

NORTH MIAMI FLORIDA

LOBBYIST REGISTRATION AFFIDAVIT

1. Lobbyist Name: DellaGloria John Castle
Last name First Middle

Business phone 305) 431-0704

Mailing Address P.O. Box 560 383 Pinecrest 33156
City State Zip

2. Principal Represented: BACKYARD INVESTMENTS 40, LLC
AA Sy/V I
Principal's Address 1065 N.W. 125th St. N. Miami Zip 33161
(If different from above)

Other Principals or Interests and Address (Detail):

see 2 above

RECEIVED

APR 11 2014

3. Subject Matter (Describe in detail): Sale of Miami Way TRAVIS Property
CITY OF NORTH MIAMI
CITY CLERKS OFFICE

Lobbyist specifically includes principal as well as any agent, officer or employee of a principal. Each person who withdraws as a lobbyist is required to file a Certificate of Withdrawal.

4. Registration Fee paid? Yes No (Cash or Check
Certificate of Withdrawal filed? Yes No

5. Please identify all Council people or Personnel to be lobbied: ALL CRA BOARD Members;
CRA COORDINATOR; CRA ADVISORY Bd; City Manager

6. The subject matter in number (3) above is to be considered at a meeting of: (check all applicable)

The City Council

Zoning Board of Adjustment

Planning Commission

Other City Board CRA

RFP Review/Selection Committee

Others (Specify) CRA ADVISORY Bd;
CRA COORDINATOR



LOBBYING EXPENDITURE STATEMENT

Pursuant to the provisions of the code of the City of North Miami, Florida, Lobbyist shall submit a signed statement under oath listing all lobbying expenditures for the preceding calendar year. A statement is required even if there have been no expenditures during the reporting period.

LOBBYIST NAME (Print): _____

The expenditures listed below are for lobbying expenditures for the period from _____ through _____.

Table with 4 columns: Principal Represented, Purpose or Issue, Person Lobbied, Amount Expended. Handwritten entries include 'Backyard Inv. SYVI', 'MIAMI WAY KENNE', 'CNA BOARD', 'CNA ANNUAL FA', 'CITY MANAGER', and 'CNA COORDINATOR'. Amounts are listed as '0'.

OATH



APR 11 2014

CITY OF NORTH MIAMI CITY CLERKS OFFICE

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

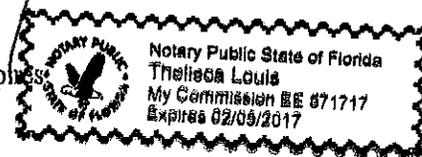
I, the undersigned registrant, do hereby depose under oath and say that the information disclosed and any attachments are true and correct.

[Signature]
Signature

Sworn to and subscribed before me this 14th day of April, 2014.

[Signature]
Notary Public

My Commission Expires





7. Please state the extent of any business, financial, familial, professional or other relationship which exists with any individual identified in number five above.

N/A

OATH

APR 11 2014

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

CITY OF NORTH MIAMI
CITY CLERKS OFFICE

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De C Delly L

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