



LEGAL REQUEST MEMORANDUM (LRM)

From: (Name) Rison Christopher (Dept) Planning - 2730
 Last First
 (Title) Senior Planner (Phone) xt. 2624
 Signature [It's me] Date Friday, February 6, 2026

The Office of the County Attorney is requested to provide legal assistance as detailed in this legal request and supporting documents (attached).

Request for: Draft Document Approve as to Form RESUBMIT LRM No. _____
 Legal Opinion Other

Description of Request

Request to review revised Development Agreement Amendment (2nd Amendment) related to Golden Ocala/World Equestrian Center development. The Amendment eliminates the concert limitations, revises the list of uses format and increases hotels by 300 rooms with the sports facilities additions, and references a further Amendment will be completed once the traffic studies are fully completed (they are underway now). Also for reference are potential conditions provide by Traffic Engineering that may also be discussed for this Amendment's first public hearing on 2/18/26. Once discussion is concluded with that hearing, the final version of the Amendment will be prepared for formal final review and final BCC consideration on 3/18/26.

For more information or discussion, contact: Same as above
 (Name) _____ (Title) _____ (Phone) _____
 Last First

Agenda Item? Yes No Agenda Date: Wednesday, February 18, 2026
 Agenda Deadline Date for **Legal:** _____ Agenda Deadline Date for **Admin:** _____

Note: Please allow a MINIMUM of 5 working days BEFORE deadlines for LRM to be completed.

DO NOT COMPLETE - Office of the County Attorney use ONLY

LRM No. _____

Assigned to: Matthew Guy Minter, County Attorney Dana E. Olesky, Chief Asst. County Attorney Linda Blackburn, Asst. County Attorney Thomas Schwartz, Asst. County Attorney Valdoston Shealey, Asst. County Attorne

Outcome:

Date Received: _____

Approved as to form and legal sufficiency
 Approved with revisions: Suggested Completed
 Other: LRM TO BE COMPLETED PRIOR TO SECOND HEARING. T. Straub

Attorney Signature: _____ Date _____

Staff Signature: _____ Date: _____ Returned: Department Admin _____
 Completed