



ANNUAL LOBBYIST REGISTRATION

FOR THE PERIOD JULY 1, _____ THRU JUNE 30, _____

NAME _____ PHONE _____

MAILING ADDRESS _____

LIST THE NAME AND BUSINESS ADDRESS OF EACH PRINCIPAL REPRESENTED, THEIR GENERAL AND SPECIFIC AREAS OF LEGISLATIVE INTEREST, AND THE NATURE AND EXTENT OF ANY DIRECT BUSINESS ASSOCIATION OR PARTNERSHIP WITH ANY CURRENT MEMBER OF THE BOARD OF COUNTY COMMISSIONERS, COUNTY STAFF, OR PERSON SITTING ON A DECISION-MAKING BODY UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS WITH THE PRINCIPAL.

(1) NAME _____

ADDRESS _____

AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.

(2) NAME _____

ADDRESS _____

AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.

(3) NAME _____

ADDRESS _____

AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.

(4) NAME _____

ADDRESS _____

AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.

(USE ADDITIONAL PAGES IF NECESSARY)

STATE OF FLORIDA

COUNTY OF LEE

I HEREBY CERTIFY that the statements made above are true and accurate. I further certify and acknowledge that I understand that it is my responsibility to file my annual and quarterly statements and that I will not be notified by the Clerk's Office of my failure to do so.

DATED this _____ day of _____, _____

LOBBYIST

NOTE: This document must be witnessed by either the Deputy Clerk or a Notary Public.

WITNESSED:

The foregoing instrument was signed and acknowledged before me

this _____ day of _____, _____

Deputy Clerk

who produced the following as identification _____

or is personally known to me, and who did/did not take an oath. [Stamp or Seal]

[Signature of Notary]

[Typed or Printed Name of Notary]