



**Interoffice Memorandum**

**Received: May 11, 2022 @ 1:26pm**

**Publish: May 29**

**Deadline: May 24**

Date: May 9, 2022

TO: Katie Smith, Deputy Clerk, Comptroller Clerk's Office

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

FROM: Diana M. Almodovar, P.E., County Engineer, Public Works Department

THRU: Julie Alber, Assistant Project Manager  
Development Engineering Division, Public Works Department  
Telephone: 407-836-7928  
E-mail address: [julie.alber@ocfl.net](mailto:julie.alber@ocfl.net)

RE: **Request for Public Hearing PTV-22-02-008 - Jonathan P. Huels, on behalf of Adventist Health System/Sunbelt, Inc.**

Applicant: Jonathan P. Huels  
215 N. Eola Dr.  
Orlando, FL 32801

Location: S33/T24/R30 Petition to vacate a 20 foot wide drainage easement, containing approximately 0.64 acres. The property owner is in the process of developing the property and is requesting the vacation of the drainage easement to clear title. Public interest was created by Deed Book 402, Page 362, of the public records of Orange County, Florida. The parcel ID number is 33-24-30-0000-00-021. The parcel address is 14314 Boggy Creek Road, and it lies in District 4.

Estimated time required for public hearing: Two (2) 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.

**Request for Public Hearing PTV # 22-02-008 Jonathan P. Huels, behalf of Adventist Health System/Sunbelt, Inc.**

Applicant/Abutters to Be notified: Yes – Mailing label is attached.

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 label

***SPECIAL INSTRUCTIONS TO CLERK (IF ANY):***

Please notify Julie Alber of the scheduled date and time. The Development Engineering Division will notify the customer.

**PUBLIC WORKS DEPARTMENT  
DEVELOPMENT ENGINEERING DIVISION  
REQUEST FOR COUNTY MAYOR'S APPROVAL  
APRIL 27, 2022**

Request authorization to schedule a Public Hearing for Petition to Vacate 22-02-008. This is a request from Jonathan P. Huels, on behalf of Adventist Health System/Sunbelt, Inc. to vacate a 20 foot wide drainage easement, containing approximately 0.64 acres, which lies in District 4. Staff has no objection to this request.

Requested Action  
Approved by \_\_\_\_\_

\_\_\_\_\_  
Mayor Jerry L. Demings

\_\_\_\_\_  
(Date)

**NOTE: FURTHER PROCESSING NECESSARY:**

Please return to Julie Alber via interoffice mail.

**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 per Deed Book 402, Page 362 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:  
Adventist Health System/Sunbelt, Inc.

By:

Tim Burrill

Petitioner's Signature  
(Include title if applicable)

Tim Burrill, Senior Vice President - AdventHealth Orlando

Print Name

Address:

Adventist Health System/Sunbelt, Inc.

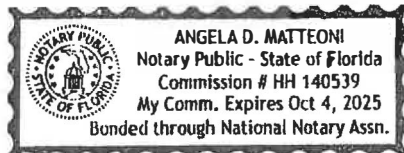
601 E. Rollins St., Orlando, FL 32803

Phone Number: (407) 303-1197

STATE OF FLORIDA

COUNTY OF ORANGE

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 25 day of April, 2022 who is personally known or who has produced n/a as identification.



Angela D. Matteoni  
Signature of Notary  
Angela D. Matteoni  
Print Name

**EXHIBIT "A"**

**LEGAL DESCRIPTION AND SKETCH OF DESCRIPTION**



DEED BOOK 402 PAGE 362  
THIS INDENTURE, made the 8th day of July, 1928, in the year of

our Lord one thousand nine hundred and twenty eight, between Joseph Ward and Laura Ward his wife.

of the County of Orange and State of Florida, party of the first part, and the County of Orange, in the State of Florida, party of the second part.

WITNESSETH, That the party of the first part, in consideration of the sum of \$1.00 paid by the party of the second part, the receipt whereof is hereby acknowledged, does hereby give and grant to the party of the second part and its successors a right-of-way for public road purposes and full authority to enter upon, construct and operate a right-of-way and upon the following described lands situate in Orange County aforesaid, to-wit: drainage ditch

The Northeast Quarter of Section 34, Township 34 South, Range 30 East.

Said ditch commencing at Station No. 330 on County Road Project No. 83 and running in a westerly direction 1380 feet. A perpetual easement is hereby granted to Orange County to maintain and keep said ditch in repair for road drainage purposes.

TO HAVE AND TO HOLD the said easement or right-of-way unto the party of the second part and its successors so long as the party of the second part and its successors shall use the same as and for a public road.

In witness whereof we have hereunto set our hand and seal this 8th day of July, A.D. 1928.

Signed, sealed and delivered in presence of:

Laura Brunson  
Kellie Larrington

Joseph Ward (Seal)  
Laura Ward (Seal)  
(Seal)  
(Seal)

STATE OF Florida

COUNTY OF Orange

On the 8th day of July, A.D. 1928, before me the subscriber, a Notary Public of the State of Florida, personally appeared Joseph Ward and Laura Ward his wife to me well known as the individuals described in and who executed the foregoing deed and acknowledged thereof as and for their act and deed.

And I further certify that the said Laura Ward, wife of the said Joseph Ward, upon a private examination by me separate and apart from her husband did further acknowledge and declare that she executed the said deed freely and voluntarily and without any compulsion, constraint, apprehension or fear of or from her said husband.

Witness my hand and official seal the day and year aforesaid at Taft, County of Orange



OK  
9 MAY 22

James F. Harrington  
Notary Public State of Florida  
My Commission Expires May 8, 1929  
(Official title of Officer)  
Exp. May 8, 1929

7

Deed Book 402

By \_\_\_\_\_ D.C.

on page 362

A.D. 1928 and recorded in Book 402 (37M)

Click of the Circuit Court.

Filed in the office of the Clerk of the Circuit Court of the County of Orange, State of Florida, on the 10th day of Feb. 1928.

Dated \_\_\_\_\_ 1928

COUNTY OF ORANGE

FROM

Right of Way Agreement

FILED

20

1225596

FEB 10 1930



**EXHIBIT "B"**

**ABUTTING PROPERTY OWNERS**

**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

[illegible]

**EXHIBIT 'C' – NOT APPLICABLE**

This request is for the vacation  
of a Drainage Easement

**STAFF COMMENTS**



PUBLIC WORKS DEPARTMENT - DEVELOPMENT ENGINEERING DIVISION  
DIANA M. ALMODOVAR, P.E., *Manager*  
4200 South John Young Parkway - Orlando, Florida 32839-9205  
407-836-7974 - Fax 407-836-8003  
e-mail: diana.almodovar@ocfl.net

March 28, 2022

Dear Jonathan P. Huels

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

**EPD Review**

No objections

Please contact Jason Root at (407) 836-1518 with any questions.

**Real Estate Management Review**

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

**Roads & Drainage Review**

Roads and Drainage has no objection on this vacation.

Please contact Arthuro Patulot at 407-836-7781 with any questions.

# Property Record - 33-24-30-0000-00-021

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

## Property Summary as of 03/28/2022

**Property Name**

14314 Boggy Creek Rd

**Names**

Adventist Health System/Sunbelt Inc

**Municipality**

ORG - Un-Incorporated

**Property Use**

6100 - Ag Grazing Im Pastur

**Mailing Address**

601 E Rollins St  
Orlando, FL 32803-1248

**Physical Address**

14314 Boggy Creek Rd  
Orlando, FL 32824

**QR  
Code  
For  
Mobile  
Phone**



## Property Features

### Property Description

S1/2 OF NE1/4 (LESS BEG AT NE COR OF SE1/4 OF NE1/4 RUN W 1106.64 FT S 17.5 FT SELY 1143.49 FT TO A PT 279.71 FT S OF POB N TO POB) & BEG AT E1/4 COR RUN S 509.12 FT W 1045.68 FT S 6 FT W 270 FT S 382.8 FT W 1317.84 FT N TO NW COR OF SE1/4 E TO POB (LESS 30 FT RD R/W ON E) & (LESS PART ON E TAKEN FOR R/W PER 9711/8562) & (LESS COMM AT NW COR OF SE1/4 TH S0-19-4E 899.03 FT TH S89-54-36E 1177.57 FT TO POB TH N0-38-28W 25 FT TH S89-54-36E 100 FT TH S0-38-28E 25 FT TH N89-54-36W 100 FT TO POB PER DOC 20210550398) IN SEC 33-24-30

### Land



<b>Land Use Code</b>	<b>Zoning</b>	<b>Land Units</b>	<b>Unit Price</b>	<b>Land Value</b>	<b>Class</b>	<b>Unit Price</b>	<b>Class Value</b>
6100 - Ag Grazing Im Pastur	P-D	80.31 ACRE(S)	working...	working...	working...		working...
0200 - Manufactured Home	P-D	1.8 ACRE(S)	working...	working...	working...		working...
9600 - Pvt Wetland/Lowland	P-D	15.31 ACRE(S)	working...	working...	working...		working...
9500 - Pvt Submerged	P-D	1.27 ACRE(S)	working...	working...	working...		working...
6000 - Ag Grazing Im Hay	P-D	15.95 ACRE(S)	working...	working...	working...		working...

## Services for Location

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### Schools

#### South Creek (Middle School)

<b>Principal</b>	Orlando Norwood
<b>Office Phone</b>	407.251.2413
<b>Grades</b>	2019: B

#### Cypress Creek (High School)

<b>Principal</b>	Dr. Walton McHale
<b>Office Phone</b>	407.852.3400
<b>Grades</b>	2019: B   2018: B   2017: C

#### Wyndham Lakes (Elementary)

<b>Principal</b>	Margarita Zizza
<b>Office Phone</b>	407.251.2347
<b>Grades</b>	2019: C   2018: B   2017: A

### Utilities/Services

<b>Electric</b>	Duke Energy
<b>Water</b>	Orlando Utilities Commission
<b>Recycling (Tuesday)</b>	Orange County
<b>Trash (Monday)</b>	Orange County
<b>Yard Waste (Tuesday)</b>	Orange County

### Elected Officials

County Commissioner	Maribel Gomez Cordero
State Senate	Victor M. Torres, Jr
US Representative	Val Demings
School Board Representative	Linda Kobert
State Representative	Daisy Morales
Orange County Property Appraiser	Amy Mercado

*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): \_\_\_\_\_  
Adventist Health System / Sunbelt, Inc., 601 E. Rollins St., Orlando, FL 32803

Name and Address of Principal's Authorized Agent, if applicable: \_\_\_\_\_  
Jonathan Huels, Esq., Lowndes, Drosdick, Doster, Kantor & Reed, 215 N. Eola Dr., Orlando, FL 32801

**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: Adventist Health System / Sunbelt, Inc.  
Are they registered Lobbyist? Yes ☐ or No ☐
2. Name and address of individual or business entity: Jonathan P. Huels, Esq.  
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
		<b>TOTAL EXPENDED THIS REPORT</b>	<b>\$ -0-</b>

*For Staff Use Only:*

Initially submitted on \_\_\_\_\_

Updated On \_\_\_\_\_

Project Name (as filed) \_\_\_\_\_

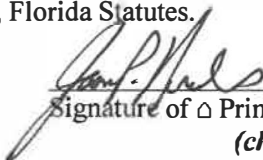
Case or Bid No. \_\_\_\_\_

**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: 4/26/22



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

PRINT NAME AND TITLE: Jonathan P. Huels, Agent


STATE OF FLORIDA :  
COUNTY OF ORANGE :

I certify that the foregoing instrument was acknowledged before me this 26<sup>th</sup> day of April, 2022 by Jonathan P. Huels. 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 26<sup>th</sup> day of April, in the year 2022.



Lauren A. Korn  
Notary Public  
State of Florida  
Comm# HH105247  
Expires 3/16/2025

  
Signature of Notary Public  
Notary Public for the State of Florida  
My Commission Expires: 3-16-2025

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.

OC CE FORM 2D  
FOR DEVELOPMENT-RELATED ITEMS (November 5, 2010)  
For use after March 1, 2011

*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: Adventist Health System / Sunbelt, Inc.

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

601 E. Rollins St., Orlando, FL 32803

Business Phone (     ) \_\_\_\_\_

Facsimile (     ) \_\_\_\_\_

**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: Jonathan P. Huels, Esq.

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

215 N. Eola Dr., Orlando, FL 32801

Business Phone ( 407 ) 418-6483

Facsimile ( 407 ) 843-4444

*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  X  NO

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

\_\_\_ YES  X  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  X  NO

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

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(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.

*Jonathan P. Huels*  
 Signature of ☐ Owner, ☐ Contract Purchaser  
 or ☒ Authorized Agent

Date: 4/26/22

Print Name and Title of Person completing this form: Jonathan P. Huels

STATE OF FLORIDA :  
 COUNTY OF ORANGE :

I certify that the foregoing instrument was acknowledged before me this 26<sup>th</sup> day of April, 2022 by Jonathan P. Huels. 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 26<sup>th</sup> day of April, in the year 2022.

(Notary  Lauren A. Korn  
 Notary Public  
 State of Florida  
 Comm# HH105247  
 Expires 3/16/2025

*Lauren A. Korn*  
 Signature of Notary Public  
 Notary Public for the State of Florida  
 My Commission Expires:  
3-16-2025

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.

# AGENT AUTHORIZATION FORM



FOR PROJECTS LOCATED IN ORANGE COUNTY, FLORIDA

I/WE, (PRINT PROPERTY OWNER NAME) Adventist Health System/Sunbelt, Inc., AS THE OWNER(S) OF THE REAL PROPERTY DESCRIBED AS FOLLOWS, Parcel ID 33-24-30-0000-00-021, DO HEREBY AUTHORIZE TO ACT AS MY/OUR AGENT (PRINT AGENT'S NAME), Jonathan Huels, Esq., TO EXECUTE ANY PETITIONS OR OTHER DOCUMENTS NECESSARY TO AFFECT THE APPLICATION APPROVAL REQUESTED AND MORE SPECIFICALLY DESCRIBED AS FOLLOWS, Petition to Vacate Drainage Easement (PVT-22-02-008), 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.

Adventist Health System/Sunbelt, Inc.

Date: 4/25/2022

By: [Signature]  
Signature of Property Owner

Tim Burri II, Sr. Vice President-AdventHealth Orlando  
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 25 day of April, 20 22 by Tim Burri II, Sr. Vice President He/she is personally known to me or has produced n/a as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the 25 day of April, in the year 2022.



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

My Commission Expires: \_\_\_\_\_

Legal Description(s) or Parcel Identification Number(s) are required:

PARCEL ID #: 33-24-30-0000-00-21

LEGAL DESCRIPTION:



# INVOICE

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

Invoice To :  
Lowndes, Drosdick, Doster, Kantor & Reed,  
BoAathan P. Huels  
215 N. Eola Dr.  
Orlando, FL 32801

Invoice No : 4902605  
Invoice Date : Apr 27, 2022  
Folder # : 22 117271 000 00 PTV

Case Number : PTV-22-02-008

Project Name : Ward Property/Adventist Health

## FEE DESCRIPTION

## AMOUNT

PTV Application Fee - 1002-072-2700-4180	1,003.00
<b>TOTAL :</b>	<b>1,003.00</b>
<b>PAYMENT RECEIVED :</b>	<b>1,003.00</b>
<b>BALANCE :</b>	<b>0.00</b>

JA PW # 590