Hope Road

FEE DESCRIPTION	AMOUNT
PTV Application Fee - 1002-072-2700-4180	1,003.00
TOTAL :	1,003.00
PAYMENT RECEIVED :	0.00
BALANCE :	1,003.00

O'HARA HOLDINGS LLC
1590 WATERWITCH DRIVE
ORLANDO, FL 32806

11-10

371

26-2/240
688

Pay to the

Order of

Orange County BOC
One Thousand Three Hundred 47
57

6-30-25

Date

\$ 1,003.00

Dollars

CHECK NUMBER



www.firsthorizon.com

For



Wadeed



Photo
Scan
Deposit
Data at Risk

O.C. PUBLIC WORKS DEPARTMENT

4200 S JOHN YOUNG PKWY
ORLANDO, FL 32839
4078367788
WWW.OCFL.NET

Cashier: Wadeed
07-Aug-2025 4:07:30P

Invoice PW: 1801
1 PTV 2700-4180 \$1,003.00

Total \$1,003.00

CHECK SALE \$1,003.00

Clover ID: KEFQYS96XPK2R
Payment D5F43M54K1SFY

O.C. PUBLIC WORKS DEPARTMENT Privacy
Policy

<https://clover.com/privacy/m/jrnxwedcqm0d1>

Clover Privacy Policy

<https://clover.com/privacy>