

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

Document Number: 20230067998  
Book Number: \_\_\_\_\_  
Page Number: \_\_\_\_\_

**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.

- |  |                                 |
|--|---------------------------------|
| 1. <b>Description of Property</b> (legal description of property, and street address if available)   | <b>DOC # 20240048930</b>        |
| 4050159 - 900 Theater of the Stars Drive, Bay Lake, FL 32830, 36-24-27-0000-00-003   | 01/25/2024 11:12 AM Page 1 of 1 |
| 2. <b>General description of improvement</b>   | Rec Fee: \$10.00                |
| Mechanical Work  | Deed Doc Tax: \$0.00            |
| 3. <b>Owner information or Lessee information if the Lessee contracted for the improvement</b>   | Mortgage Doc Tax: \$0.00        |
| Name Walt Disney World Resort  | Intangible Tax: \$0.00          |
| Address P.O. Box 10000, Lake Buena Vista, FL 32830   | Phil Diamond, Comptroller       |
| Interest in Property Owner   | Orange County, FL               |
| Name and address of fee simple titleholder (if different from Owner listed above)  | Ret To: SIMPLIFILE LC           |
| Name _____   |                                 |
| Address _____  |                                 |
| 4. <b>Contractor</b>   |                                 |
| Name WW Gay Mechanical Contractor Inc  | Telephone Number _____          |
| Address 3220 39th Street, Orlando FL 32839   | 407-841-4670                    |
| 5. <b>Surety</b>   |                                 |
| Name _____   | Telephone Number _____          |
| Address _____  | Amount of Bond \$ _____         |
| 6. <b>Lender</b>   |                                 |
| Name _____   | Telephone Number _____          |
| Address _____  |                                 |
| 7. <b>Persons within the State of Florida designed by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b), Florida Statutes.</b>  |                                 |
| Name Megan Kelley, Facility Asset Management (FAM)   | Telephone Number 407-939-4963   |
| Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000   |                                 |
| 8. <b>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.</b>  |                                 |
| Name Jeannette Wize  | Telephone Number 407-560-6630   |
| Address P.O. Box 10000, Lake Buena Vista, Florida 32830-1000   |                                 |
| 9. <b>Expiration date of notice of commencement</b> (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) |                                 |
| <u>3/29/2024</u>   |                                 |

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.

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

Jeannette Wize / Project Rep. / FAM  
Signatory's Printed Name/Title/Office

The foregoing instrument was acknowledged before me this 24 day of 01/2024 by Jeannette Wize  
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

Megan Kelley  
Signature of Notary Public - State of Florida

Megan Kelley  
Print, type, or stamp name of Notary Public

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

