



CITY OF LAKE CITY NOTICE LAND USE ACTION

A PUBLIC HEARING IS SCHEDULED TO CONSIDER A REQUEST FOR:

SPR24.05, a petition by Randall Olney, P.E., as agent, to request a Site Plan Review approval be granted as provided for in Section 4.13 of the Land Development Regulations, to get approval on site plan for Dollar General for a property located in the Commercial Intensive zoning district, in accordance with the submittal of the petition dated March 21, 2024, to be located on parcels 08127-005

WHEN:

May 14, 2024

5:30 p.m.

WHERE:

City Council Meeting Room, Second Floor, City Hall, located at 205 North Marion Avenue,

Lake City, Florida.

Members of the public may also view the meeting on our YouTube channel at:

https://www.youtube.com/c/CityofLakeCity.

Copies of the site plan review application are available for public inspection by contacting the Office of Growth Management at growthmanagement@lcfla.com or by calling 386.719.5820.

At the aforementioned public hearing, all interested parties may be heard with respect to the Certificate of Appropriateness.

FOR MORE INFORMATION CONTACT ROBERT ANGELO PLANNING & ZONING TECHNICIAN AT 386.719.5820

NOTICE OF PUBLIC MEETING CITY OF LAKE CITY PLANNING AND ZONING BOARD

THIS SERVES AS PUBLIC NOTICE the Planning and Zoning Board will hold a meeting on Tuesday, May 14, 2024 at 5:30 PM or as soon after.

Agenda items-

- SPR 24-05, Petition submitted by Randall Olney, P.E., (agent) for Concept Companies, (owner), for a Site Plan Review for Dollar General, in a Commercial Intensive zoning district, and located on parcel 08127-005, which is regulated by the Land Development Regulations Section 4.13.
- LDR 24-04, Text amendment to the Land Development Regulations Sections 2.1, 4.2, 4.4, 4.5 and 4.6, to
 add definitions and add provisions for ADU's, Accessory Dwelling Units, and Tiny Homes for the City of
 Lake City.

Meeting Location: City Council Chambers located on the 2nd Floor of City Hall at 205 North Marion Avenue, Lake City, FL 32055.

Members of the public may also view the meeting on our YouTube channel at: https://www.youtube.com/c/CityofLakeCity

Pursuant to 286.0105, Florida Statutes, the City hereby advises the public if a person decides to appeal any decision made by the City with respect to any matter considered at its meetings or hearings, he or she will need a record of the proceedings, and that, for such purpose, he or she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

SPECIAL REQUIREMENTS: Pursuant to 286.26, Florida Statutes, persons needing special accommodations to participate in this meeting should contact the City Manager's Office at (386) 719-5768.

Robert Angelo Planning and Zoning Tech



NOTICE OF PUBLIC MEETING CITY OF LAKE CITY PLANNING AND ZONING BOARD

THIS SERVES AS PUBLIC NOTICE the Planning and Zoning Board will hold a meeting on Tuesday, May 14, 2024 at 5:30 PM or as soon after.

Agenda items-

- 1. **SPR 24-05,** Petition submitted by Randall Olney, P.E., (agent) for Concept Companies, (owner), for a Site Plan Review for Dollar General, in a Commercial Intensive zoning district, and located on parcel 08127-005, which is regulated by the Land Development Regulations Section 4.13.
- 2. LDR 24-04, Text amendment to the Land Development Regulations Sections 2.1, 4.2, 4.4, 4.5 and 4.6, to add definitions and add provisions for ADU's, Accessory Dwelling Units, and Tiny Homes for the City of Lake City.

Meeting Location: City Council Chambers located on the 2nd Floor of City Hall at 205 North Marion Avenue, Lake City, FL 32055.

Members of the public may also view the meeting on our YouTube channel at: https://www.youtube.com/c/CityofLakeCity

Pursuant to 286.0105, Florida Statutes, the City hereby advises the public if a person decides to appeal any decision made by the City with respect to any matter considered at its meetings or hearings, he or she will need a record of the proceedings, and that, for such purpose, he or she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

SPECIAL REQUIREMENTS: Pursuant to 286.26, Florida Statutes, persons needing special accommodations to participate in this meeting should contact the City Manager's Office at (386) 719-5768.

Robert Angelo Planning and Zoning Tech.

Angelo, Robert

From: LCR-Classifieds <classifieds@lakecityreporter.com>

Sent: Monday, April 29, 2024 11:20 AM

To: Angelo, Robert

Subject: 73990 73992 73991 RE: Non-Legal Ad for P&Z, BOA, and HPA for 05-14-2024

Attachments: 73991.pdf; 73992.pdf; 73990.pdf

Robert, all are scheduled to publish on May 2. Approval due by tomorrow please

P&Z: 3 col x 5.5 \$272.25 Historic: 3 col x 4.5 \$222.75

BOA: 3 col x 4 \$198

Thank you much,

Kymberlee Harrison 386-754-0401

Support your local news source while reaching our community of loyal subscribers

Serving:

COLUMBIA • SUWANNEE • HAMILTON • LAFAYETTE

1086 SW Main Blvd. Ste 103, Lake City, FL 32055

PH 386-754-0401

Why Local Newsprint Advertising?

1 Newspaper readers are ENGAGED

2 Newspapers are viewed as TRUSTWORTHY

From: Angelo, Robert <AngeloR@lcfla.com> Sent: Monday, April 29, 2024 8:57 AM

To: LCR-Classifieds <classifieds@lakecityreporter.com>

Subject: Non-Legal Ad for P&Z, BOA, and HPA for 05-14-2024

Kym

Please publish this ad in the body of the paper as a display ad in the May 2, 2024 paper.

Thank You Robert Angelo City of Lake City Growth Management growthmanagement@lcfla.com

386-719-5820



PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from City officials regarding City business are public records available to the public and media upon request. Your email communications may be subject to public disclosure.

NOTICE OF PUBLIC MEETING CITY OF LAKE CITY PLANNING AND ZONING BOARD

THIS SERVES AS PUBLIC NOTICE the Planning and Zoning Board will hold a meeting on Tuesday, May 14, 2024 at 5:30 PM or as soon after.

Agenda items-

- 1. **SPR 24-05**, Petition submitted by Randall Olney, P.E., (agent) for Concept Companies, (owner), for a Site Plan Review for Dollar General, in a Commercial Intensive zoning district, and located on parcel 08127-005, which is regulated by the Land Development Regulations Section 4.13.
- 2. LDR 24-04, Text amendment to the Land Development Regulations Sections 2.1, 4.2, 4.4, 4.5 and 4.6, to add definitions and add provisions for ADU's, Accessory Dwelling Units, and Tiny Homes for the City of Lake City.

Meeting Location: City Council Chambers located on the 2nd Floor of City Hall at 205 North Marion Avenue, Lake City, FL 32055.

Members of the public may also view the meeting on our YouTube channel at: https://www.youtube.com/c/CityofLakeCity

Pursuant to 286.0105, Florida Statutes, the City hereby advises the public if a person decides to appeal any decision made by the City with respect to any matter considered at its meetings or hearings, he or she will need a record of the proceedings, and that, for such purpose, he or she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

SPECIAL REQUIREMENTS: Pursuant to 286.26, Florida Statutes, persons needing special accommodations to participate in this meeting should contact the City Manager's Office at (386) 719-5768.

Robert Angelo
Planning and Zoning Tech.



April 22, 2024

To Whom it May Concern

On May 14, 2024 the Planning and Zoning Board will be having a meeting at 5:30pm at 205 N. Marion. At this meeting we will be hearing a petition submitted by Randall Olaney, PE, as agent, for Concept Companies, owner, for a site plan review, SPR24-05, for parcel 08127-005, The site plan is to build a retail store-Dollar General located within the Commercial Intensive (CI) zoning district.

If you have any questions or concerns please call 386-752-2031 ext. 820 or email growthmanagement@lcfla.com.

Robert Angelo

Planning and Zoning Tech

City of Lake City

Columbia Co	unty Property Appraiser -	Sales Repo	ort		
Name	Address1	Address2	Address3	City	State ZIF
FRENVEY, INC	P O BOX 2095	*	LAKE CITY	FL	32056
ST JOHNS LLC	13820 W NEWBERRY RD STE 100	×	NEWBERRY	FL	32669
VANN SAMUEL P SR TRUST ETAL	131 W DUVAL STREET	15.	LAKE CITY	FL	32055
NFD DEVELOPERS LLC	P O BOX 2166	(4)	LAKE CITY	FL	32056
GARR KENNETH	229 SW MARVIN BURNETT RD	*	LAKE CITY	FL	32024
BAKER CHESTER	47 BURNT SWAMPP RD		EAST KINGSTON	NH	03827
JAA INVESTMENT PROPERTIES, LLC	312 SW PILOTS WAY	7	LAKE CITY	FL	32024
LAKE CITY CHURCH OF CHRIST INC	656 SW STATE RD 47		LAKE CITY	FL	32025
KAMPMEYER ERVIN L LIVING TRUST	681 SW ST RD 47		LAKE CITY	FL	32025
MARTIN CELIA S AS TRUSTEE	CELIA S MARTIN REV TRUST	973 SW STATE RD 47	LAKE CITY	FL	32025
HAYDEN DONALD B	733 SW SR 47	Till the state of	LAKE CITY	FL	32025
POLMERSKI LAVONNA B	423 NW CLUBVIEW CR	*	LAKE CITY	FL	32055
CANCER CENTERS OF NORTH FLORIDA LLC	PO BOX 80610	×	INDIANAPOLIS	IN	46280
CIVITAN REGIONAL BLOOD CENTER INC	D/B/A LIFESOUTH COMMUNITY BLOOD CENTERS, INC	4039 NEWBERRY RD	GAINESVILLE	FL	32607
LAKE CITY, COLUMBIA COUNTY CHAMBER OF COMMERCE, INC	875 SW SR 47	*	LAKE CITY	FL	32025

GIS Buffer



0 670 1340 2010 2680



FRENVEY, INC PO BOX:2095 LAKE CITY, FL 32056

11801 Research Dr Alachua, FL. 32615

13820 W NEWBERRY RD STE 100

NEWBERRY, FL 32669

ST JOHNS LLC

7022 אנב בפסס מפפב פפסק

ZIP 32615 02 7H 0001252164

APR 23 2024

US POSTAGE IMPITNEY BOWES

CERTIFIED IVIAIL

CHW



US POSTAGE MIPTINEY BOWES

ZIP 32615 02 7H 0001252164

APR 23 2024

9590 9402 8047 2349 1485 09 2. Addick Number (Transferfrom service label) 7022 3330 0001 1921 3117 PS Form 3811, July 2020 PSN 7530-02-000-8053	a Attach this card to the back of the maliphede, or on the front if space permits. 1. Article Addressed to: ST JOHNS LLC 13820 W NEWBERRY RD STE 100 NEWBERRY, FL 32669	SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you.	PS Form 3811, July 2020 PSN 7530-02-000-8053 3811 981 981 00 10 010 10 010 10 010 10 010 10 010 10	9590 9402 8047 2349 1485 30 9. Article Number Thensfor from service labell 7022 3330 0001 1921 3100	1. Article Addressed to: FRENVEY, INC PO BOX 2095 LAKE CITY, FL 32056	SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.
3. Service Type Adult Signature Restricted Delivery Certified Mail Restricted Delivery Cellect on Delivery Ce	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	COMPLETE THIS SECTION ON DELIVERY A. Signature D. Agent D. Addressee B. Received by (Printed Name) C. Date of Delivery	Domestio Return Accelpt	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Certified Mail Restricted Delivery Certified Mail Restricted Delivery Collect on Delivery Restricted Delivery Cover \$500)	D. Is delivery address different from item 1? ☐ Yes if YES, enter delivery address below: ☐ No	COMPLETE THIS SECTION ON DELIVERY A. Signature X A. Signature A. A. Signature A. Signature A. A



HINDER PRINCIPAL

7022.3330 0001 1921 3124



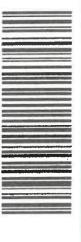
ZIP 32615 02 000 252164 US POSTAGE IMPITNEY BOWES APR 23 2024 008.690

VANN SAMUEL P SR TRUST ETAL LAKE CITY, FL 32055 131 W DUVAL STREET

CHW

11801 Research Dr Alachua, FL. 32615

CERTIFIED MAI



TETE TELL TOOD DEEE 2202

FIRST-CLASS



US POSTAGE MIPITNEY BOWES

\$ 008.690 APR 23 2024

NFD DEVELOPERS LLC LAKE CITY, FL 32056 PO BOX 2166

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

PS Form 3811, July 2020 PSN 7530-02-000-9053	2. Article Number Transfer from service labell 7022 3330 0001 1921 3331	9590 9402 8047 2349 1484 86	PO BOX 2166 LAKE CITY, FL 32056	NFD DEVELOPERS LLC	1. Article Addressed to:	Attach this card to the back of the malipiece, or on the front if space permits.	 Complete items 1, 2, and 3. Print your name and address on the reverse 	SENDER: COMPLETE THIS SECTION	
and the second	Collect on Delivery Hestricted Delivery Insured Mail Restricted Delivery (over \$500)	3. Service Type Adult Signature Adult Signature Restricted Delivery Goriffed Mail® Certified Mail Restricted Delivery Collect on Delivery		II Ino. etter denker å sociese below.	D. Is delivery address different from item 12	B. Received by (Printed Name)	A. Signature	COMPLETE THIS SECTION ON DELIVERY	
Domestic Return Receipt	y nestricted Detrety	00 000			m Item 1? Li Yes		☐ Agent ☐ Addressee	DELIVERY	

HAW TELEVISION

11801 Research Dr Alachua, FL. 32615 CHW



GARR KENNETH
299 SW MARVIN BURNETT RD LAKE CITY, FL 32024

FIRST-CLASS

US POSTAGE MAPITNEY BOWES

ZIP 32615 02 7H 0001252164

APR 23 2024

11801 Research Dr Alachua, FL. 32615 CHW

CERTIFIED MAIL



BAKER CHESTER 47 BURNT SWAMPP RD EAST KINGSTON, NH 03827

FIRST-CLASS



US POSTAGE IMPRINEY BOWES

\$ 008.690

APR 23 2024

	Restricted Delivery cted Delivery	3. Service Type Cadult Signature Restricted Delivery Cortified Mail® Cortified Mail® Cortified Mail Restricted Delivery Cocilect on Delivery	GARR KENNETH 299 SW MARVIN BURNETT RD LAKE CITY, FL 32024	1. Article Addressed to: D. is delivery address different from item 1?	Attach this card to the back of the mailplace, or on the front if space permits. B. Received by (Printed Name)		Complete Items 1, 2, and 3.	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND
Domestic Return Receipt	Restricted Delivery	Priority Mail Express® Registered Mail* Registered Mail Restricted Delivery Signature Confirmation* Signature Confirmation*	xelow:	Item 17 🗆 Yes	C. Date of Delivery	☐ Agent☐ Addressee		

ACE STICKER AT TOP OF ENVILOPE TO THE RIGHT IN THE BEYIND ADDRESS, ROLD AT DOTTED ONE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	LIVERY
Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you.	A. Signature	☐ Agent ☐ Addressee
Attach this card to the back of the maliplece, or on the front if space permits.	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. is delivery address different from Item 1? Yes	em 17 🗆 Yes
BAKER CHESTER 47 BURNT SWAMPP RD EAST KINGSTON, NH 03827	II IES, eiter Gentel & evoluese beide.	E
9590 9402 8047 2349 1484 62	3. Service Type Cladut Signature Actuit Signature Restricted Delivery Contified Mail Restricted Delivery Corlisct on Delivery	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted ☐ Polivery ☐ Signature Confirmation™ ☐ Signature Confirmation™
	divery	Restricted Delivery
וואס חבבר ככתל	D insured Mail Restricted Delivery	

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt





GERMIELEN MAIL

JAA INVESTMENT PROPERTIES, LLC 312 SW PILOTS WAY LAKE CITY, FL 32024

FIRST-CLASS



US POSTAGE MIPITNEY BOWES

ZIP 32615 02 7H 0001252164

APR 23 2024

CERTIFIED MAIL



11801 Research Dr Alachua, FL. 32615 **CHW**

656 SW STATE RD 47 LAKE CITY CHURCH OF CHRIST INC LAKE CITY, FL 32025

FIRST-CLASS

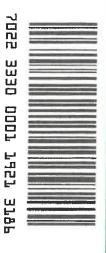


ZIP 32615 02 7H 0001252164

APR 23 2024 008.69°

Print voil name and address of the reverse	SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY	 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mallplece, or on the front if space permits. A. Signature X In Agent In Addressee B. Received by (Printed Name) C. Date of Delivery 	D. is delivery address different from item 1? If YES, enter delivery address below:	9590 9402 8047 2349 1484 48 9590 9402 8047 2349 1484 48 9590 9402 8047 2349 1484 48
	ES, LLC D. Is delivery address different from Item 1? If YES, enter delivery address below: 1 Address below: 3. Service Type 1 Address Service Type 2 Certified Mail Reatricted Delivery 2 Signature Delivery 2 Certified Mail Reatricted Delivery 3 Signature Mail 1 Address Service Type 2 Certified Mail Reatricted Delivery 3 Signature Mail 1 Address Service Type 2 Certified Mail Reatricted Delivery 3 Signature Mail 1 Address Service Type 2 Certified Mail Reatricted Delivery 3 Signature Signature 3 Service Type 1 Address Service Type 2 Certified Mail Reatricted Delivery 3 Signature 4 Address Service Type 1 Address Service Type 2 Certified Mail Reatricted Delivery 3 Signature 4 Address Service Type 5 Certified Mail Reatricted Delivery 6 Signature 6 Signature 7 Address Service Type 7 Address Service Type 7 Address Service Type 8 Certified Mail Reatricted Delivery 8 Signature 8 Service Type 9 Certified Mail Reatricted Delivery 1 Address Service Type 2 Address Service Type 2 Address Service Type 2 Address Service Type 3 Service Type 2 Address Service Type 2 Address Service Type 2 Address Service Type 2 Address Service Type 3 Address Service Type 2 Address Service Type 3 Address Service Type 3 Address Service Type 4 Address Service Type 5 Ad	D. Is delivery address different from it YES, enter delivery address 3. Service Type 1. Adult Signature 1. Adult Signature 2. Certified Mail Restricted Delivery 2. Certified Mail Restricted Delivery 2. Collect on Delivery Restricted Delivery 2. Collect on Delivery Restricted Delivery 3) 3. The Complete of Type 4.55 4.55 5. Certified Mail Restricted Delivery 5.00 6. Insured Mail Restricted Delivery 7. Onc. 9053 6. Insured Mail Restricted Delivery 7. Onc. 9053 6. Insured Mail Restricted Delivery 7. Onc. 9053 6. Insured Mail Restricted Delivery 8. Onc. 9053 6. Insured Mail Restricted Delivery 9. Onc. 9053 6. Insured Ma	1. 3 LC 3. Service Type 1. Adult Signature Restricted Delivery 2. Certified Mail Restricted Delivery 3. Service Type 1. Adult Signature Restricted Delivery 2. Certified Mail Restricted Delivery 3. Collect on Delivery Restricted Delivery 4.55 1. 3 Lb 2 Insured Mail Restricted Delivery 1. Collect on Delivery Restricted Delivery 2. Collect on Delivery Restricted Delivery 3. Insured Mail Restricted Delivery 4. Signature 4. Signature 5. COMPLETE THIS SECTION ON L 5. A. Signature 6. Received by (Printed Name) 8. Received by (Printed Name)	D. Is delivery address different from it YES, enter delivery address to it YES, enter delivery address to it YES, enter delivery address and the service of
B. Received by (Printed Name) C. D.	OPERTIES, LLC 3. Service Type Cartile Signature Adult Signature Cartiled Mail Restricted Delivery Collect on Delivery	3. Service Type 1) Adult Signature 1) Adult Signature 2) Adult Signature 2) Adult Signature 2) Adult Signature 2) Certified Mail Restricted Delivery 2) Collect on Delivery Restricted Delivery 2) Collect on Delivery Restricted Delivery 2) Insured Mail Restricted Delivery 2000-9053 2000-9053 COMPLETE THIS SECTION ON E	3. Service Type C) Actual Signature C) Actual Signature C) Actual Signature C) Actual Signature C) Certified Mail C) Collect on Delivery Collect on Delivery Collect on Delivery Collect on Delivery Collect Mail Coll	ROPERTIES, LLC Y Y A7 2349 1484 55 Cartifled Mail Restricted Delivery A7 2349 1484 55 Collect on Delivery Collect on Deli
the back of the malipiece, back permits. B. Received by (Printed Name) C. Different from Item 1? If YES, enter delivery address below:	3. Service Type Adult Signature Cartifled Mail® Cartifled Mail Restricted Delivery	3. Service Type C Adult Signature D Adult Signature Corrilled Mall Restricted Delivery Corrilled Mall Restricted Delivery Collect on Delivery Restricted Delivery Collect on Delivery Restricted Delivery Collect on Delivery Restricted Delivery Insured Mall Restricted Delivery oner \$500) -000-9053 COMPLETE THIS SECTION ON E	3. Service Type 1. Adult Signature Restricted Delivery 2. Contribed Mail Restricted Delivery 2. Collect on Delivery Restricted Delivery 2. Collect on Delivery Restricted Delivery 2. Collect on Delivery Restricted Delivery 3. Signature Mail Restricted Delivery 4. 55 3. Service Type 2. Contribed Mail Restricted Delivery 4. Signature 3. Signature 4. Signature 4. Signature 5. COMPLETE THIS SECTION ON L. A. Signature 8. Received by (Printed Name)	3. Service Type 1 Adult Signature 2 Certified Mail Restricted Delivery 2 Certified Mail Restricted Delivery 2 Collect on Dalivery 3 Collect on Dalivery 4 Collect on Dalivery 4 Collect on Dalivery 5 Collect on Dalivery 5 Collect on Dalivery 6 Collect on Dalivery 8 Collect on Dalivery 8 Collect on Dalivery 8 Collect on Dalivery 9 Collect on Dalivery
back of the malipiece, permits. D. Is delivery address different from item 1? OPERTIES, LLC	9590 9402 8047 2349 1484 55 9590 9402 8047 2349 1484 55 Certified Mail Restricted Delivery Collect on Delivery Restricted Delivery Collect on De	4 55 Cartitled Mail Restricted Delivery Collect on Delivery Restricted Delivery Collect on Delivery Restricted Delivery Collect Mail Insured Mail Insured Mail Restricted Delivery Once-9053 Salin Gallog Ly Grod SS Budge Neinlaw Ball 40 (NY SSOO) COMPLETE THIS SECTION ON E	4 55 Cartitled Mail Carticod Mail Restricted Delivery Collect on Delivery Collect Mail Insured Mail	47 2349 1484 55 Cartified Mails Cartified Mail Cartified Ma
back of the malipiece, permits. D. Is delivery address different from If YES, enter delivery address OPERTIES, LLC 3. Service Type Cl Adult Signature	Article Number (Trainsfer from service label) 7022 3330 0001 1921 3162 Insured Mail Restricted Delivery (over \$500) Insured Mail Restricted Delivery (over \$500) Form 3811, July 2020 PSN 7530-02-000-9053	TOOP-9053 COMPLETE THIS SECTION ON DIPON-9053 COMPLETE THIS SECTION ON DIPON-9054 Insured Mail Restricted Delivery Over \$500) COMPLETE THIS SECTION ON DIPON-9054 In Conect Office and Insured Mail Restricted Delivery	1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1	THIS SECTION and 3. back of the maliplece, e permits. DF CHRIST INC COMPLETE THIS SECTION A. Signature COMPLETE THIS SECTION ON A. Signature COMPLETE THIS SECTION ON B. Received by (Printed Name) B. Received by (Printed Name)
D. Is delivery address different from If YES, enter delivery address of YPPs 3. Service Type 1. Adult Signature Particated Delivery address of Certified Mail Restricted Delivery address of Certified Mail	PLACE STICKER AT TOP OF ENVELOPE TO THE BIGH OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	OOO-9053 COMPLETE THIS SECTION ON D CHER BHI CLEACHEN FOR THE HEALT SECTION ON D COMPLETE THIS SECTION ON D COMPLETE THIS SECTION ON D	ann gatton tration assaudar vinital anti-to-than anti-to-thanal to act the annual about the annual and than a security of the annual and than a security of the annual and the annual annual and the annual a	220 PSN 7530-02-000-9053 THIS SECTION and 3. back of the maliplece, a permits. COMPLETE THIS SECTION ON A. Signature X B. Received by (Printed Name) B. Heceivery address different fro if YES, enter delivery address, enter delivery address.
D. Is delivery address different from service label) D. Is delivery address different from service label) D. Is delivery address different from service label) D. Is delivery address different from service label Certified Mail Restricted Delivery D. Collect on Delivery D. Collect on Delivery D. Collect on Delivery D. Is delivery address different from service label D. Is delivery address diff	PLACE SHICKER AT TOP OF ENVELOPE TO THE BIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE	THE RIGHT	A. Signature A. Signature B. Received by (Printed Name) C. Dr.	THIS SECTION COMPLETE THIS SECTION ON A. Signature the card to you. back of the maliplece, a permits. D. is delivery address different fro if YES, enter delivery address.
D. Is delivery address different from service label) Tom service label)			COMPLETE THIS SECTION ON DELIVERY A. Signature averse X. B. Received by (Printed Name) C. D.	THIS SECTION COMPLETE THIS SECTION ON A. Signature X The card to you. b back of the malipiece, e permits. D. is delivery address different fro if YES, enter delivery address P. is delivery address.
B. Received by (Printed Name) D. Is delivery address different from it YES, enter delivery address of the control of YES, enter delivery address of Cartifled Mail Restricted Delivery Control of Cartifled Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Collect On Delivery Collect On Delivery Restricted Delivery Collect On Delivery Restricted Delivery Collect On Deliv	2, and 3. A. Signature X In the card to you. the back of the maliplece, bace permits. D. is delivery address different from item 1?	D. is delivery address different from item 1?	TV-X enter collypy andress natow.	
the card to you. b back of the mallpiece, be permits. B. Received by (Printed Name) be permits. D. Is delivery address different from if YES, enter delivery address different from	and 3. A. Signature the card to you, b back of the maliplece, e permits. D. is delivery address different from item 1? If YES, enter delivery address below:	D. is delivery address different from item 1? If YES, enter delivery address below:) F CHRIST INC	
the card to you. be back of the mallplece, be permits. Comperties, LLC or y and 3. complete to pour. back of the mallplece, back of the mallplece, back of the mallplece, back of the mallplece, collect on Delivery address different from services label) collect on Delivery Restricted Delivery collect on Delivery collect o	A. Signature the card to you. back of the malipiece, permits. D. is delivery address different fro if YES, enter delivery address Service Type Adult Signature Restricted Delivery Cortified Malike D. Certified Malike	D. is delivery address different fro if YES, enter delivery address 3. Service Type Adult Signature Restricted Delivery Certified Malke Collect on Delivery Collect on Delivery	3. Service Type Opening Native Certified Malike Certifie	
the card to you. be back of the malipiece, permits. Compenties, LLC Prom service labely Commits. Compenties on the reverse the card to you. beack of the malipiece, permits. Complete the selected belivery address on the reverse the card to you. A. Signature Address of the malipiece, permits. Complete the selected belivery address the card the malipiece, permits. Complete the selected belivery address the card the malipiece, permits of the malipiece, permits. Complete the selected belivery address the card the malipiece, permits of the malipiece, permit	and 3. A. Signature the reverse the card to you. back of the maliplece, a permits. D. Is delivery address different from if YES, enter delivery address of YES, enter delivery address different from if YES, enter delivery address different from Service Type Adult Signature Certified Mail Restricted Delivery Certified Mail Restricted Delivery insured Mail 101. 1921 3179 A. Signature X. B. Received by (Printed Name) B. Received by (Printed Name) Certified Mail Restricted Delivery insured Mail Insured Mail	D. is delivery address different fro if YES, enter delivery address of the YES, enter	3. Service Type Adult Signature Restricted Delivery Cartified Mail Restricted Delivery from service label) Collect on Delivery Restricted Delivery Collect on	Article Number (Transfer from service label) Collect on Delivery Heaticaed Delivery Collect on Delivery Heaticaed Delivery Collect on Delivery Heaticaed Delivery

CHW 11801 Research Dr Alachua, FL. 32615



CERTIFIED MAIL



ZIP 32615 02 7H 0001252164



APR 23 2024

KAMPMEYER ERVIN L LIVING TRUST 681 SW ST RD 47 LAKE CITY, FL 32025 **



11801 Research Dr Alachua, FL. 32615

CHW

E6TE T26T T000 06EE 2202

FIRST-CLASS ZIP 32615 02 7H 0001252164 US POSTAGE MIPITNEY BOWES \$ 008.690 APR 23 2024

973'SW STATE RD 47 LAKE CITY, FL 32025 CELIA S MARVIN REV TRUST MARTIN CELIA S AS TRUSTEE

	Compatic Return Receipt	200
	~	2. Article Number (Transfer from service Jabel) 7022 3330 0001 1721 3173
	3. Service Type Adult Signature Adult Signature Restricted Delivery Registered Mail™ Restricted Delivery Registered Mail™ Restricted Mail® Restricted Delivery Signature Confirmation™ Signature Confirmation	9590 9402 8047 2349 1484 24
	if YES, enter delivery address below:	MARTIN CELIA S AS TRUSTEE CELIA S MARVIN REV TRUST 973 SW STATE RD 47 LAKE CITY, FL 32025
	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Item 1? Yes	 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. 1. Article Addressed to:
	Addition NO NOLLOBS SIHL ELETHUNGO CHEWELOPE TO THE HIGHT OF THE BENTIAN AND SERVE FOUND THE HIGHT	SENDER: COMPLETE THIS SECTION
1	Domestic Return Receipt	PS Form 3811, July 2020 PSN 7530-02-000-9053
	3. Service Type Adult Signature Reprinted Mail Express® Registered Mail Express® Adult Signature Reprinted Mail Restricted Delivery Registered Mail Restricted Delivery Registered Mail Restricted Delivery Restricted Delivery	9590 9402 8047 2349 1484 31 2. Article Number (Transfer from service label) 7022 3330 0001 1921 3186
	D. is delivery address different from item 1? Yes If YES, enter delivery address below: No	1. Article Addressed to: KAMPMEYER ERVIN L LIVING TRUST 681 SW ST RD 47 LAKE CITY, FL 32025
	A. Signature C. Agent A. Signature A. Signature A. Signature C. Agent C. Data of Delivery C. Data of Delivery	2, and 3. Id address on the reverse ourn the card to you. the back of the mallpiece, bace permits.



LAKE CITY, FL 32025 HAYDEN DONALD B 733 SW SR 47



US POSTAGE IMPITNEY BOWES 008.690

FIRST-CLASS

ZIP 32615 02 7H 0001252164

APR 23 2024

CERTIFIED MAIL



US POSTAGE MIPITNEY BOWES

ZIP 32615 02 7H 0001252164

אנזב בזר בססם מפצב פבסך

LAKE CITY, FL 32055 **423 NW CLUBVIEW CR** POLMERSKI LAVONNA B

\$ 008.690 APR 23 2024

CHW 11801 Research Dr Alachua, FL. 32615

PS Form 3811, July 2020 PSN 7630-02-000-9053 Dor	3. Service Type Adult Signature Restricted Delivery 9590 9402 8047 2349 1479 53 2. Article Number (Transfer from service label) 7022 3330 0001 1921 3216 Collect on Delivery Collect	1. Article Addressed to: POLMERSKI LAVONNA B 423 NW CLUBVIEW CR LAKE CITY, FL 32055	 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. A. Signature X B. Received by (Printed Name) 	PLACE STICKER AT TOP OF ENVELOPE TO THE PIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE OF THE RETURN ADDRESS. FOLD AT DOTTED LINE SORR-AND-ZD-ACC / NSA AZAZ ÁNT ** 1 OC ULIOL CA	3. Service Type Adult Signature Cartifice Mail Signature Conflict on Delivery Collect on Delivery Collect on Delivery Restricted Delivery	1. Article Addressed to: HAYDEN DONALD B. 733 SW SR 47 LAKE CITY, FL 32025	 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. A. Signature X B. Received by (Printed Name) 	SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY
Domestic Return Receipt	□ Priority Mail Express® □ Registered Mail TM □ Registered Mail Restricted Delivery □ Signature Confirmation TM □ Signature Confirmation y Restricted Delivery	m item 1? ☐ Yes s below: ☐ No	☐ Agent☐ Addressee C. Date of Delivery	Domestic Heturn Hecapt		ferent from item 1? ☐ Yes address below: ☐ No	☐ Agent☐ Addressee Name) C. Date of Delivery	TION ON DELIVERY



E22E T26T T000 0EEE 2207



US POSTAGE IMPITNEY BOWES 008.69°

0001252164

APR 23 2024

LAKE CITY, COLUMBIA COUNTY CHAMBER OF COMMERCE, INC 875 SW SR 47 LAKE CITY, FL 32025

CERTIFIED MAIL



11801 Research Dr Alachua, FL. 32615

CHW

CANCER CENTERS OF NORTH FLORIDA INDIANAPOLIS, IN 46280 PO BOX 80610



US POSTAGE MIPITNEY BOWES

0001252164 \$ 008.690

APR 23 2024

9590 9402 8047 2349 1479 60 2. Article Number (Transfer from service label) 7022 3330 0001 1921 3339 PS Form 3811, July 2020 PSN 7530-02-000-9053	CANCER CENTERS OF NORTH FLORIDA LLC PO BOX 80610 INDIANAPOLIS, IN 46280	SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you.	9590 9402 8047 2349 1484 00 2. Article Number Transfer from service Jeben 7022 3330 0001 1921 3223 PS Form 3811, July 2020 PSN 7630-02-000-8053	1. Article Addressed to: LAKE CITY, COLUMBIA COUNTY CHAMBER OF COMMERCE, INC 875 SW SR 47 LAKE CITY, FL 32025	SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.
3. Service Type Adult Signeture Adult Signeture Social Mail Restricted Delivery Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Collect on Delivery Confirmation Collect on Delivery Confirmation Collect on Delivery Confirmation Collect on Delivery Collect on	D. Is delivery address different from item 1? These if YES, enter delivery address below: D. Is delivery address below:		3. Service Type Adult Signature Adult	D. Is delivery address different from item 1? \(\sime\) Yes if YES, enter delivery address below: \(\sime\) No	A. Signature A. Signature A. Signature C. Date of Delivery

CHW 11801 Research Dr Alachua, FL. 32615



7022 3330 0001 1921 3322

CIVITAN REGIONAL BLOOD CENTER INC D/B/A LIFESOUTH COMMUNITY BLOOD CENTERS, INC 4039 NEWBERRY RD

GAINESVILLE, FL 32607









7022 4440 000 by 7530-02-00-9053 Domestic Return Receipt	In Insured Mail	nn	Restricted Delivery	GAINESVILLE, FL 32607	4039 NEWBERRY RD	CENTERS, INC	CIVITAN REGIONAL BLOOD CENTER INC	1. Article Addressed to: D. Is delivery address converting the first of the first	Attach this card to the back of the mailpiece, or on the front if space permits.	so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery	■ Print your name and address on the reverse X	A. Signature	SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY
---	-----------------	----	---------------------	-----------------------	------------------	--------------	-----------------------------------	---	--	--	--	--------------	---