



LOBBYIST REGISTRATION AFFIDAVIT

Choose One: Renewal _____ Fiscal Year 2021-2022 [checked]

1. Lobbyist Name: DOCKERTY SUZANNE A.
Last Name First Middle

Lobbyist Phone: (305) 443-9162 ext 30

Lobbyist Address: 110 Merrick Way Coral Gables FL 33134
Street #38 City State Zip

2. Principal Represented: Villa Maria Nursing & Rehabilitation Center

Principal Address: 1050 NE 125 Street North Miami FL 33161
Street City State Zip

Other Principals or Interests and Address (Detail): none

3. Specific Issue on which the Lobbyist has been retained (Describe in Detail):
Modification to Conditional Use Permit to install perimeter fence

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? NO YES [checked] (Cash or Check [checked])

5. Please identify all Council People or Personnel to be lobbied: City Planner

- 6. The subject matter in number (3) above is to be considered at which meeting? (Check all applicable)
City Council [checked]
Zoning Board of Adjustment
Planning Commission [checked]
City Board
RFP Review/Selection Committee
CRA Board
CRA Advisory Committee

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7. Please state the extent of any business, financial, familial, and professional or other relationship which exists with any individual identified in number (5) above.

None

OATH

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

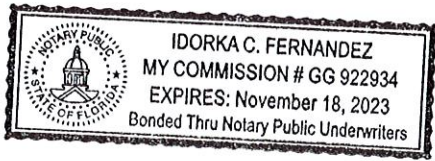
I, the undersigned registrant, do hereby depose under oath and say that the information disclosed and any attachments are true and correct.

[Signature]
Signature

Sworn to and subscribed before me this 29 day of Sept, 2021.

[Signature]
Notary Public

My Commission Expires: _____



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