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	30	-533
NOTICE OF COMMENCEMENT	Clerk's Office Stamp	
Tax Parcel Identification Number:	Lust: 201812005803 Dute: 03/22/2018 Time: 2:96PM Page 1 of 1 B: 1356 P: 1114, P.DeWitt Cason, Clerk of Court Columbia, County, By: BD	
21-35-16-02211-007	Deputy Clerk	
of the Florida Statutes, the following information is provid		
1. Description of property (legal description): 1477	Bert Ave. Lake City Fr. 32055 Bert Ave. Lake City Fr. 32055	
2. General description of improvements:	er Beildug	
3. Owner Information or Lessee information if the Lessee c a) Name and address: R. Charle C. 4	contracted for the improvements:	
 a) Name and address: <u>ICCUMLCC</u>, g b) Name and address of fee simple titleholder (if 	f other than owner)	
 c) Interest in property 		
4. Contractor Information a) Name and address: <u>567 N.W.</u> B	Bent A. Lake City FC 32055	
b) Telephone No.: <u>403-656-89</u> 5. Surety Information (if applicable, a copy of the payment		
a) Name and address AA	·	
b) Amount of Bond:		
c) Telephone No.: <u>MA</u> 6 Lender		
a) Name and address: NA		
b) Phone No	upon whom notices or other documents may be served as provided by Section	
		^ .
a) Name and address: Richand C.	Thomas P.O. Box 783995 on 3181 AVALON R. 2969.	wonter
b) Telephone No.: 407-656- 2	2969.	GALDEN
Section 713 13(I)(b), Florida Statutes:	following person to receive a copy of the Lienor's Notice as provided in	577
a) Name: <u>A A</u> b) Telephone No.	OF	
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9. Expiration date of Notice of Commencement (the expiration is specified):	ation date will be 1 year from the date of recording unless a different date	
	BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF	
	R PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13,	
FLORIDA STATUTES, AND CAN RESULT IN YOUR	R PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A	
	IDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ICING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE	
COMMENCING WORK OR RECORDING YOUR N		
STATE OF FLORIDA		
COUNTY OF COLUMBIA 10.	refuer Atten	
Signature of Owne	r or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager	
n.	ichard C. Thomas	
	ed Name and Signatory's Title/Office	
The foregoing instrument was acknowledged before me	Florida Notary, this day of, 20, by:	
(Name of Person) (Type of Autho	rity) for Self (name of party on behalf of whom instrument was executed)	
Personally Known OR Produced Identification		
Personally Known OR Produced Identification		
$> 1 \land \square$	LAURIE HODSON	
Notary Signature	Nother Stamp On Scalumission # FF 976102	
	EXPIRES: July 14, 2020 Bonded Thru Notary Public Underwriters	
	DOING PROV	