

Permit Number: \_\_\_\_\_

Folio/Parcel ID #: \_\_\_\_\_

Prepared by: Catherine Williams - Contract Admin

Return to: Catherine Williams

WDI - 1365 Avenue of the Stars

P.O. Box 10321, Lake Buena Vista, FL 32830

NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property** (legal description of the property, and street address if available)  
109 Timberline Drive, Bay Lake, FL 32830
2. **General description of improvement**  
Flooring and Light Fixture Rehab
3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney Imagineering  
Address P.O. Box 10321, Lake Buena Vista, FL 32830  
Interest in Property Fee Simple  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name N/A  
Address N/A
4. **Contractor**  
Name Ref. Attach.A for multiple IPD Agrmt. Parties Telephone Number N/A  
Address N/A
5. **Surety** (if applicable, a copy of the payment bond is attached)  
Name Not Applicable Telephone Number N/A  
Address N/A Amount of Bond \$ Not Required
6. **Lender**  
Name NONE Telephone Number N/A  
Address N/A
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**  
Name Russell Stokes Telephone Number 407-560-7858  
Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake Buena Vista, FL 32830-0321
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**  
Name Contract Accounting Telephone Number 407-560-7858  
Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake Buena Vista, FL 32830-0321
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) August 31, 2018

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

VP & GM

Signatory's Title/Office

The foregoing instrument was acknowledged before me this 29 day of April by John C. Blich

as Vice President & GM

Type of authority, e.g., officer, trustee, attorney in fact

for Walt Disney Imagineering

Name of party on behalf of whom instrument was executed

Carolyn Bellino

Signature of Notary Public - State of Florida

Carolyn Bellino

Print, type, or stamp commissioned name of Notary Public

Personally Known OR Produced ID

Type of ID Produced



CAROLYN MARY BELLINO  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FF099835  
Expires 7/5/2018

Expires 7/5/2018  
Comm# FF099835  
STATE OF FLORIDA  
NOTARY PUBLIC  
CAROLYN MARY BELLINO



## Attachment "A"

**This NOC pertains to a Poly-Party IPD (Integrated Project Delivery) contract for the Wilderness Rehab project, which includes all parties identified below:**

<b>Owner</b> Walt Disney Parks and Resorts (US), Inc., d/b/a Walt Disney Imagineering	John C. Blitch Vice President & General Manager Walt Disney Parks and Resorts (US), Inc. dba Walt Disney Imagineering 1365 Avenue of the Stars Lake Buena Vista, FL 32830
---	--

**The following "Contractors," as defined by F.S. §713.01(8), are in direct contract with Owner for the purpose of improving real property pursuant to the Poly-Party IPD agreement:**

<b>Construction Manager/General Contractor</b> DPR Construction, A General Partnership	Scott Lyons Regional Manager DPR Construction, A General Partnership 4700 Millenia Blvd, Suite 350 Orlando, FL 32839
<b>Architect</b> GSB, Inc.	Ron G. Smith President GSB, Inc. 3555 NW 58th St, Suite 700W Oklahoma City, OK 73112
<b>Interior Design Partner</b> Design Group Carl Ross	Rosanna O. Ross Chief Operating Officer Design Group Carl Ross 115 Main Street El Segundo, CA 90245
<b>Landscape Design Partner</b> Perry Becker Design LLC	David Perry Perry Becker Design LLC 3660 Maguire Blvd. Suite 100 Orlando, FL 32803
<b>Civil Engineer Design Partner</b> Atkins North America, Inc.	Kathleen Leo Vice President Atkins North America, Inc. 482 S. Kelly Road Orlando, FL 32810

<b>Mechanical, Electrical, Plumbing &amp; Fire Protection Engineer Design Partner</b> Matern Professional Engineering, Inc.	Ryan B. Strandquest Sr. Vice President Matern Professional Engineering, Inc. 130 Candace Dr. Maitland, FL 32751
<b>Mechanical- HVAC/Plumbing Trade Partner</b> MCC Mechanical LLC	Andre' E. Maillho General Counsel MCC Mechanical LLC 3306 Maggie Blvd., Suite A Orlando, FL 32811
<b>Electrical Contractor Trade Partner</b> Bergelectric Corp.	Robert Moreno Vice President Bergelectric Corp. 5560 W Centinela Avenue Los Angeles, CA 90045
<b>Site Development Contractor Trade Partner</b> Hubbard Construction Co., Inc.	P. Frederick O'Dea Jr. Vice President and Secretary Hubbard Construction Co., Inc. 1936 Lee Road, #300 Orlando, FL 32811

Permit Number: \_\_\_\_\_  
Folio/Parcel ID #: \_\_\_\_\_  
Prepared by: Catherine Williams - Contract Admin  
\_\_\_\_\_  
\_\_\_\_\_  
Return to: Catherine Williams  
WDI - 1365 Avenue of the Stars  
P.O. Box 10321, Lake Buena Vista, FL 32830

NOTICE OF COMMENCEMENT

- State of Florida, County of Orange
- The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.
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109 Timberline Drive, Bay Lake, FL 32830
  - 2. **General description of improvement**  
Flooring and Light Fixture Rehab
  - 3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney Imagineering  
Address P.O. Box 10321, Lake Buena Vista, FL 32830  
Interest in Property Fee Simple  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name N/A  
Address N/A
  - 4. **Contractor**  
Name Ref. Attach.A for multiple IPD Agrmt. Parties Telephone Number N/A  
Address N/A
  - 5. **Surety** (if applicable, a copy of the payment bond is attached)  
Name Not Applicable Telephone Number N/A  
Address N/A Amount of Bond \$ Not Required
  - 6. **Lender**  
Name NONE Telephone Number N/A  
Address N/A
  - 7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**  
Name Russell Stokes Telephone Number 407-560-7858  
Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake Buena Vista, FL 32830-0321
  - 8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**  
Name Contract Accounting Telephone Number 407-560-7858  
Address WDI-FL Bldg/EPCOT, P.O. Box 10321, Lake Buena Vista, FL 32830-0321
  - 9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) August 31, 2018

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager  VP & GM  
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 29 day of April by John C. Blich  
month/year name of person  
as Vice President & GM for Walt Disney Imagineering  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

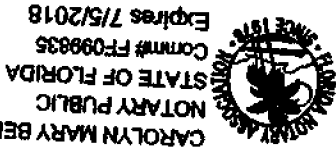
  
Signature of Notary Public - State of Florida

  
Print, type, or stamp commissioned name of Notary Public

Personally Known ☒ OR Produced ID ☐  
Type of ID Produced \_\_\_\_\_



CAROLYN MARY BELLINO  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FF099835  
Expires 7/5/2018



## Attachment "A"

This NOC pertains to a Poly-Party IPD (Integrated Project Delivery) contract for the Wilderness Rehab project, which includes all parties identified below:

<b>Owner</b> Walt Disney Parks and Resorts (US), Inc., d/b/a Walt Disney Imagineering	John C. Blitch Vice President & General Manager Walt Disney Parks and Resorts (US), Inc. dba Walt Disney Imagineering 1365 Avenue of the Stars Lake Buena Vista, FL 32830
---	--

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<b>Architect</b> GSB, Inc.	Ron G. Smith President GSB, Inc. 3555 NW 58th St, Suite 700W Oklahoma City, OK 73112
<b>Interior Design Partner</b> Design Group Carl Ross	Rosanna O. Ross Chief Operating Officer Design Group Carl Ross 115 Main Street El Segundo, CA 90245
<b>Landscape Design Partner</b> Perry Becker Design LLC	David Perry Perry Becker Design LLC 3660 Maguire Blvd. Suite 100 Orlando, FL 32803
<b>Civil Engineer Design Partner</b> Atkins North America, Inc.	Kathleen Leo Vice President Atkins North America, Inc. 482 S. Kelly Road Orlando, FL 32810

<b>Mechanical, Electrical, Plumbing &amp; Fire Protection Engineer Design Partner</b> Matern Professional Engineering, Inc.	Ryan B. Strandquest Sr. Vice President Matern Professional Engineering, Inc. 130 Candace Dr. Maitland, FL 32751
<b>Mechanical- HVAC/Plumbing Trade Partner</b> MCC Mechanical LLC	Andre' E. Maillho General Counsel MCC Mechanical LLC 3306 Maggie Blvd., Suite A Orlando, FL 32811
<b>Electrical Contractor Trade Partner</b> Bergelectric Corp.	Robert Moreno Vice President Bergelectric Corp. 5560 W Centinela Avenue Los Angeles, CA 90045
<b>Site Development Contractor Trade Partner</b> Hubbard Construction Co., Inc.	P. Frederick O'Dea Jr. Vice President and Secretary Hubbard Construction Co., Inc. 1936 Lee Road, #300 Orlando, FL 32811

Permit Number: \_\_\_\_\_  
Folio/Parcel ID #: \_\_\_\_\_  
Prepared by: \_\_\_\_\_

Return to: Abby Brandenburg  
1365 AVENUE OF THE STARS/PO BOX 10321  
LAKE BUENA VISTA, FL 32830

NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property** (legal description of the property, and street address if available)  
1256 MAGIC KINGDOM DRIVE, BAY LAKE, FL 32830
2. **General description of improvement**  
SEVEN DWARFS MINE TRAIN ELECTRICAL
3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
Name WALT DISNEY IMAGINEERING  
Address PO BOX 10321, LAKE BUENA VISTA, FL 32830-0321  
Interest in Property N/A  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name N/A  
Address \_\_\_\_\_
4. **Contractor**  
Name ERMCO OF FLORIDA Telephone Number 407-934-8084  
Address 1555 DOPEY DRIVE, P.O. BOX 22164, LAKE BUENA VISTA, FL 32830
5. **Surety** (if applicable, a copy of the payment bond is attached)  
Name N/A Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. **Lender**  
Name N/A Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**  
Name RUSSELL STOKES Telephone Number 407-560-7697  
Address PO BOX 10321, LAKE BUENA VISTA, FL 32830-0321
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**  
Name BETH DOUGHERTY - CONTRACT ACCOUNTING Telephone Number 407-560-3660  
Address PO BOX 10321, LAKE BUENA VISTA, FL 32830-0321
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) \_\_\_\_\_

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager [Signature] VP & GM  
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 1 day of May by John C. Blich  
month/year name of person

as Vice President & General Manager for Walt Disney Imagineering  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

[Signature]  
Signature of Notary Public - State of Florida

[Signature]  
Print, type, or stamp commissioned name of Notary Public

Personally Known ☒ OR Produced ID \_\_\_\_\_  
Type of ID Produced \_\_\_\_\_



CAROLYN MARY BELLINO  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FF099835  
Expires 7/5/2018

Permit Number:  
Folio/Parcel Identification Number:  
Prepared by and Return to:  
Walt Disney World Resort - FAM  
Attn: Richard Goss  
P.O. Box 10000  
Lake Buena Vista, FL 32830-1000

Document Number: 20150081891  
Book Number: 10876  
Page Number: 4174

DOCH 20150224738 B: 10913 P: 9288  
05/05/2015 12:23:04 PM Page 1 of 2  
Rec Fee: \$18.50  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: WALT DISNEY WORLD CO FACI

AMENDMENT TO  
NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- Description of property** (legal description of the property, and street address if available)  
See attached legal description
- General description of improvement**  
Paving
- Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney World Resort  
Address P.O. Box 10000, Lake Buena Vista, FL 32830  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
- Contractor**  
Name PREFERRED MATERIAL Telephone Number 407-343-7445  
Address 2710 Michigan Ave, Kissimmee, FL 34744
- Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
- Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Richard Goss Telephone Number (407)828-2205  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)  
09/30/2015

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

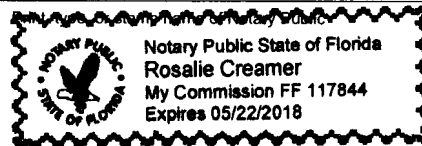
Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Richard B. Goss Richard Goss/PMA/FAM  
Signature of Owner or Lessee, or Owner's or Signatory's Printed Name/Title/Office  
Lessee's Authorized Officer/Director/Partner/Manager

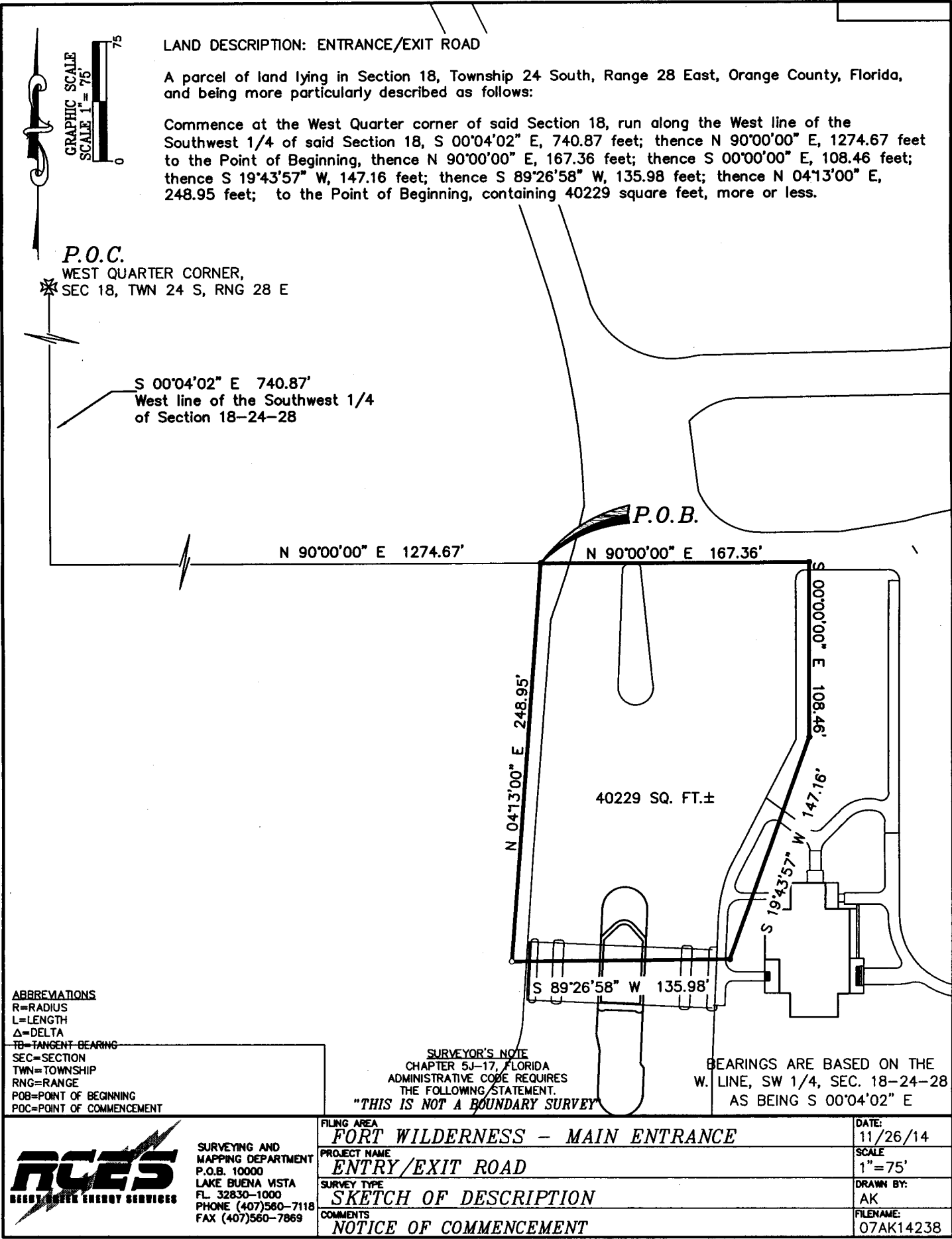
The foregoing instrument was acknowledged before me this 5<sup>th</sup> day of May 2015 by Richard Goss  
month/year

as Authorized Signatory for Walt Disney World Resort  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Rosalie Creamer  
Signature of Notary Public - State of Florida  
Personally Known X OR Produced ID \_\_\_\_\_  
Type of ID Produced \_\_\_\_\_







Permit Number:  
Folio/Parcel Identification Number:  
Prepared by and Return to:  
Walt Disney World Resort - FAM  
Attn: Anne Buchele  
P.O. Box 10000  
Lake Buena Vista, FL 32830-1000

DOCH 20150224739 B: 10913 P: 9290  
05/05/2015 12:23:04 PM Page 1 of 2  
Rec Fee: \$18.50  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: WALT DISNEY WORLD CO FACI



# NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- Description of property** (legal description of the property, and street address if available)  
See Attached
- General description of improvement**  
Roofing
- Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney World Resort  
Address P.O. Box 10000, Lake Buena Vista, FL 32830  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
- Contractor**  
Name Shield Coatings & Weatherproofing Telephone Number (407) 827-4348  
Address P.O. Box 22582, Lake Buena Vista, FL 32830
- Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
- Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Anne Buchele Telephone Number 407-828-2165  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)  
08/28/2015

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Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Anne Buchele

Signature of Owner or Lessee, or Owner's or  
Lessee's Authorized Officer/Director/Partner/Manager

ANNE EM BUCHELE /PLANNER

Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 4<sup>th</sup> day of May 2015, by Anne Em Buchele  
month/year

as Authorized Signatory  
Type of authority, e.g., officer, trustee, attorney in fact

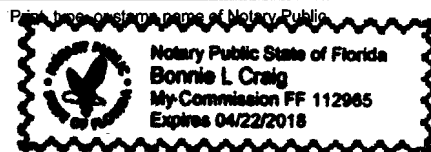
for Walt Disney World Resort  
Name of party on behalf of whom instrument was executed

Bonnie L Craig

Signature of Notary Public - State of Florida

Personally Known X OR Produced ID \_\_\_\_\_

Type of ID Produced \_\_\_\_\_



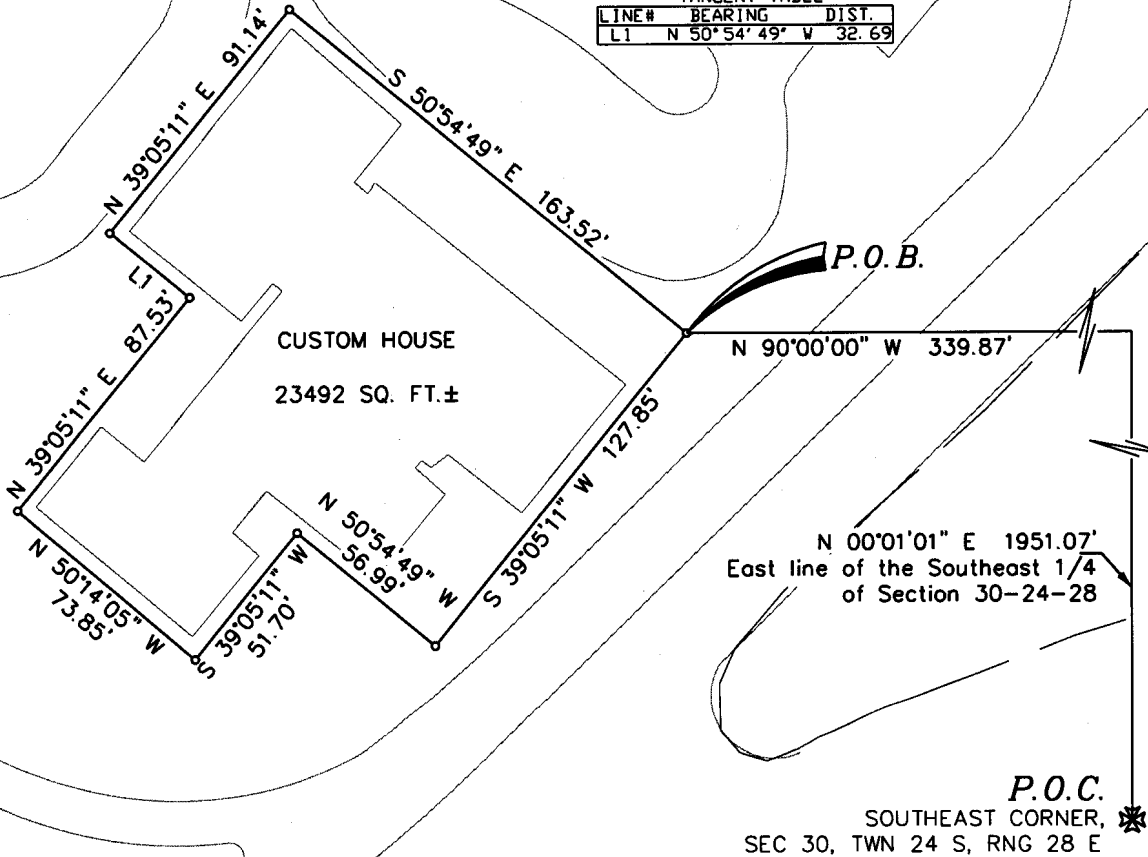
LAND DESCRIPTION: CUSTOM HOUSE

A parcel of land lying in Section 30, Township 24 South, Range 28 East, Orange County, Florida, and being more particularly described as follows:

Commence at the Southeast corner of said Section 30, run along the East line of the Southeast 1/4 of said Section 30, N 00°01'01" E, 1951.07 feet; thence N 90°00'00" W, 339.87 feet to the Point of Beginning; thence S 39°05'11" W, 127.85 feet; thence N 50°54'49" W, 56.99 feet; thence S 39°05'11" W, 51.70 feet; thence N 50°14'05" W, 73.85 feet; thence N 39°05'11" E, 87.53 feet; thence N 50°54'49" W, 32.69 feet; thence N 39°05'11" E, 91.14 feet; thence S 50°54'49" E, 163.52 feet to the Point of Beginning, containing 23492 square feet, more or less.

GRAPHIC SCALE  
SCALE 1" = 60'

TANGENT TABLE		
LINE#	BEARING	DIST.
L1	N 50°54'49" W	32.69



ABBREVIATIONS

R=RADIUS  
L=LENGTH  
Δ=DELTA  
TB=TANGENT BEARING  
SEC=SECTION  
TWN=TOWNSHIP  
RNG=RANGE  
POB=POINT OF BEGINNING  
POC=POINT OF COMMENCEMENT

SURVEYOR'S NOTE

CHAPTER 61G17-6 OF THE FLORIDA  
ADMINISTRATIVE CODE REQUIRES  
THAT THE FOLLOWING STATEMENT  
BE PUT ON THIS SKETCH.

"THIS IS NOT A BOUNDARY SURVEY"

BEARINGS ARE BASED ON THE  
E. line, SE 1/4, SEC. 30-24-28  
AS BEING N 00°01'01" E

REEDY CREEK  
ENERGY SERVICES

SURVEY AND MAPPING DEPARTMENT  
P.O.B. 10000, LAKE BUENA VISTA, FL 32830-1000  
TELEPHONE (407)828-2506 FAX (407)828-2260

PROJECT AREA	HOTELS - CARIBBEAN BEACH
UNIT NAME	CUSTOM HOUSE A/C
SHEET TITLE	SKETCH OF DESCRIPTION
COMMENTS	NOTICE OF COMMENCEMENT

DATE:	01/15/15
SCALE	1" = 60'
DRAWN BY:	MF
FILENAME:	04MF01495

Permit Number:  
Folio/Parcel Identification Number:  
Prepared by and Return to:  
Walt Disney World Resort - FAM  
Attn: Tim Keith  
P.O. Box 10000  
Lake Buena Vista, FL 32830-1000

DOCH 20150224740 B: 10913 P: 9292  
05/05/2015 12:23:04 PM Page 1 of 2  
Rec Fee: \$18.50  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: WALT DISNEY WORLD CO FACI



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

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1. **Description of property** (legal description of the property, and street address if available)  
See Attached
2. **General description of improvement**  
Electrical
3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney World Resort  
Address PO Box 10,000 Lake Buena Vista, FL 32830  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
4. **Contractor**  
Name Southeastern Design & Electrical Telephone Number 407-856-8871  
Address 1031 Salsona Ave., Kissimmee, FL 34774
5. **Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. **Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Tim Keith Telephone Number (407) 560-4168  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)  
06/05/2015

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Tammy Parker  
Signature of Owner or Lessee, or Owner's or  
Lessee's Authorized Officer/Director/Partner/Manager

Tammy Parker, Program Mgr  
Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this

4th day of MAY by TAMMY PARKER  
month/year

as \_\_\_\_\_ Authorized Signatory \_\_\_\_\_  
Type of authority, e.g., officer, trustee, attorney in fact

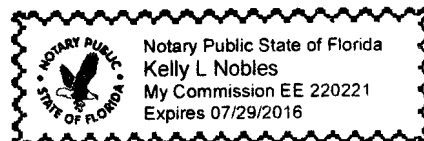
for \_\_\_\_\_ Walt Disney World Resort  
Name of party on behalf of whom instrument was executed

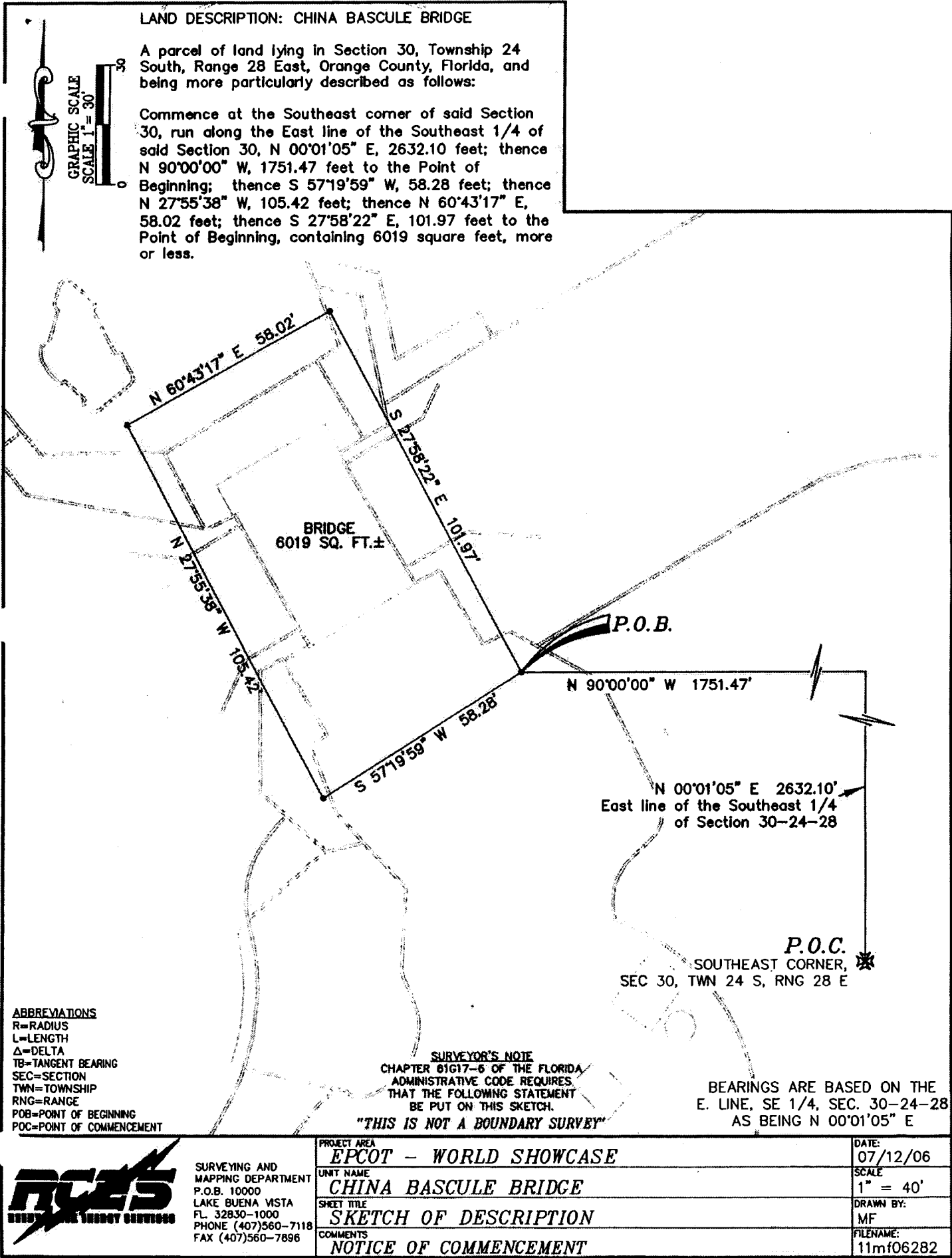
[Signature]  
Signature of Notary Public - State of Florida

Print, type, or stamp name of Notary Public

Personally Known ☒ OR Produced ID \_\_\_\_\_

Type of ID Produced \_\_\_\_\_





SURVEYING AND  
MAPPING DEPARTMENT  
P.O.B. 10000  
LAKE BUENA VISTA  
FL 32830-1000  
PHONE (407)560-7118  
FAX (407)560-7896

PROJECT AREA	EPCOT - WORLD SHOWCASE	DATE:	07/12/06
UNIT NAME	CHINA BASCULE BRIDGE	SCALE	1" = 40'
SHEET TITLE	SKETCH OF DESCRIPTION	DRAWN BY:	MF
COMMENTS	NOTICE OF COMMENCEMENT	FILENAME:	11mf06282

Permit Number:  
Folio/Parcel Identification Number:  
Prepared by and Return to: **Y039311**  
Walt Disney World Resort - FAM  
Attn: Gwynetta Stevens  
P.O. Box 10000  
Lake Buena Vista, FL 32830-1000

DOCH 20150224741 B: 10913 P: 9294  
05/05/2015 12:23:04 PM Page 1 of 2  
Rec Fee: \$18.50  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: WALT DISNEY WORLD CO FACI



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- Description of property** (legal description of the property, and street address if available)  
SEE ATTACHED
- General description of improvement**  
CONTRACTORS GENERAL CONDITIONS
- Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney World Resort  
Address P.O. Box 10000, Lake Buena Vista, FL 32830  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
- Contractor**  
Name Slalom Construction Services, Inc. Telephone Number 407-938-0244  
Address P. O. Box 783211, Winter Garden, FL 34778-3211
- Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
- Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Gwynetta Stevens Telephone Number (407)828-1282  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)  
09/25/2015

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Gwynetta Stevens Gwynetta Stevens, Planner  
Signature of Owner or Lessee, or Owner's or Signatory's Printed Name/Title/Office  
Lessee's Authorized Officer/Director/Partner/Manager

The foregoing instrument was acknowledged before me this 5th day of May 2015, by Gwynetta Stevens  
month/year

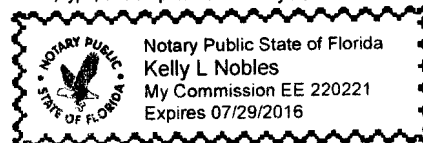
as \_\_\_\_\_ Authorized Signatory \_\_\_\_\_ for \_\_\_\_\_ Walt Disney World Resort  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

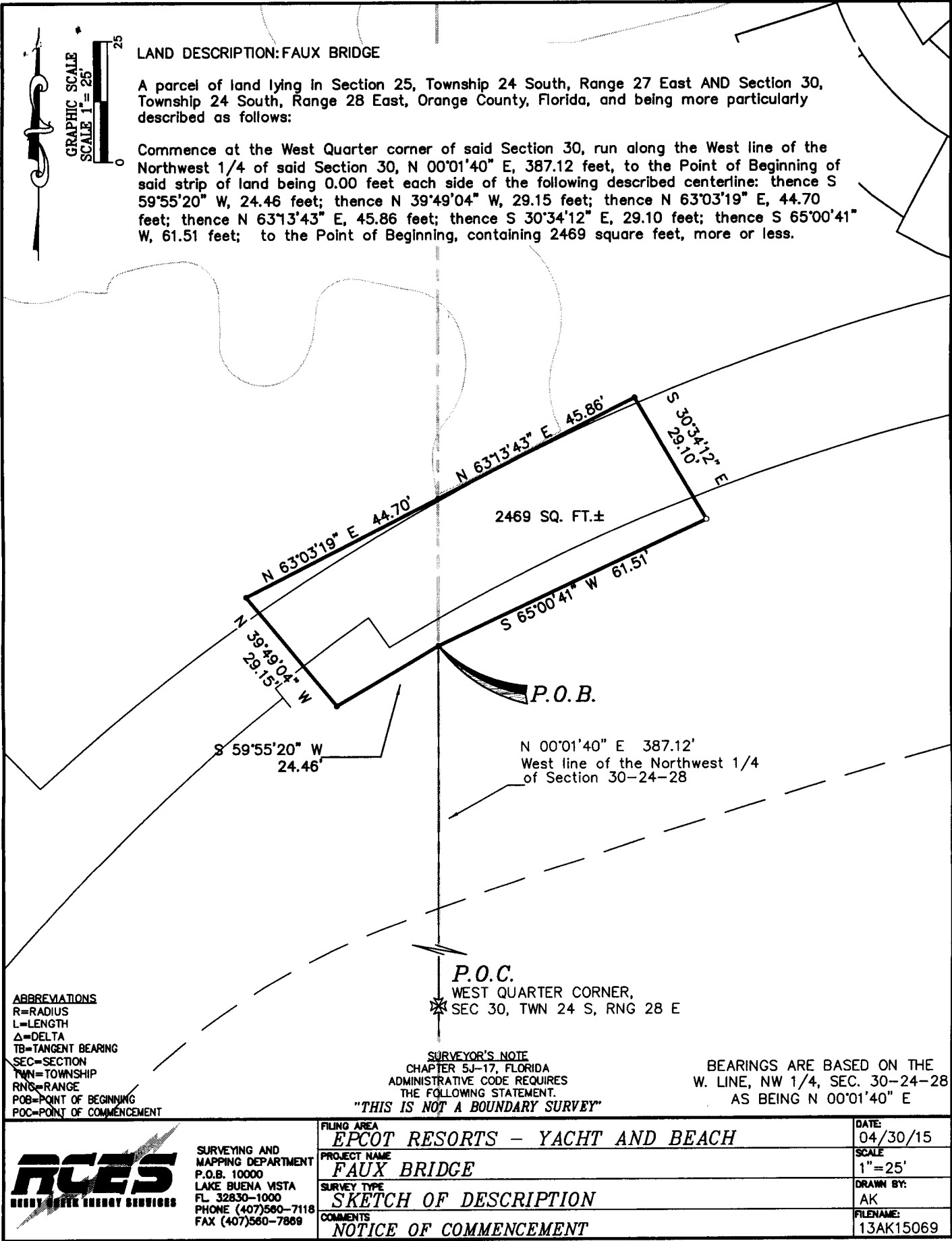
[Signature]  
Signature of Notary Public - State of Florida

Personally Known X OR Produced ID \_\_\_\_\_

Type of ID Produced \_\_\_\_\_

Print, type, or stamp name of Notary Public





Permit Number:  
Folio/Parcel Identification Number:  
Prepared by and Return to:  
Walt Disney World Resort - FAM  
Attn: Richard Goss  
P.O. Box 10000  
Lake Buena Vista, FL 32830-1000

DOCH 20150224742 B: 10913 P: 9296  
05/05/2015 12:23:04 PM Page 1 of 2  
Rec Fee: \$18.50  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: WALT DISNEY WORLD CO FACI



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property** (legal description of the property, and street address if available)  
see legal description
2. **General description of improvement**  
Paving
3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney World Resort  
Address P.O. Box 10000, Lake Buena Vista, FL 32830  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
4. **Contractor**  
Name PREFERRED MATERIAL Telephone Number 407-343-7445  
Address 2710 Michigan Ave, Kissimmee, FL 34744
5. **Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. **Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Richard Goss Telephone Number (407)828-2205  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)  
09/30/2015

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Richard Goss Signature of Owner or Lessee, or Owner's or  
Lessee's Authorized Officer/Director/Partner/Manager  
Richard Goss / PMA / FAM Signatory's Printed Name/Title/Office

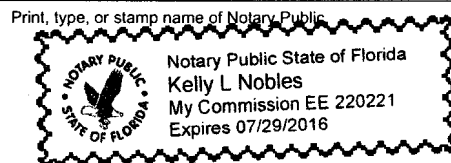
The foregoing instrument was acknowledged before me this 5<sup>th</sup> day of May 2015 by Richard Goss  
month/year

as Authorized Signatory for Walt Disney World Resort  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

[Signature]  
Signature of Notary Public - State of Florida

Personally Known X OR Produced ID \_\_\_\_\_

Type of ID Produced \_\_\_\_\_







Permit Number:  
Folio/Parcel Identification Number:  
Prepared by and Return to:  
Walt Disney World Resort - FAM  
Attn: Tracy James  
P.O. Box 10000  
Lake Buena Vista, FL 32830-1000

DOCH 20150224743 B: 10913 P: 9298  
05/05/2015 12:23:04 PM Page 1 of 2  
Rec Fee: \$18.50  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: WALT DISNEY WORLD CO FACI



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property** (legal description of the property, and street address if available)  
4039239 See Attached
2. **General description of improvement**  
Electrical
3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney World Resort  
Address P.O. Box 10000, Lake Buena Vista, FL 32830  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
4. **Contractor**  
Name Tri City Electrical Contractors Telephone Number 407-788-3500  
Address 430 West Drive, Altamonte Springs, FL 32714
5. **Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. **Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Tracy James Telephone Number 407-828-2141  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)  
09/30/2015

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

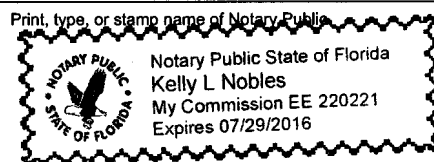
Tracy James TRACY JAMES / PLANNER / FAM  
Signature of Owner or Lessee, or Owner's or Signatory's Printed Name/Title/Office  
Lessee's Authorized Officer/Director/Partner/Manager

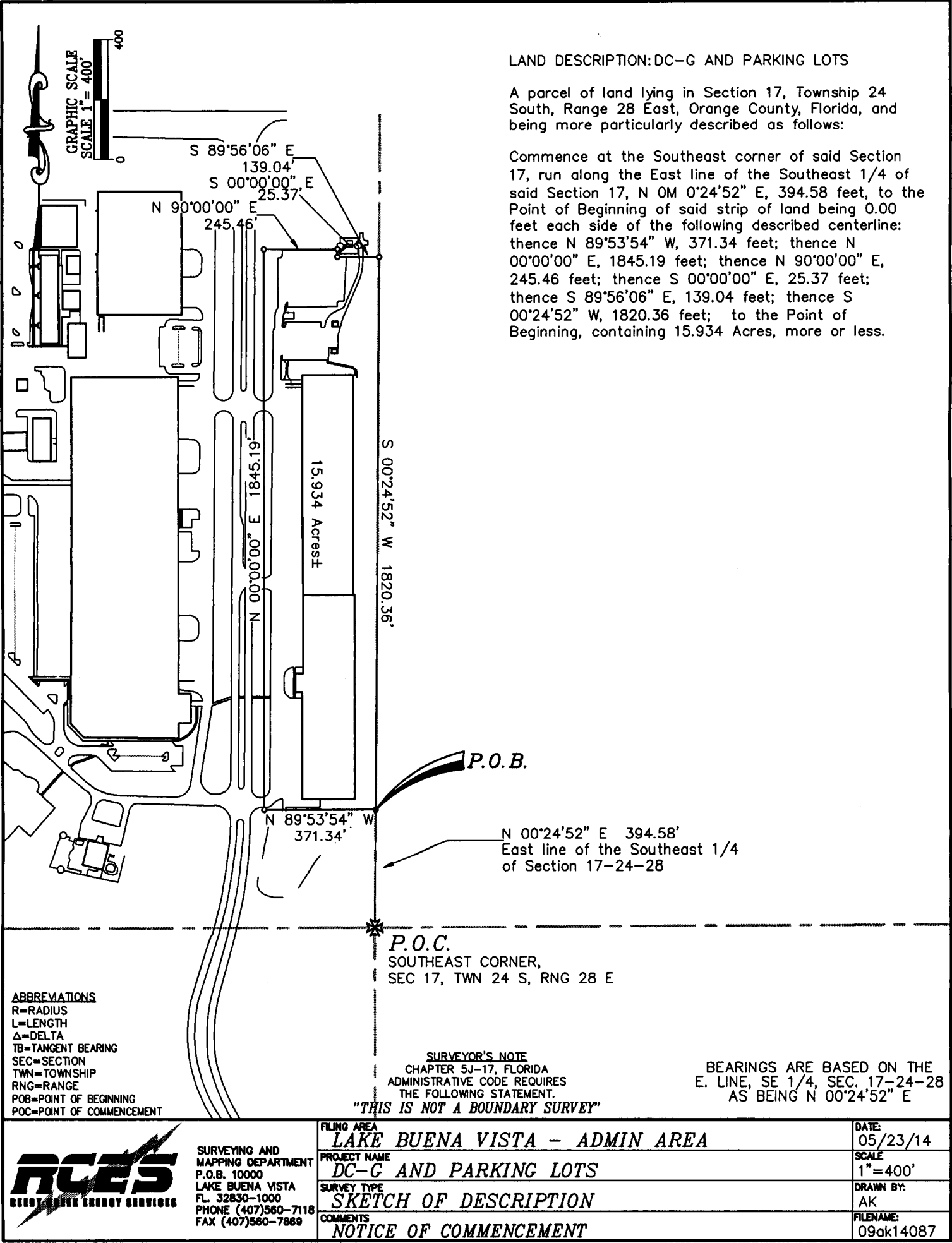
The foregoing instrument was acknowledged before me this 5<sup>th</sup> day of MAY 2015 by TRACY JAMES  
month/year

as \_\_\_\_\_ Authorized Signatory for \_\_\_\_\_ Walt Disney World Resort  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

KLN  
Signature of Notary Public - State of Florida

Personally Known X OR Produced ID \_\_\_\_\_  
Type of ID Produced \_\_\_\_\_





Permit Number:  
Folio/Parcel Identification Number:  
Prepared by and Return to:  
Walt Disney World Resort - FAM  
Attn: Richard Goss  
P.O. Box 10000  
Lake Buena Vista, FL 32830-1000

DOCH 20150224744 B: 10913 P: 9300  
05/05/2015 12:23:04 PM Page 1 of 2  
Rec Fee: \$18.50  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: WALT DISNEY WORLD CO FACI



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- Description of property** (legal description of the property, and street address if available)  
see legal description
- General description of improvement**  
Paving
- Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney World Resort  
Address P.O. Box 10000, Lake Buena Vista, FL 32830  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
- Contractor**  
Name PREFERRED MATERIAL Telephone Number 407-343-7445  
Address 2710 Michigan Ave, Kissimmee, FL 34744
- Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
- Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Richard Goss Telephone Number (407)828-2205  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)  
07/03/2015

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Richard Goss  
Signature of Owner or Lessee, or Owner's or  
Lessee's Authorized Officer/Director/Partner/Manager

Richard Goss / PMA / FAM  
Signatory's Printed Name/Title/Office

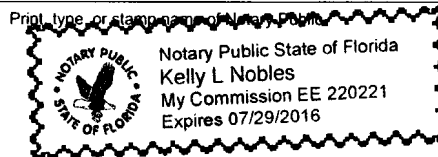
The foregoing instrument was acknowledged before me this 5th day of May 2015 by Richard Goss  
month/year

as Authorized Signatory for Walt Disney World Resort  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

KJ  
Signature of Notary Public - State of Florida

Personally Known X OR Produced ID \_\_\_\_\_

Type of ID Produced \_\_\_\_\_





Permit Number:  
Folio/Parcel Identification Number:  
Prepared by and Return to:  
Walt Disney World Resort - FAM  
Attn: Richard Goss  
P.O. Box 10000  
Lake Buena Vista, FL 32830-1000

DOCH 20150224745 B: 10913 P: 9302  
05/05/2015 12:23:04 PM Page 1 of 2  
Rec Fee: \$18.50  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: WALT DISNEY WORLD CO FACI



NOTICE OF COMMENCEMENT

State of Florida, County of Orange  
The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- Description of property** (legal description of the property, and street address if available)  
see legal description
- General description of improvement**  
Paving
- Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney World Resort  
Address P.O. Box 10000, Lake Buena Vista, FL 32830  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
- Contractor**  
Name PREFERRED MATERIAL Telephone Number 407-343-7445  
Address 2710 Michigan Ave, Kissimmee, FL 34744
- Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
- Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Richard Goss Telephone Number (407)828-2205  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)  
07/23/2015

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

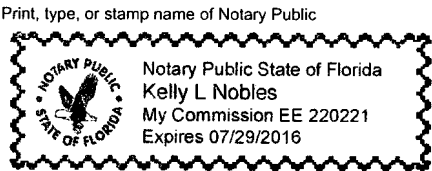
Richard Goss Richard Goss / PMA / FAM  
Signature of Owner or Lessee, or Owner's or Signatory's Printed Name/Title/Office  
Lessee's Authorized Officer/Director/Partner/Manager

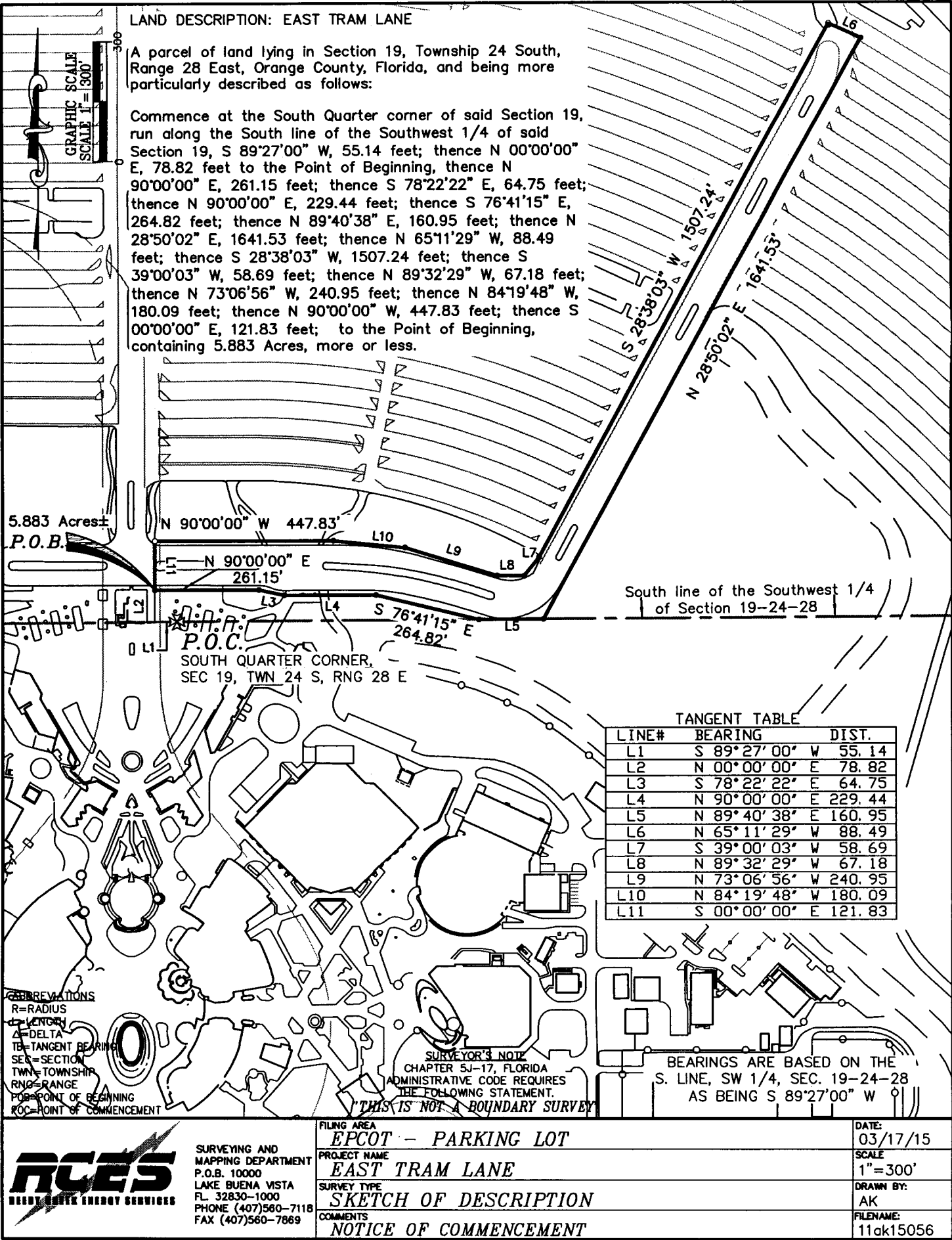
The foregoing instrument was acknowledged before me this 5th day of May, 2015, by Richard Goss  
month/year

as Authorized Signatory for Walt Disney World Resort  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

[Signature]  
Signature of Notary Public - State of Florida

Personally Known X OR Produced ID \_\_\_\_\_  
Type of ID Produced \_\_\_\_\_





Permit Number: \_\_\_\_\_  
Folio/Parcel ID #: \_\_\_\_\_  
Prepared by: Walt Disney World Resort, FM  
Chris Dickman, PO Box 10000  
Lake Buena Vista, FL 32830  
Return to: \_\_\_\_\_  
\_\_\_\_\_

DOCH 20150224746 B: 10913 P: 9304  
05/05/2015 12:23:04 PM Page 1 of 2  
Rec Fee: \$18.50  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: WALT DISNEY WORLD CO FACI



### NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property** (legal description of the property, and street address if available)  
See attached
2. **General description of improvement**  
Kitchen Equipment
3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney World  
Address P.O. Box 10000, Lake Buena Vista, FL 32830  
Interest in Property \_\_\_\_\_  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
4. **Contractor**  
Name TriMark Telephone Number 866-856-1418  
Address 2 W. Oakland Ave., PO Box 1208, Oakland, FL 34760
5. **Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. **Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**  
Name Jamie Kneebone Telephone Number 407-939-5575  
Address 10350 Dream Tree Blvd., Lake Buena Vista, FL 32836
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**  
Name Chris Dickman, Facility Asset Management Telephone Number 407-939-1199  
Address P. O. Box 10000, Lake Buena Vista, FL 32830
9. **Expiration date of notice of commencement** (the expiration date will be 1 year from the date of recording unless a different date is specified) 08/01/2015

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Chris Dickman  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

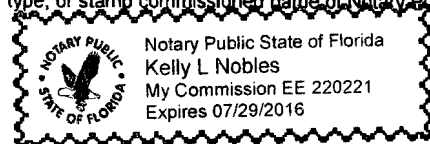
Planner / WDW FAM  
Signatory's Title/Office

The foregoing instrument was acknowledged before me this 5<sup>th</sup> day of May, 2015 by Chris Dickman  
as Authorized Signatory for WALT DISNEY WORLD RESORTS  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

[Signature]  
Signature of Notary Public - State of Florida

Print, type, or stamp commissioned name of Notary Public

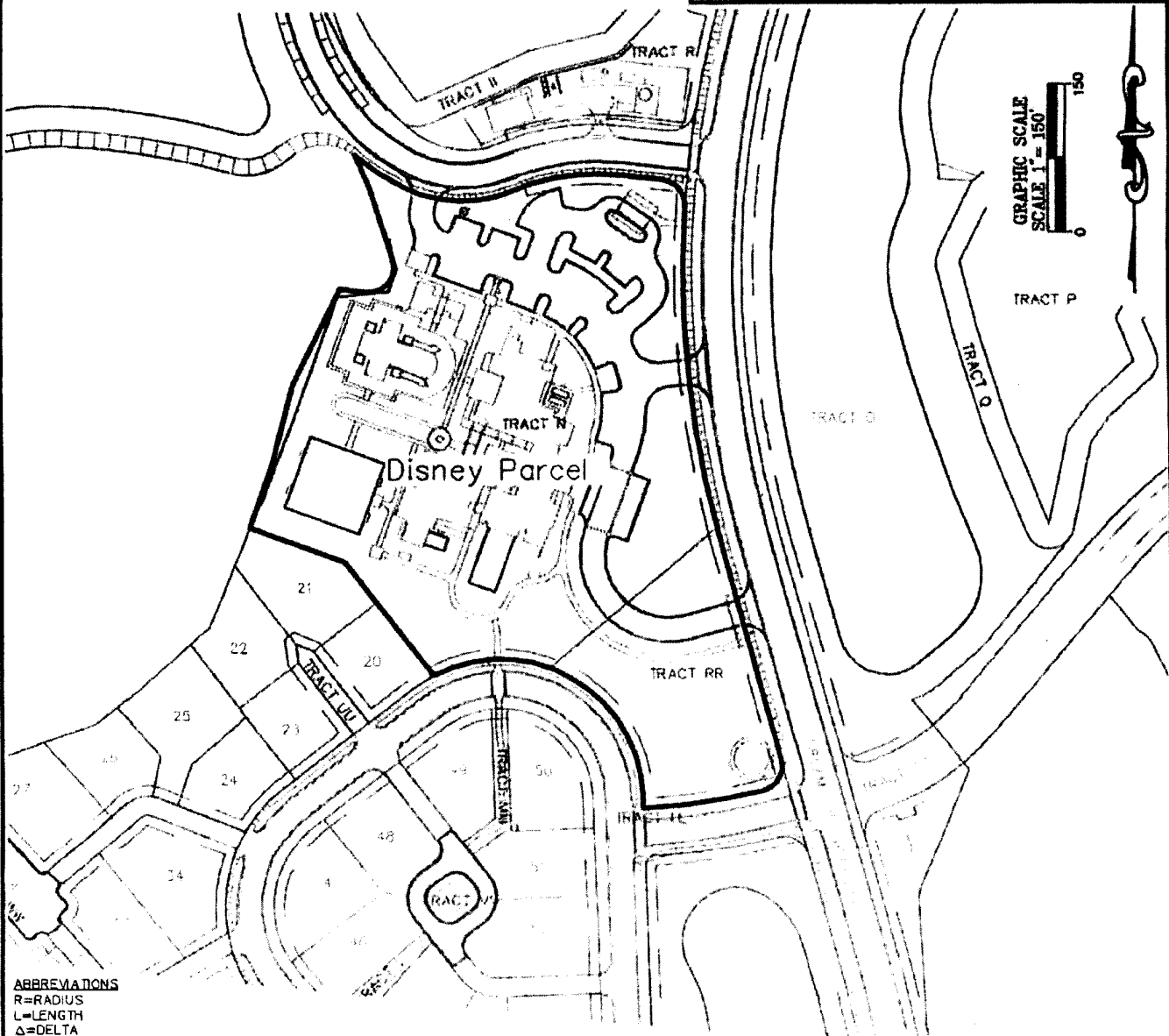
Personally Known X OR Produced ID \_\_\_\_\_  
Type of ID Produced \_\_\_\_\_





DESCRIPTION

Tracts N and RR, Golden Oak Phase 1B according to the Plat thereof as recorded in Plat Book 75, Page 3 through 15 of the Public records of Orange County Florida.



ABBREVIATIONS  
R=RADIUS  
L=LENGTH  
Δ=DELTA  
TB=TANGENT BEARING  
SEC=SECTION  
TWN=TOWNSHIP  
RNG=RANGE  
POB=POINT OF BEGINNING  
POC=POINT OF COMMENCEMENT

SURVEYOR'S NOTE  
CHAPTER 81G17-6, FLORIDA  
ADMINISTRATIVE CODE REQUIRES  
THE FOLLOWING STATEMENT.  
"THIS IS NOT A BOUNDARY SURVEY"

BEARINGS ARE BASED ON THE  
S. LINE, NE 1/4  
SECTION 18-24-28  
AS BEING S 89°24'45" W



SURVEYING AND  
MAPPING DEPARTMENT  
P.O.B. 10000  
LAKE BUENA VISTA  
FL 32830-1000  
PHONE (407)560-7118  
FAX (407)560-7869

FILED AREA  
**GOLDEN OAK ESTATES**  
PROJECT NAME  
**THE DISNEY PARCEL**  
SURVEY TYPE  
**SKETCH OF DESCRIPTION**  
COMMENTS

DATE  
8/24/09  
SCALE  
1:150  
DRAWN BY:  
ALM  
FILENAME:  
10AM08235

Permit Number:  
Folio/Parcel Identification Number:  
Prepared by and Return to:  
Walt Disney World Resort - FAM  
Attn: Tammy Gatlin  
P.O. Box 10000  
Lake Buena Vista, FL 32830-1000

DOCH 20150224747 B: 10913 P: 9306  
05/05/2015 12:23:04 PM Page 1 of 2  
Rec Fee: \$18.50  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: WALT DISNEY WORLD CO FACI



# NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- Description of property** (legal description of the property, and street address if available)  
4037234 - See Attached
- General description of improvement**  
General Conditions
- Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney World Resort  
Address P.O. Box 10000, Lake Buena Vista, FL 32830  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name  
Address
- Contractor**  
Name VEA Creative Telephone Number 407-847-8323  
Address 2420 Smith St, Kissimmee, FL 34744
- Surety** (if applicable, a copy of the payment bond is attached)  
Name Telephone Number  
Address Amount of Bond \$
- Lender**  
Name Telephone Number  
Address
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Tammy Gatlin Telephone Number (407)828-5165  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Tammy Gatlin Signature of Owner or Lessee, or Owner's or  
Lessee's Authorized Officer/Director/Partner/Manager  
Tammy Gatlin Sr Planner / FAM Signatory's Printed Name/Title/Office

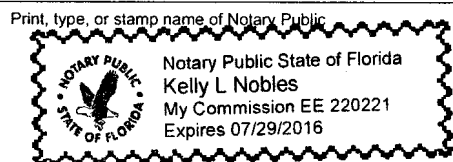
The foregoing instrument was acknowledged before me this 5th day of May, 2015, by TAMMY GATLIN  
month/year

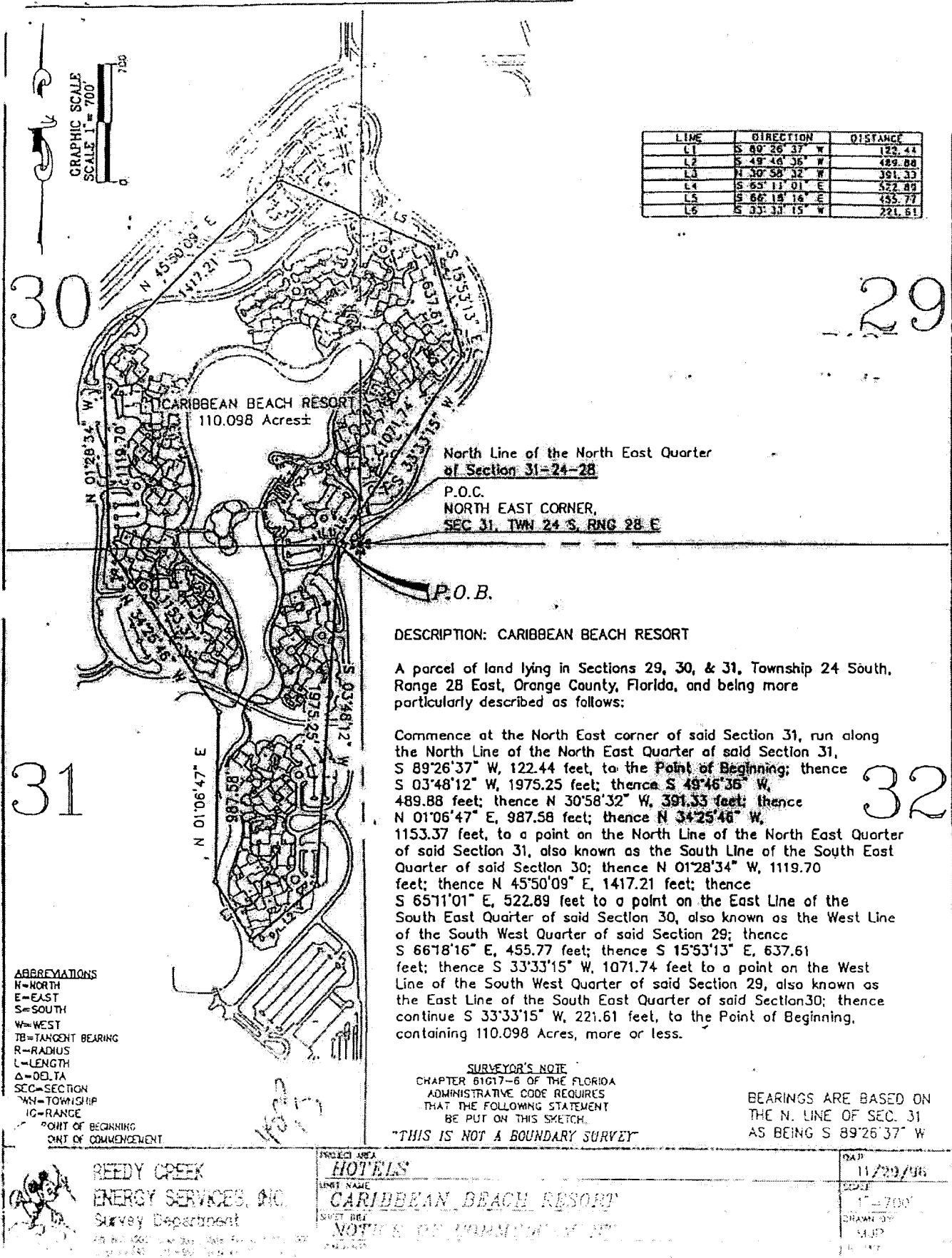
as Authorized Signatory for Walt Disney World Resort  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

[Signature] Signature of Notary Public - State of Florida

Personally Known X OR Produced ID

Type of ID Produced





Permit Number:  
Folio/Parcel Identification Number:  
Prepared by and Return to:  
Walt Disney World Resort - FAM  
Attn: Richard Woods  
P.O. Box 10000  
Lake Buena Vista, FL 32830-1000

DOCH 20150224748 B: 10913 P: 9308  
05/05/2015 12:23:04 PM Page 1 of 2  
Rec Fee: \$18.50  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: WALT DISNEY WORLD CO FACI



### NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- Description of property** (legal description of the property, and street address if available)  
(See Attached)
- General description of improvement**  
General Construction
- Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney World Resort  
Address P.O. Box 10000, Lake Buena Vista, FL 32830  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
- Contractor**  
Name Validus Construction Services LLC Telephone Number 702-460-2221  
Address 7130 S Orange Blossom Tr, Orlando, FL 32809
- Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
- Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Richard Woods Telephone Number (407)934-6052  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)  
08/28/2015

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

**Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.**

Richard Woods  
Signature of Owner or Lessee, or Owner's or  
Lessee's Authorized Officer/Director/Partner/Manager

Richard A. Woods / Sr Planner F.A.M.  
Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 5th day of May, 2015, by Richard Woods  
month/year

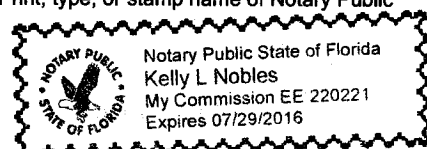
as \_\_\_\_\_ Authorized Signatory \_\_\_\_\_ for \_\_\_\_\_ Walt Disney World Resort  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

\_\_\_\_\_  
Signature of Notary Public - State of Florida

Print, type, or stamp name of Notary Public

Personally Known X OR Produced ID \_\_\_\_\_

Type of ID Produced \_\_\_\_\_

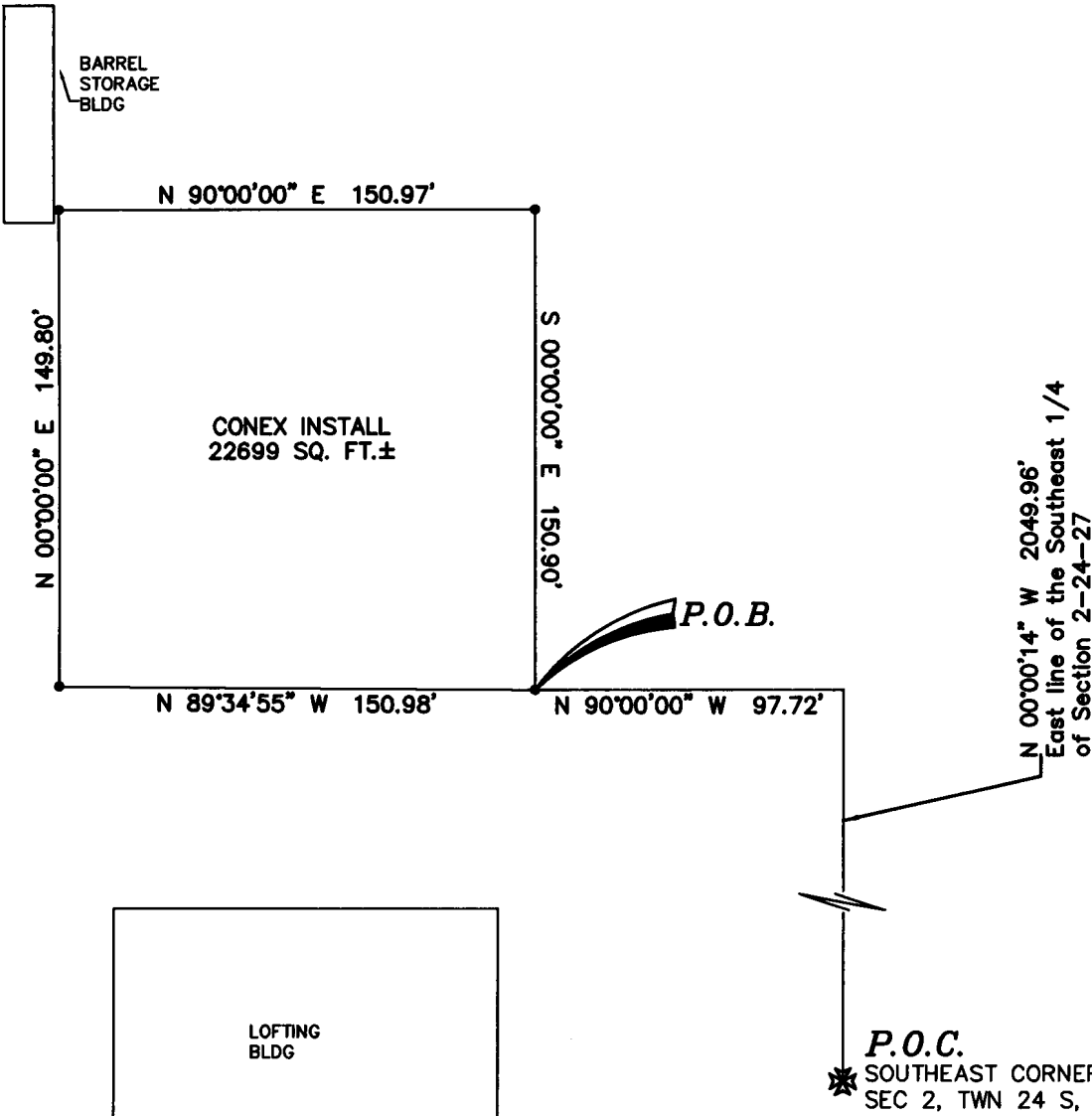


LAND DESCRIPTION: CONEX INSTALL

A parcel of land lying in Section 2, Township 24 South, Range 27 East, Orange County, Florida, and being more particularly described as follows:

Commence at the Southeast corner of said Section 2, run along the East line of the Southeast 1/4 of said Section 2, N 00°00'14" W, 2049.96 feet; thence N 90°00'00" W, 97.72 feet to the Point of Beginning; thence N 89°34'55" W, 150.98 feet; thence N 00°00'00" E, 149.80 feet; thence N 90°00'00" E, 150.97 feet; thence S 00°00'00" E, 150.90 feet to the Point of Beginning, containing 22699 square feet, more or less.

GRAPHIC SCALE  
SCALE 1" = 60'



ABBREVIATIONS  
R=RADIUS  
L=LENGTH  
Δ=DELTA  
TB=TANGENT BEARING  
SEC=SECTION  
TWN=TOWNSHIP  
RNG=RANGE  
POB=POINT OF BEGINNING  
POC=POINT OF COMMENCEMENT

SURVEYOR'S NOTE  
CHAPTER 61G17-6, FLORIDA  
ADMINISTRATIVE CODE REQUIRES  
THE FOLLOWING STATEMENT.  
"THIS IS NOT A BOUNDARY SURVEY"

BEARINGS ARE BASED ON THE  
E. LINE, SE 1/4, SEC. 2-24-27  
AS BEING N 00°00'14" W



SURVEYING AND  
MAPPING DEPARTMENT  
P.O.B. 10000  
LAKE BUENA VISTA  
FL. 32830-1000  
PHONE (407)560-7118  
FAX (407)560-7869

PROJECT AREA	NORTH SERVICE AREA	DATE:	11/10/14
UNIT NAME	CONEX INSTALLATION	SCALE	1" = 60'
SHEET TITLE	SKETCH OF DESCRIPTION	DRAWN BY:	MF
COMMENTS	NOTICE OF COMMENCEMENT	FILENAME:	01mf07362

Permit Number:  
Folio/Parcel Identification Number:  
Prepared by and Return to: **H039317 -Cherie**  
Walt Disney World Resort - FAM  
Attn: Gwynetta Stevens  
P.O. Box 10000  
Lake Buena Vista, FL 32830-1000

DOC# 20150224749 B: 10913 P: 9310  
05/05/2015 12:23:04 PM Page 1 of 2  
Rec Fee: \$18.50  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: WALT DISNEY WORLD CO FACI



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property** (legal description of the property, and street address if available)  
SEE ATTACHED
2. **General description of improvement**  
CONCRETE
3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney World Resort  
Address P.O. Box 10000, Lake Buena Vista, FL 32830  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
4. **Contractor**  
Name CEC General Contractors Inc Telephone Number 407-938-0177  
Address PO Box 22621, Lake Buena Vista, FL 32830
5. **Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. **Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Gwynetta Stevens Telephone Number (407)828-1282  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)  
09/18/2015

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Gwyn Stevens  
Signature of Owner or Lessee, or Owner's or  
Lessee's Authorized Officer/Director/Partner/Manager

GWYN STEVENS / FAM / PLANNER  
Signatory's Printed Name/Title/Office

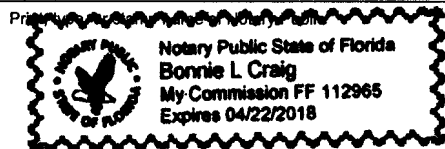
The foregoing instrument was acknowledged before me this 5th day of MAY, 2015, by GWYN STEVENS  
month/year

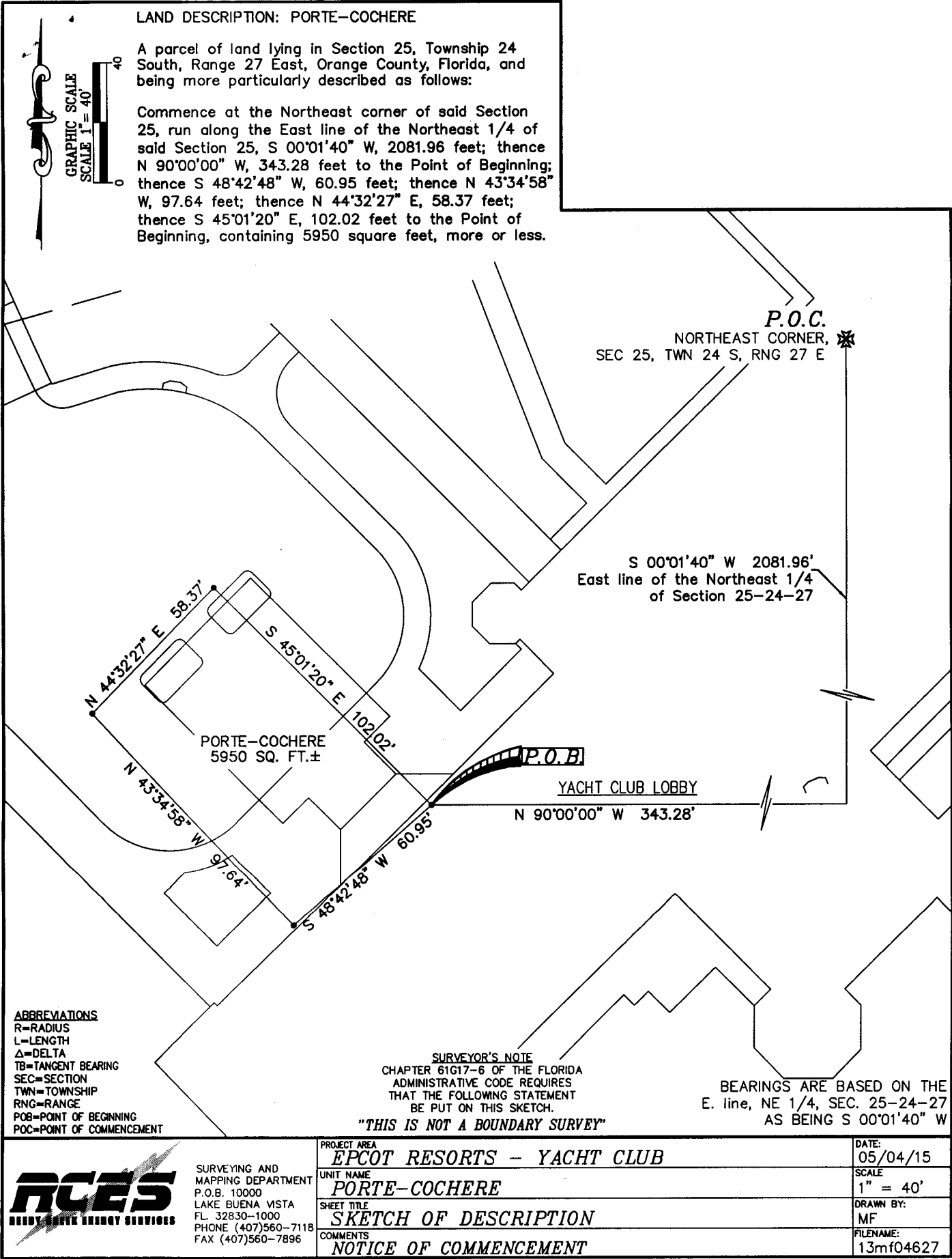
as \_\_\_\_\_ Authorized Signatory \_\_\_\_\_ for \_\_\_\_\_ Walt Disney World Resort  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Bonnie L. Craig  
Signature of Notary Public - State of Florida

Personally Known X OR Produced ID \_\_\_\_\_

Type of ID Produced \_\_\_\_\_





Permit Number:  
Folio/Parcel Identification Number:  
Prepared by and Return to: 4039306-Cherie  
Walt Disney World Resort - FAM  
Attn: Gwynetta Stevens  
P.O. Box 10000  
Lake Buena Vista, FL 32830-1000

DOCH 20150224750 B: 10913 P: 9312  
05/05/2015 12:23:04 PM Page 1 of 2  
Rec Fee: \$18.50  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: WALT DISNEY WORLD CO FACI



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property** (legal description of the property, and street address if available)  
SEE ATTACHED
2. **General description of improvement**  
CONTRACTOR GENERAL CONDITIONS
3. **Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney World Resort  
Address P.O. Box 10000, Lake Buena Vista, FL 32830  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
4. **Contractor**  
Name Slalom Construction Services, Inc. Telephone Number 407-938-0244  
Address P. O. Box 783211, Winter Garden, FL 34778-3211
5. **Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
6. **Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
7. **Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
8. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Gwynetta Stevens Telephone Number (407)828-1282  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
9. **Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)  
09/18/2015

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Gwyn Stevens  
Signature of Owner or Lessee, or Owner's or  
Lessee's Authorized Officer/Director/Partner/Manager

Gwyn Stevens  
Signatory's Printed Name/Title/Office

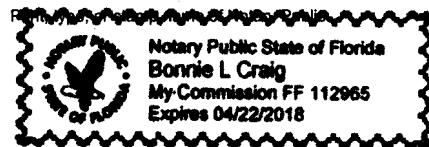
The foregoing instrument was acknowledged before me this 5th day of May, 2015, by Gwyn Stevens  
month/year

as \_\_\_\_\_ Authorized Signatory  
Type of authority, e.g., officer, trustee, attorney in fact

for Walt Disney World Resort  
Name of party on behalf of whom instrument was executed

Bonnie L Craig  
Signature of Notary Public - State of Florida

Personally Known X OR Produced ID \_\_\_\_\_  
Type of ID Produced \_\_\_\_\_







Prepared by/record and return to:  
Walt Disney World Resort  
Attn: Genia McNeal  
P.O. Box 10000  
Lake Buena Vista, FL 32830-1000



Permit No. \_\_\_\_\_ Tax Folio No. \_\_\_\_\_

NOTICE OF COMMENCEMENT

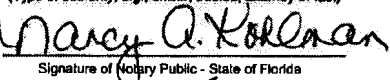
- State of Florida, County of Orange
- The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this notice of commencement.
- Description of property: Legal Description Attached
  - General description of improvements: Mechanical
  - Owner Information:
    - Name and address: Walt Disney World Resort, P.O. Box 10000, Lake Buena Vista, FL 32830
    - Interest in property: Owner
    - Name and address of fee simple titleholder (if other than Owner):
  - Contractor (name and address): MSI Mechanical Services  
9820 Satellite Boulevard; Orlando, FL 32837
    - Contractor's phone number: 407-857-3510
  - Surety:
    - Name and address:
    - Phone number:
    - Amount of Bond:
  - Lender (name and address):
    - Lender's phone number:
  - Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1)(a)7., Florida Statutes: (name and address):  
Dave Ellis, Sourcing & Procurement Administration, P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
    - Phone numbers of designated persons: (407) 828-3582
  - In addition to himself or herself, Owner designates Elaine Schomburg-LaFleur of WDW to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes. DavDa
    - Phone number of person or entity designated by owner: 407-827-4868
  - Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): 04/29/16

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

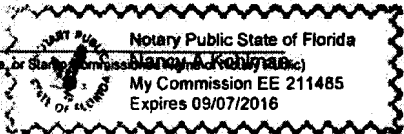
  
Signature of Owner  
(or Owner's Authorized officer/Director/Partner/Manager)

  
Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 29<sup>th</sup> day of April, 2015, by Elaine Schomburg LaFleur as


Authorized Signatory  
(Type of authority, e.g., officer, trustee, attorney-in-fact)  
  
Signature of Notary Public - State of Florida

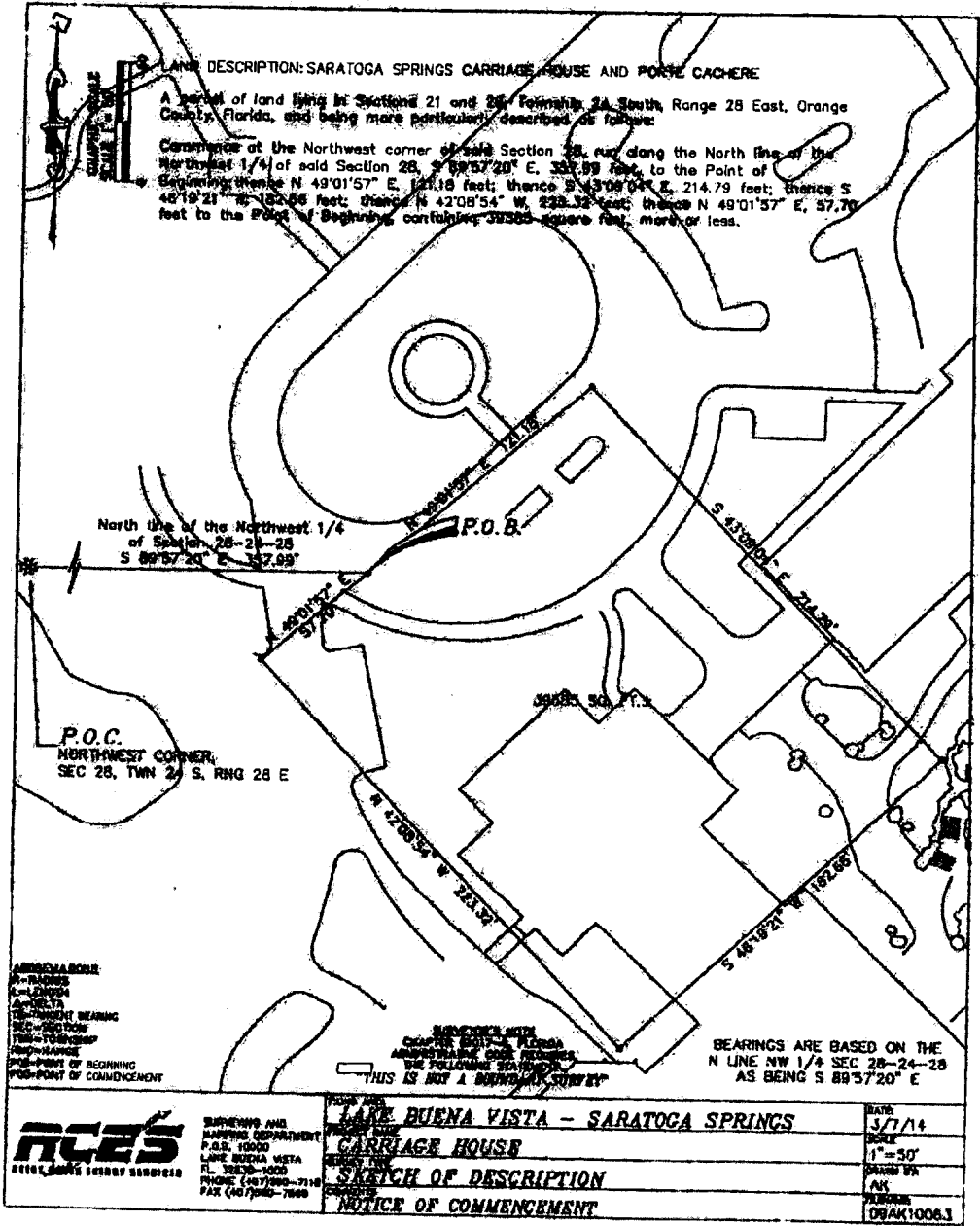
Walt Disney World Resort  
(name of party on behalf of whom instrument was executed)

  
Notary Public State of Florida  
(Print, Type, or Stamp Commission Number and Expiration Date)  
My Commission EE 211485  
Expires 09/07/2016

Personally Known ☒ OR Produced ID  
Type of ID Produced \_\_\_\_\_

Verification pursuant to Section 92.525, Florida Statutes: Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

  
Signature of Natural Person Signing Above



Permit Number:  
Folio/Parcel Identification Number:  
Prepared by and Return to:  
Walt Disney World Resort - FAM  
Attn: Richard Goss  
P.O. Box 10000  
Lake Buena Vista, FL 32830-1000

Document Number: 20150081893  
Book Number: 10876  
Page Number: 4178

AMENDMENT TO  
NOTICE OF COMMENCEMENT

State of Florida, County of Orange  
The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- Description of property** (legal description of the property, and street address if available)  
See attached legal description
- General description of improvement**  
Paving
- Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney World Resort  
Address P.O. Box 10000, Lake Buena Vista, FL 32830  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name  
Address
- Contractor**  
Name PREFERRED MATERIAL Telephone Number 407-343-7445  
Address 2710 Michigan Ave, Kissimmee, FL 34744
- Surety** (if applicable, a copy of the payment bond is attached)  
Name Telephone Number  
Address Amount of Bond \$
- Lender**  
Name Telephone Number  
Address
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Richard Goss Telephone Number (407)828-2205  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)  
09/30/2015

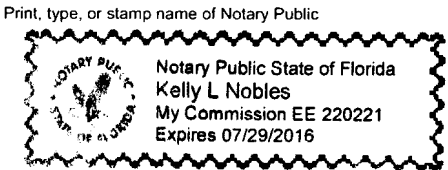
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

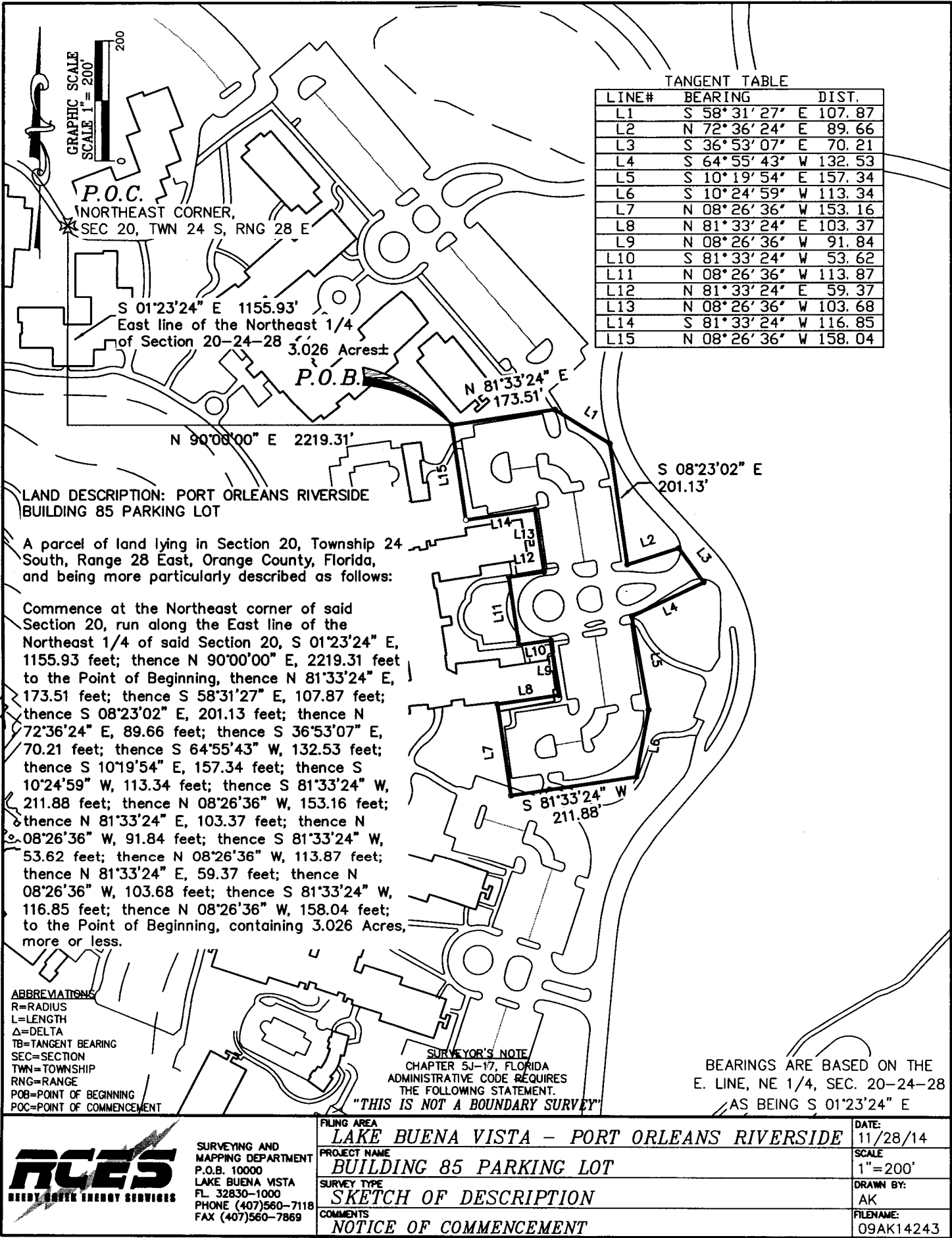
Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Richard Goss Richard Goss / PMA / FAM  
Lessee's Authorized Officer/Director/Partner/Manager Signatory's Printed Name/Title/Office  
The foregoing instrument was acknowledged before me this 17th day of May by Richard Goss  
month/year

as Authorized Signatory for Walt Disney World Resort  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

[Signature]  
Signature of Notary Public - State of Florida  
Personally Known X OR Produced ID  
Type of ID Produced







Prepared by/record and return to:  
Walt Disney World Resort  
Attn:  
P.O. Box 10000  
Lake Buena Vista, FL 32830-1000

Permit No. \_\_\_\_\_ Tax Folio No. \_\_\_\_\_

NOTICE OF COMMENCEMENT

State of Florida, County of

The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this notice of commencement.

1. Description of property: SEE ATTACHED
2. General description of improvements: Construction I
3. Owner Information:
  - (a) Name and address: Walt Disney World Resort, P.O. Box 10000, Lake Buena Vista, FL 32830
  - (b) Interest in property: Owner
  - (c) Name and address of fee simple titleholder (if other than Owner):
4. (a) Contractor (name and address): CEC General Contractors Inc  
PO Box 22621  
(b) Contractor's phone number: 407-938-0177
5. Surety:
  - (a) Name and address:
  - (b) Phone number:
  - (c) Amount of Bond:
6. (a) Lender (name and address):  
(b) Lender's phone number:
7. (a) Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1)(a)7., Florida Statutes: (name and address):  
Dave Ellis, Sourcing & Procurement Administration, P.O. Box 10000, Lake Buena Vista, Florida 32830-1000  
(b) Phone numbers of designated persons: (407) 828-3582
8. (a) In addition to himself or herself, Owner designates Tony Perry of WDW to receive a copy of the Lienor's Notice as provided in Section 713.13 (1)(b), Florida Statutes. David  
(b) Phone number of person or entity designated by owner: 407-934-1235
9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): 5/3/16

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

x [Signature]  
Signature of Owner  
(or Owner's Authorized officer/Director/Partner/Manager)

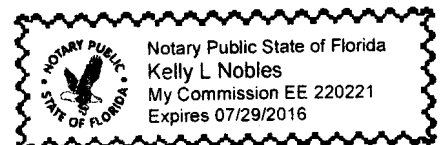
x [Signature]  
Signatory's Printed Name/Title/Office  
Walt Disney World Resort  
(name of party on behalf of whom instrument was executed)

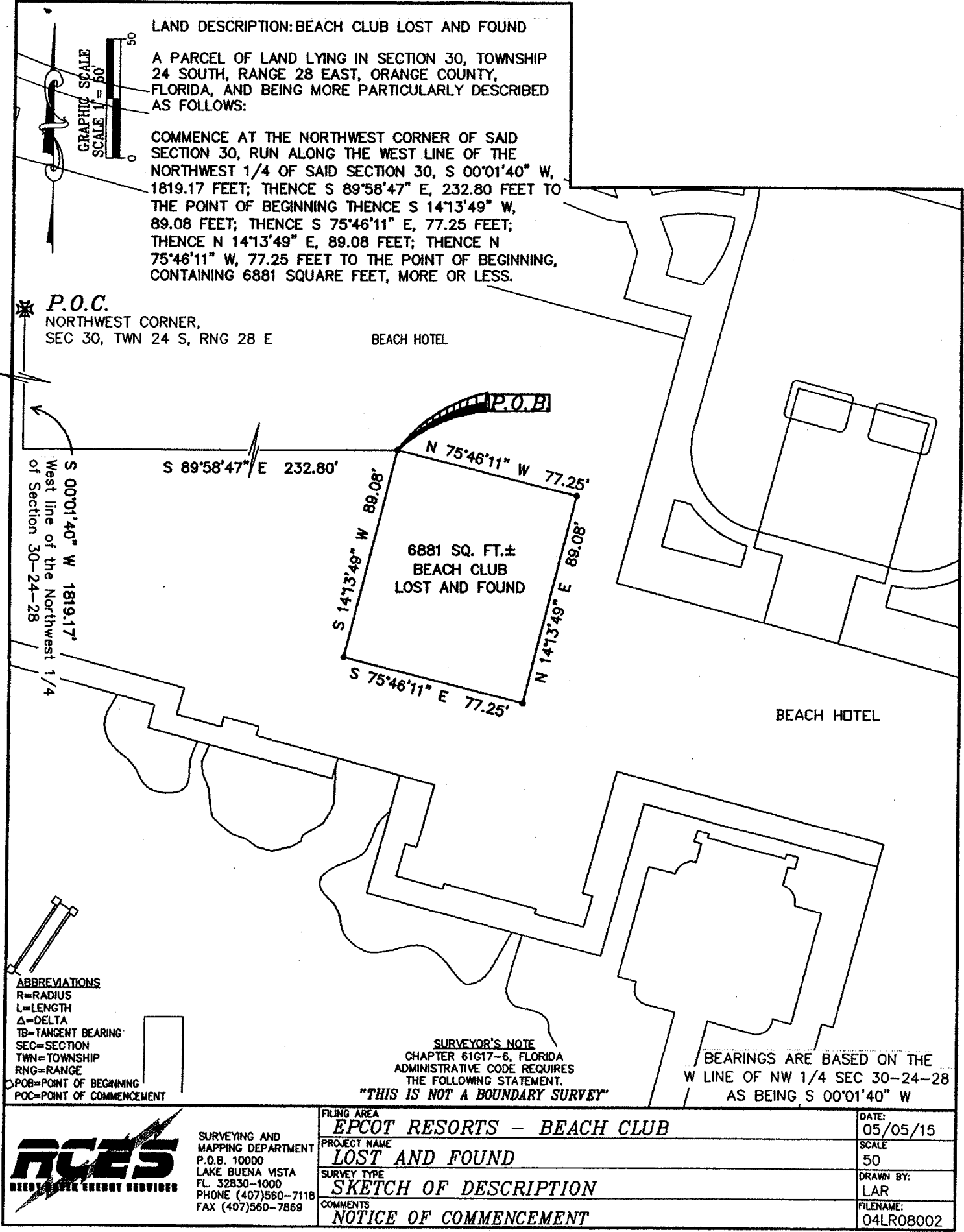
x The foregoing instrument was acknowledged before me this 4 day of MAY, 2015, by Tony Perry, as  
Authorized Signatory  
(Type of authority, e.g., officer, trustee, attorney-in-fact)  
[Signature]  
Signature of Notary Public - State of Florida  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known X OR Produced ID  
Type of ID Produced \_\_\_\_\_

Verification pursuant to Section 92.525, Florida Statutes: Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

[Signature] Signature of Natural Person Signing Above





Permit Number:  
Folio/Parcel Identification Number:  
Prepared by and Return to:  
Walt Disney World Resort - FAM  
Attn: Amy Bates  
P.O. Box 10000  
Lake Buena Vista, FL 32830-1000

DOCH 20150232718 B: 10915 P: 9243  
05/07/2015 12:58:54 PM Page 1 of 2  
Rec Fee: \$18.50  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: WALT DISNEY WORLD CO FACI



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- Description of property** (legal description of the property, and street address if available)  
See attached legal description
- General description of improvement**  
General Construction
- Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney World Resort  
Address P.O. Box 10000, Lake Buena Vista, FL 32830  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
- Contractor**  
Name WW Gay Mechanical Contractor Inc Telephone Number (407) 841-4670  
Address 3220 West 39th Street, Orlando, FL 32839
- Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
- Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Amy Bates Telephone Number (407) 560-6089  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)  
01/01/2016

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Cmyr Bath Amy Bates / Assoc Project Mgr / FAM  
Signature of Owner or Lessee, or Owner's or Signatory's Printed Name/Title/Office  
Lessee's Authorized Officer/Director/Partner/Manager

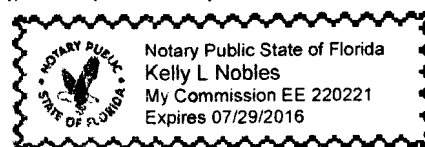
The foregoing instrument was acknowledged before me this 7th day of May, 2015, by Amy Bates  
month/year

as Authorized Signatory for Walt Disney World Resort  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

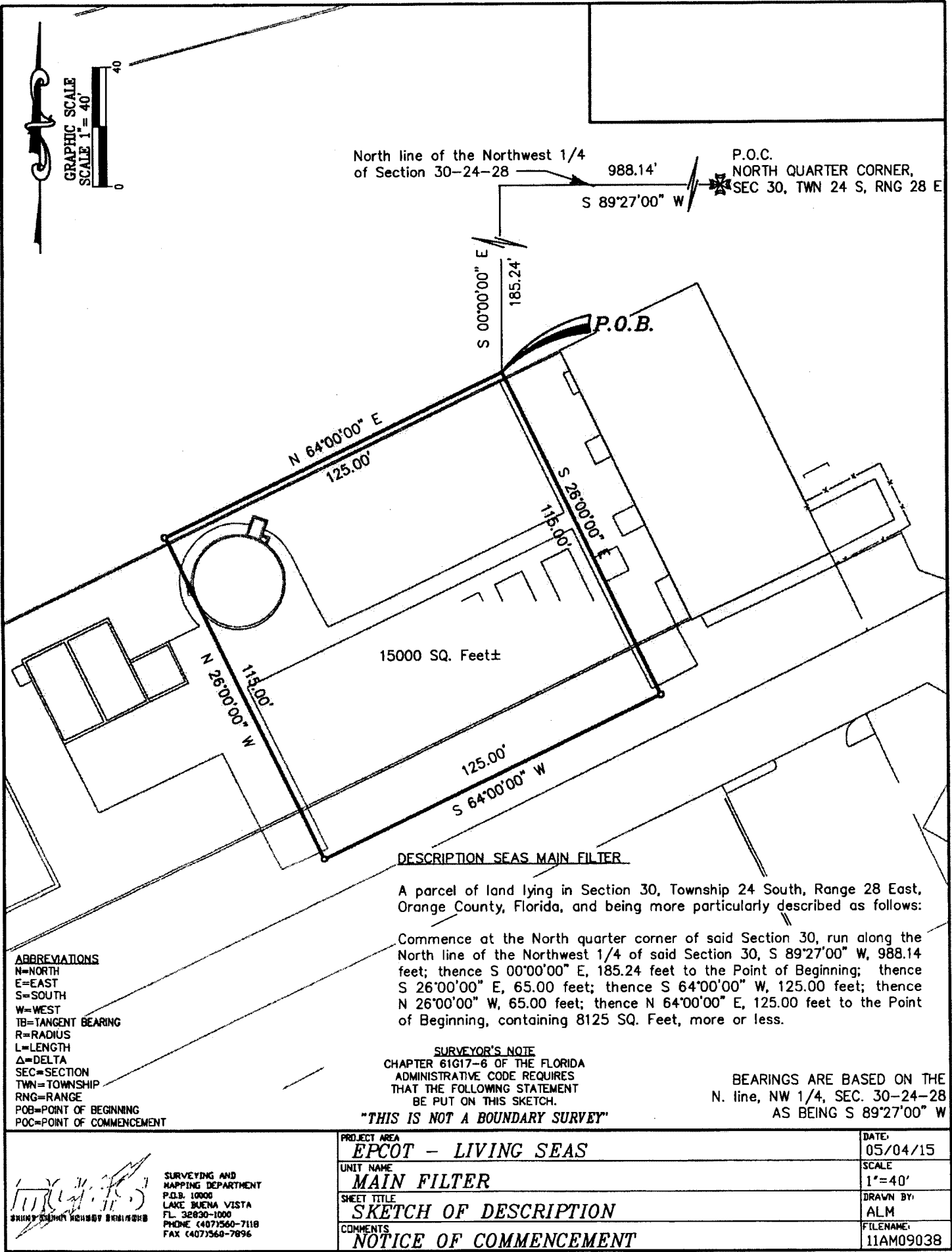
[Signature] \_\_\_\_\_  
Signature of Notary Public - State of Florida Print, type, or stamp name of Notary Public

Personally Known X OR Produced ID \_\_\_\_\_

Type of ID Produced \_\_\_\_\_







Permit Number:  
Folio/Parcel Identification Number:  
Prepared by and Return to:  
Walt Disney World Resort - FAM  
Attn: Tim Keith  
P.O. Box 10000  
Lake Buena Vista, FL 32830-1000

DOCH 20150232719 B: 10915 P: 9245  
05/07/2015 12:58:54 PM Page 1 of 2  
Rec Fee: \$18.50  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: WALT DISNEY WORLD CO FACI



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- Description of property** (legal description of the property, and street address if available)  
Land - see description
- General description of improvement**  
Repair Work
- Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney World Resort  
Address P.O. Box 10,000 Lake Buena Vista, FL 32830  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
- Contractor**  
Name Smith, Broomfield & Howard Construct Telephone Number 352-343-1390  
Address 321 West Alfred Street, Tavares, FL 32778
- Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
- Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Tim Keith Telephone Number (407)560-4168  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)  
09/30/2015

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Timothy Keith  
Signature of Owner or Lessee, or Owner's or  
Lessee's Authorized Officer/Director/Partner/Manager

TIMOTHY KEITH / PROJECT MANAGER / FACILITY ASSET MANAGEMENT  
Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 6<sup>th</sup> day of May, by Kyle Root  
month/year

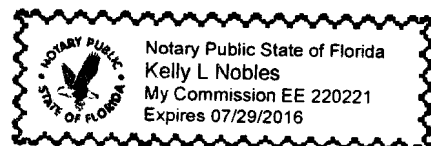
as \_\_\_\_\_ Authorized Signatory \_\_\_\_\_  
Type of authority, e.g., officer, trustee, attorney in fact

for Walt Disney World Resort  
Name of party on behalf of whom instrument was executed

[Signature]  
Signature of Notary Public - State of Florida

Print, type, or stamp name of Notary Public

Personally Known X OR Produced ID \_\_\_\_\_  
Type of ID Produced \_\_\_\_\_



CURVE TABLE				
CURVE	RADIUS	DELTA	LENGTH	TANG. BRG.
C1	64.69'	126° 24' 01"	142.72'	61° 51' 52"

934.94'  
S 89°58'01" W  
P.O.C.  
NORTH QUARTER CORNER,  
SEC 30, TWN 24 S, RNG 28 E



Commence at the North Quarter corner of said Section 30, run along the North line of the Northwest 1/4 of said Section 30, S 89°58'01" W, 934.94 feet; thence S 00°00'00" E, 734.50 feet to the Point of Beginning; thence S 00°00'00" E, 79.38 feet; thence N 90°00'00" E, 32.40 feet; thence S 23°18'47" E, 101.21 feet; thence N 70°50'47" E, 35.09 feet; thence S 00°00'00" E, 99.93 feet; thence N 70°59'13" W, 35.13 feet; thence S 22°23'02" W, 105.46 feet; thence N 71°46'12" W, 12.77 feet; thence S 45°02'44" W, 189.39 feet; thence N 90°00'00" W, 351.82 feet; thence N 00°00'00" E, 106.63 feet; thence N 90°00'00" E, 15.22 feet; thence N 00°00'00" E, 129.98 feet, to a point on a non-tangent curve, concave Easterly having a radius of 64.69 feet, and a central angle of 126°24'01", thence from a tangent bearing of N 61°51'52" W run Northerly along the arc of said curve, 142.72 feet; thence N 00°00'00" E, 151.06 feet; thence N 89°50'05" E, 164.30 feet; thence S 00°00'00" E, 104.52 feet; thence N 90°00'00" E, 85.84 feet; thence N 00°00'00" E, 77.55 feet; thence S 90°00'00" E, 197.68 feet, to the Point of Beginning, containing 5.249 Acres, more or less.

CHAPTER 61G17-6 OF THE FLORIDA  
ADMINISTRATIVE CODE REQUIRES  
THAT THE FOLLOWING STATEMENT  
BE PUT ON THIS SKETCH.

BEARINGS ARE BASED ON  
THE N. LINE OF SEC. 30  
AS BEING S 89°58'01" W

N=NORTH  
E=EAST  
S=SOUTH  
W=WEST  
TB=TANGENT BEARING  
R=RADIUS  
L=LENGTH  
Δ=DELTA  
SEC=SECTION  
TWN=TOWNSHIP  
RNG=RANGE  
POB=POINT OF BEGINNING  
POC=POINT OF COMMENCEMENT



PROJECT AREA	EPCOT CENTER / FUTURE WORLD
UNIT NAME	LAND PAVILLION
SHEET TITLE	NOTICE OF COMMENCEMENT
COMMENTS	

DATE:	2/11/97
SCALE	1"=150'
DRAWN BY:	MJP
FILENAME:	11MP9709

Permit Number:  
Folio/Parcel Identification Number:  
Prepared by and Return to:  
Walt Disney World Resort - FAM  
Attn: Tim Keith  
P.O. Box 10000  
Lake Buena Vista, FL 32830-1000

DOCH 20150232720 B: 10915 P: 9247  
05/07/2015 12:58:54 PM Page 1 of 2  
Rec Fee: \$18.50  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: WALT DISNEY WORLD CO FACI



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- Description of property** (legal description of the property, and street address if available)  
EC China - see description
- General description of improvement**  
General Construction
- Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney World Resort  
Address P.O. Box 10,000 Lake Buena Vista, FL 32830  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
- Contractor**  
Name Smith, Broomfield & Howard Construct Telephone Number 352-343-1390  
Address 321 West Alfred Street, Tavares, FL 32778
- Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
- Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Tim Keith Telephone Number (407)560-4168  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)  
09/30/2015

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

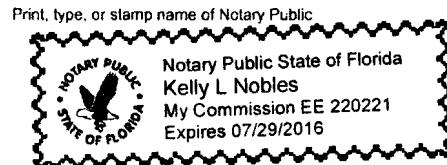
Timothy Keith Signature of Owner or Lessee, or Owner's or  
Lessee's Authorized Officer/Director/Partner/Manager  
Timothy Keith Signatory's Printed Name/Title/Office  
Project Manager / FACILITY ASSET MANAGEMENT

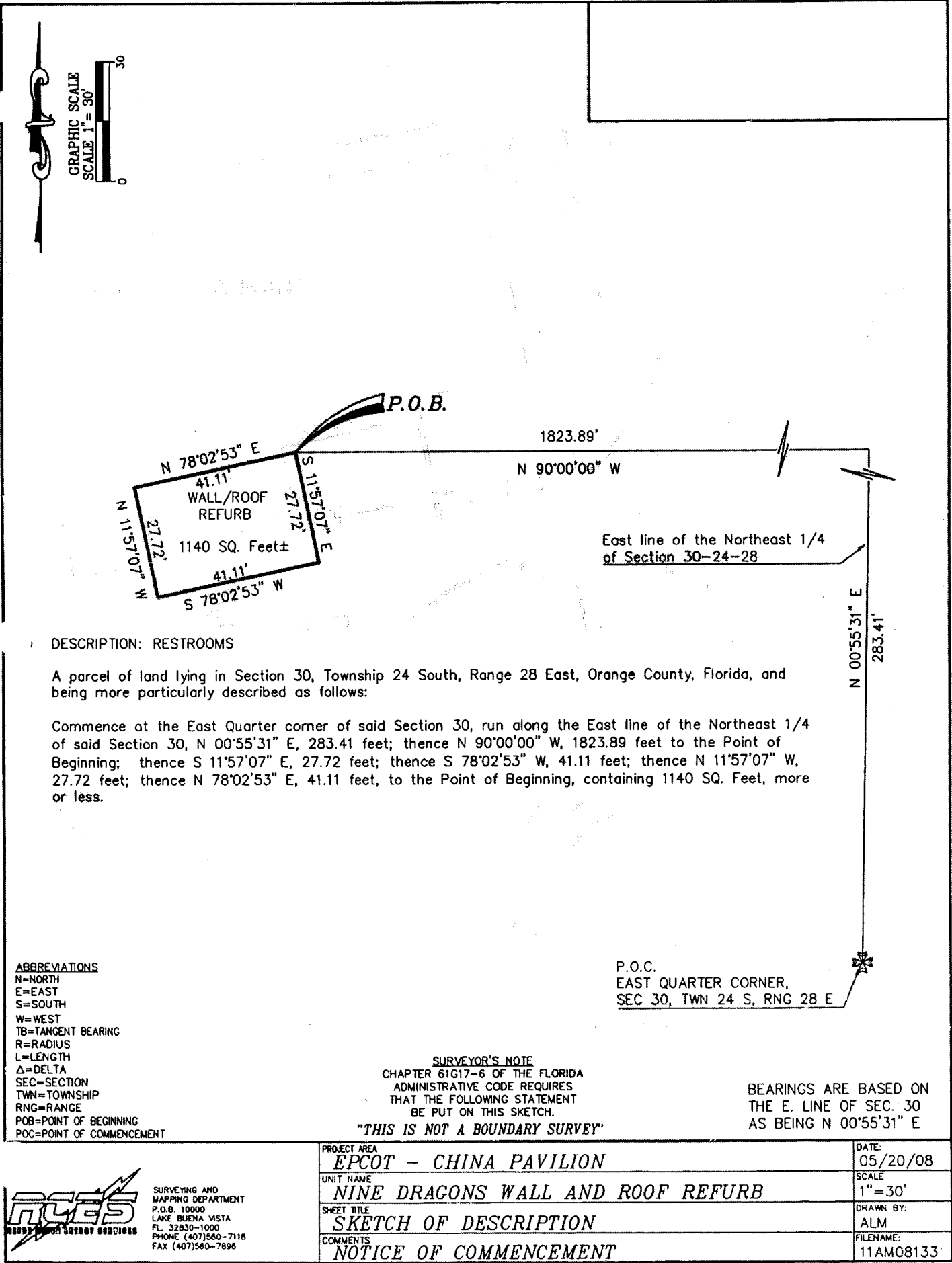
The foregoing instrument was acknowledged before me this 6<sup>th</sup> day of May, by Kyle Reest  
month/year

as \_\_\_\_\_ Authorized Signatory \_\_\_\_\_ for \_\_\_\_\_ Walt Disney World Resort  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

[Signature]  
Signature of Notary Public - State of Florida

Personally Known X OR Produced ID \_\_\_\_\_  
Type of ID Produced \_\_\_\_\_





Permit Number:  
Folio/Parcel Identification Number:  
Prepared by and Return to:  
Walt Disney World Resort - FAM  
Attn: Tim Keith  
P.O. Box 10000  
Lake Buena Vista, FL 32830-1000

DOC# 20150232721 B: 10915 P: 9249  
05/07/2015 12:58:54 PM Page 1 of 2  
Rec Fee: \$18.50  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: WALT DISNEY WORLD CO FACI



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- Description of property** (legal description of the property, and street address if available)  
Land - see description
- General description of improvement**  
HVAC
- Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney World Resort  
Address P.O. Box 10,000 Lake Buena Vista, FL 32830  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
- Contractor**  
Name Lo Temp Engineering Telephone Number (407) 654-4055  
Address 1001 Crown Park Circle, Winter Garden, FL 32787
- Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
- Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- In addition to himself or herself, Owner designates the following to receive a copy of the Llenor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Tim Keith Telephone Number (407)560-4168  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)  
09/30/2015

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

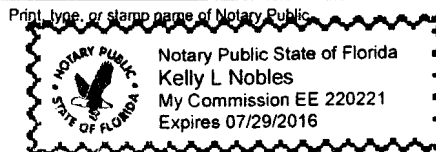
Timothy Keith Timothy Keith Project Manager / Facility Asset Management  
Signature of Owner or Lessee, or Owner's or Signatory's Printed Name/Title/Office  
Lessee's Authorized Officer/Director/Partner/Manager

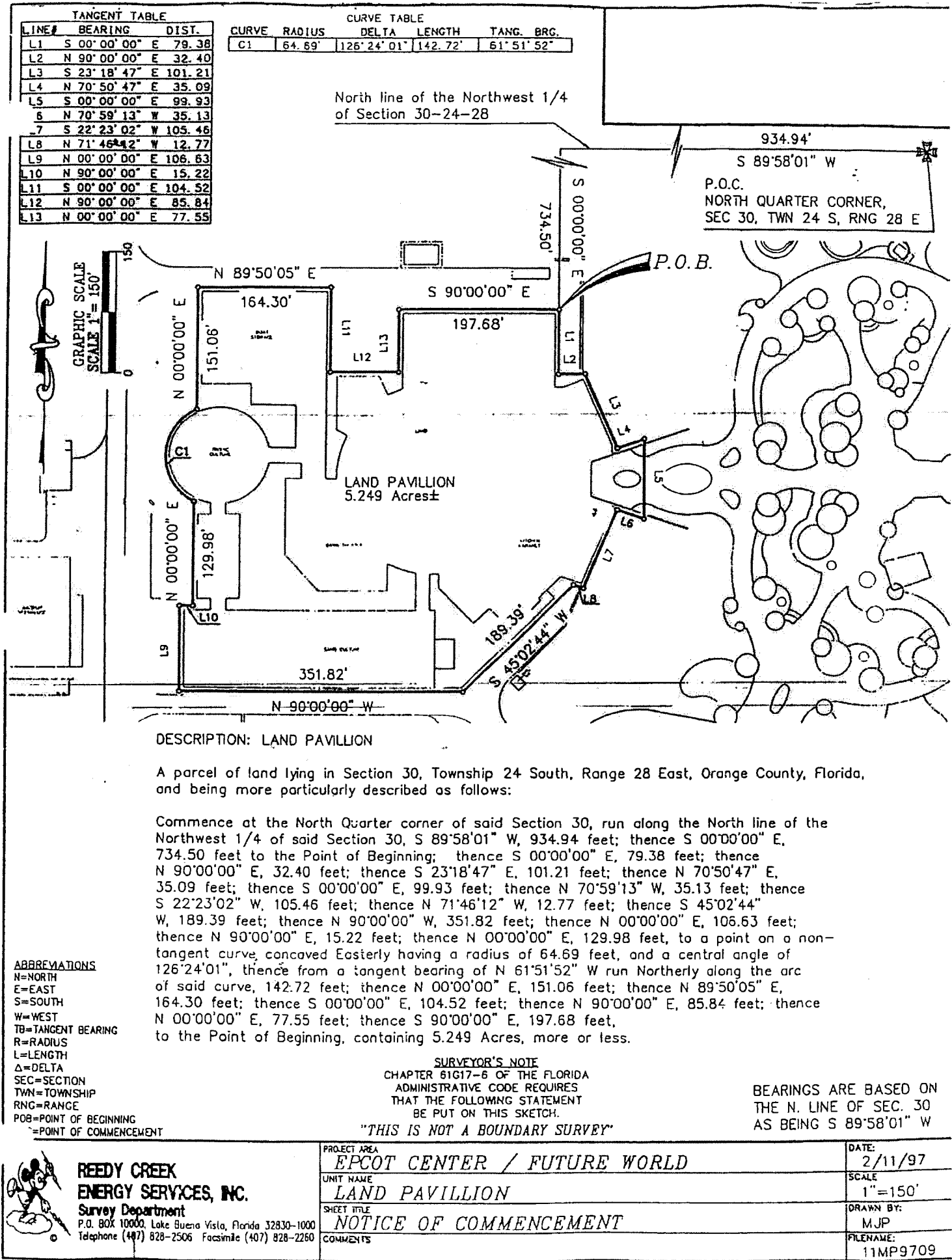
The foregoing instrument was acknowledged before me this 6<sup>th</sup> day of May, by Kyle Root  
month/year

as \_\_\_\_\_ Authorized Signatory for \_\_\_\_\_ Walt Disney World Resort  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

[Signature]  
Signature of Notary Public - State of Florida

Personally Known X OR Produced ID \_\_\_\_\_  
Type of ID Produced \_\_\_\_\_





Permit Number:  
Folio/Parcel Identification Number:  
Prepared by and Return to:  
Walt Disney World Resort - FAM  
Attn: Sterling Langley  
P.O. Box 10000  
Lake Buena Vista, FL 32830-1000

DOCH 20150232722 B: 10915 P: 9251  
05/07/2015 12:58:54 PM Page 1 of 2  
Rec Fee: \$18.50  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: WALT DISNEY WORLD CO FACI



NOTICE OF COMMENCEMENT


State of Florida, County of Orange


The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- Description of property** (legal description of the property, and street address if available)  
See Attached Legal Description
- General description of improvement**  
Painting
- Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney World Resort  
Address P.O. Box 10000, Lake Buena Vista, FL 32830  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name  
Address
- Contractor**  
Name MLC THEMING INC Telephone Number 407-812-6616  
Address 2700 Bonnet Creek Road, Lake Buena Vista, FL 32830
- Surety** (if applicable, a copy of the payment bond is attached)  
Name Telephone Number  
Address Amount of Bond \$
- Lender**  
Name Telephone Number  
Address
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Sterling Langley Telephone Number  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

  
Signature of Owner or Lessee, or Owner's or  
Lessee's Authorized Officer/Director/Partner/Manager

  
Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 7th day of May, 2015, by Brad Lunte  
month/year

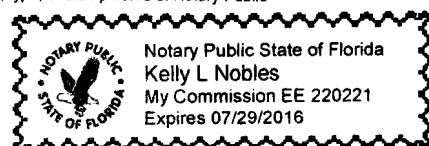
as Authorized Signatory for Walt Disney World Resort  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

  
Signature of Notary Public - State of Florida

Print, type, or stamp name of Notary Public

Personally Known X OR Produced ID

Type of ID Produced

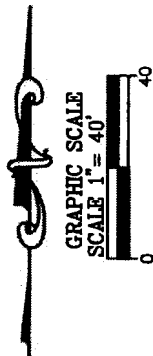




LAND DESCRIPTION: TRICERATOP SPIN

A parcel of land lying in Section 35, Township 24 South, Range 27 East, Orange County, Florida, and being more particularly described as follows:

Commence at the Northwest corner of said Section 35, run along the North line of the Northwest 1/4 of said Section 35, N 89°44'37" E, 812.98 feet; thence S 00°00'00" E, 1860.29 feet to the Point of Beginning; thence S 79°09'53" E, 29.70 feet; thence S 10°09'01" W, 29.93 feet to a point on a non-tangent curve concave Westerly having a radius of 53.39 feet, and a central angle of 93°32'56"; thence from a tangent bearing of S 63°42'01" E run Southerly along the arc of said curve, 87.18 feet; thence S 02°46'17" E, 19.25 feet; thence N 76°23'48" W, 30.33 feet; thence S 80°40'10" W, 22.96 feet to a point on a non-tangent curve concave Easterly having a radius of 48.19 feet, and a central angle of 167°51'20"; thence from a tangent bearing of N 84°29'04" W run Northerly along the arc of said curve, 141.19 feet; thence N 10°44'02" E, 29.99 feet to the Point of Beginning, containing 8816 square feet, more or less.



TANGENT TABLE		
LINE#	BEARING	DIST.
L1	S 79°09'53" E	29.70
L2	S 10°09'01" W	29.93
L3	S 02°46'17" E	19.25
L4	N 76°23'48" W	30.33
L5	S 80°40'10" W	22.96
L6	N 10°44'02" E	29.99

CURVE TABLE				
CURVE	RADIUS	DELTA	LENGTH	TANG. BRG.
C1	53.39	93°32'56"	87.18	S 63°42'01" E
C2	48.19	167°51'20"	141.19	N 84°29'04" W

ABBREVIATIONS  
R=RADIUS  
L=LENGTH  
Δ=DELTA  
TB=TANGENT BEARING  
SEC=SECTION  
TWN=TOWNSHIP  
RNG=RANGE  
POB=POINT OF BEGINNING  
POC=POINT OF COMMENCEMENT

SURVEYOR'S NOTE  
CHAPTER 61G17-6 OF THE FLORIDA  
ADMINISTRATIVE CODE REQUIRES  
THAT THE FOLLOWING STATEMENT  
BE PUT ON THIS SKETCH.

"THIS IS NOT A BOUNDARY SURVEY"

BEARINGS ARE BASED ON THE  
N. line, NW 1/4, SEC. 35-24-27  
AS BEING N 89°44'37" E



SURVEYING AND  
MAPPING DEPARTMENT  
P.O.B. 10000  
LAKE BUENA VISTA  
FL 32830-1000  
PHONE (407)560-7118  
FAX (407)560-7898

PROJECT AREA	ANIMAL KINGDOM - DINOLAND	DATE:	05/06/15
UNIT NAME	TRICERATOP SPIN	SCALE	1" = 40'
SHEET TITLE	SKETCH OF DESCRIPTION	DRAWN BY:	MF
COMMENTS	NOTICE OF COMMENCEMENT	FILENAME:	15mf03135

Permit Number:  
Folio/Parcel Identification Number:  
Prepared by and Return to:  
Walt Disney World Resort - FAM  
Attn: Tim Keith  
P.O. Box 10000  
Lake Buena Vista, FL 32830-1000

DOCH 20150232723 B: 10915 P: 9253  
05/07/2015 12:58:54 PM Page 1 of 2  
Rec Fee: \$18.50  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: WALT DISNEY WORLD CO FACI



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- Description of property** (legal description of the property, and street address if available)  
Epcot - see description
- General description of improvement**  
Demolition
- Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney World Resort  
Address PO Box 10,000 Lake Buena Vista, FL 32830  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name \_\_\_\_\_  
Address \_\_\_\_\_
- Contractor**  
Name Southeast Abatement Services Inc Telephone Number 727-530-3038  
Address 14584 66th Street N, Clearwater, FL 33764
- Surety** (if applicable, a copy of the payment bond is attached)  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_
- Lender**  
Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Tim Keith Telephone Number (407) 560-4168  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)  
09/30/2015

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

Timothy Keith  
Signature of Owner or Lessee, or Owner's or  
Lessee's Authorized Officer/Director/Partner/Manager

TIMOTHY KEITH / PROJ. MANAGER  
Signatory's Printed Name/Title/Office

FACILITY  
ASSET  
MANAGEMENT

The foregoing instrument was acknowledged before me this 5<sup>th</sup> day of MAY, by Kyle Root  
month/year

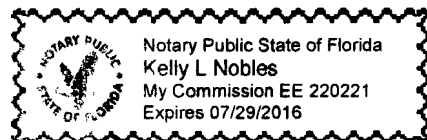
as \_\_\_\_\_ Authorized Signatory \_\_\_\_\_ for \_\_\_\_\_ Walt Disney World Resort  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

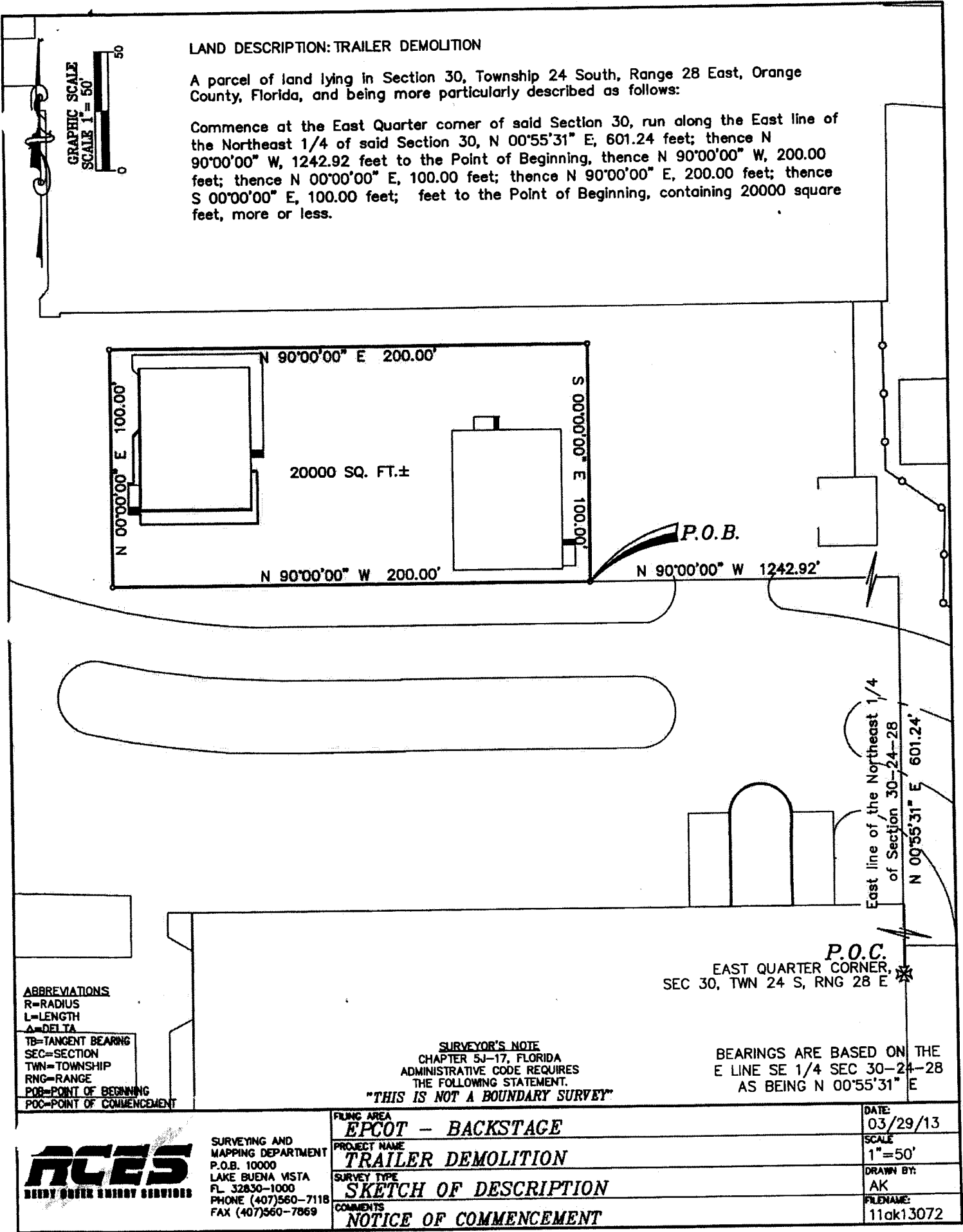
[Signature]  
Signature of Notary Public - State of Florida

Print, type, or stamp name of Notary Public

Personally Known X OR Produced ID \_\_\_\_\_

Type of ID Produced \_\_\_\_\_





Permit Number:  
Folio/Parcel Identification Number:  
Prepared by and Return to:  
Walt Disney World Resort - FAM  
Attn: Richard Goss  
P.O. Box 10000  
Lake Buena Vista, FL 32830-1000

Document Number: 20150081813  
Book Number: 10876  
Page Number: 4178

AMENDMENT TO  
NOTICE OF COMMENCEMENT

State of Florida, County of Orange  
The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- Description of property** (legal description of the property, and street address if available)  
See attached legal description
- General description of improvement**  
Paving
- Owner information or Lessee information if the Lessee contracted for the improvement**  
Name Walt Disney World Resort  
Address P.O. Box 10000, Lake Buena Vista, FL 32830  
Interest in Property Owner  
Name and address of fee simple titleholder (if different from Owner listed above)  
Name  
Address
- Contractor**  
Name PREFERRED MATERIAL Telephone Number 407-343-7445  
Address 2710 Michigan Ave, Kissimmee, FL 34744
- Surety** (if applicable, a copy of the payment bond is attached)  
Name Telephone Number  
Address Amount of Bond \$
- Lender**  
Name Telephone Number  
Address
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Judy Wells, Facility Asset Management (FAM) Telephone Number (407) 939-4631  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided by Section 713.13(1)(b), Florida Statutes.**  
Name Richard Goss Telephone Number (407)828-2205  
Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000
- Expiration date of notice of commencement** (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified)  
09/30/2015

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief.

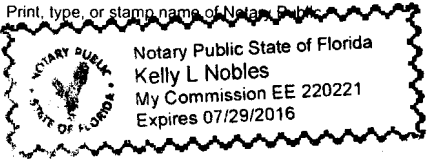
Richard Goss Richard Goss / BMA / FAM  
Signature of Owner or Lessee, or Owner's or Signatory's Printed Name/Title/Office  
Lessee's Authorized Officer/Director/Partner/Manager

The foregoing instrument was acknowledged before me this 7th day of May, 2015, by Richard Goss  
month/year

as Authorized Signatory for Walt Disney World Resort  
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

[Signature]  
Signature of Notary Public - State of Florida

Personally Known X OR Produced ID  
Type of ID Produced



DOCH 20150232724 B: 10915 P: 9255  
05/07/2015 12:58:54 PM Page 1 of 2  
Rec Fee: \$18.50  
Martha O. Haynie, Comptroller  
Orange County, FL  
MB - Ret To: WALT DISNEY WORLD CO FACI

