

MARION COUNTY BOARD OF COUNTY COMMISSIONERS

APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

APPLICATION DATE: January 05, 2026
 BOARD NAME: Board of Adjustments

PERSONAL INFORMATION

Name: Nathanael Ramos
 Occupation: Member of the Board of Adjustment
 If Retired, previous occupation: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone#: 352-497-3297
 E-mail Address: Guiloy@Gmail.Com

MAILING ADDRESS (If different from residence):

Address: P. O. Box 772435
 City: Ocala State: Florida ZIP: 34477

Is your address or any other personal information exempt under Florida Statute 119.07? Yes No X
If yes, please submit a signed Marion County Public Records Act Exempt Form (available upon request).

What is your preferred form of communication? Phone Mail Email X

The following data is collected in accordance with Florida Statute, Section 760.80, for the purpose of statistical reporting and ensuring compliance with diversity and inclusion guidelines. Your responses will be kept confidential and will not affect your application.

Gender: Male X Female Prefer not to disclose

Physically Disabled: Yes No X Prefer not to disclose

Race: African-American Native-American Caucasian X Other
 Hispanic/Latino Asian -American Prefer not to disclose

Are you a registered voter? Yes X No

Do you own homestead property in Marion County? Yes X No

Are you employed by Marion County or have relatives that are Marion County employees? Yes No X
If yes, please provide position, department and/or relationship to County employee and their position/department

Do you currently work for an entity or agency that either receives funding from, or has a contract with the County to perform services? Yes No X

Are you, your spouse, or children, currently an officer, director, or partner in any entity or agency that receives funding from, or has a contract with the county? Yes No X

If yes, please submit a signed **FORM 4a - Disclosure of Business Transaction, Relationship, or Interest.** (Available upon request).

Have you been convicted (including a withholding of adjudication), pled guilty or pled to a Nolo Contendere (no contest) to a misdemeanor or felony (including a criminal traffic violation)? Yes No X

A 'YES' answer will not automatically disqualify you from serving on an advisory board. The nature, severity, and date of the offense will be considered in relation to the position. If unsure about the details of a criminal case, contact the relevant agency to ensure accuracy when reporting your history. Failure to do so may result in removal from the board. If you answered 'YES,' please provide details. You may use an additional sheet if needed.

WHY DO YOU DESIRE TO SERVE ON THIS/THESE BOARDS?

(Include current or previous work experience; community involvement; interests/activities)

I am drawn to this board of adjustment because I firmly believe in the county's mission, I am passionate about its goals, and I want to contribute directly to its success. I feel a responsibility to do my part and make a positive impact on our community.

SERVING ON OTHER BOARDS

Do you currently serve on any other boards in Florida, or are you an elected or appointed state, county (Marion County or other county) or municipal ("city") office holder? Yes No X

If yes, which board? _____

(Important: You may not serve on more than one (1) Substantive Board: Board of Adjustment; Code Enforcement Board; License Review Board; Land Development Regulation Commission; Historical Commission; Hospital District Board of Trustees; Housing Finance Authority; Industrial Development Authority; Tourist Development Council; Parks and Recreation Advisory Council)

Have you ever served on a City or County advisory board? Yes No X

If yes, when, where and which board(s)? _____

REFERENCES - Please list three (3) personal and/or business references

(PLEASE DO NOT USE COMMISSIONERS or COUNTY ADMINISTRATION STAFF as REFERENCES)

Name: Stephen Fletcher

Phone Number: _____ Email: _____

Name: Felix Frias

Phone Number: _____ Email: _____

Name: Marco F Osorio

Phone Number: _____ Email: _____



INITIAL: I authorize Marion County to contact my references and I understand that all statements made on this application may be verified by Marion County.



INITIAL: I understand the responsibilities associated with being a board member, and I have adequate time to serve if appointed.



INITIAL: I agree to complete training within six (6) months from the date of my appointment.



INITIAL: I understand that submitting this application makes all provided information public record, subject to disclosure under applicable laws unless exempt under Florida Statute 119.07. I confirm the accuracy of all details provided and their suitability for public release.

By signing this application, I certify that the information I provided in this application is true and correct, and that any misstatements or material omissions on my application may result in my removal from my appointed position.

Authentisign®

SIGN:

01/05/26

DATE: _____

PRINT: Nathanael Ramos

RECEIVED BY BCC:

This application will be kept on file for a period of one year from date of receipt by the Board of County Commissioners.

RETURN FORM TO:

MARION COUNTY BOARD OF COUNTY COMMISSIONERS 601 SE 25th Avenue, Ocala, FL 34471

Or via email to: Commissionadmin@marionfl.org

PLEASE CALL THE COMMISSION OFFICE AT (352) 438-2323 IF YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION.