ITEM/SEGMENT NO.:

MANAGING DISTRICT:

F.A.P. NO.:

STATE ROAD NO.:

COUNTY:

PARCEL NO.:

**Affidavit**

**BEFORE ME**, the undersigned authority, duly authorized to take acknowledgments and administer oaths, personally appeared Name of Affiant (“Affiant”) who deposes and says under penalties of perjury that:

(When used “Affiant” and  include singular or plural as context so requires or admits.)

1. Affiant is the  (State offical capacity, i.e. VP, CFO)/ Offical name of entity of City/County/State where entity is located which is hereinafter referred to as . All statements in Lines 4 through 5 below are made solely with respect to the and any holder of a “Controlling Interest” in the (as defined in s. 287.138(1)(a), F.S.), in each case solely with respect to the real property identified in Line 2.

2. Buyer is purchasing or acquiring an interest in the following described real property:

|  |
| --- |
| Insert Legal Description |

3. Affiant has been given the opportunity to consult with an attorney.

4. is (initial which is applicable):

Not a Foreign Principal as defined in s. 692.201, F.S., and is in compliance with the requirements set out in ss. 692.202-205, F.S. ­­­­\_\_\_\_\_

OR

A Foreign Principal as defined in s. 692.201, F.S., and is in compliance with the requirements set out in ss. 692.202-205, F.S. \_\_\_\_\_\_

5. Affiant acknowledges the foregoing representations will be relied upon to establish compliance with the law.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Affiant) Print

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Capacity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Buyer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of [ ] physical presence or [ ] online notarization this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who [ ] is personally known or [ ] has produced \_\_\_\_\_\_\_\_\_\_\_\_\_\_ as identification.

[Notary Seal] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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