LOBBYIST REGISTRATION AFFIDAVIT

Choose One: Renewal ___ Fiscal Year 2021-2022 ___

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 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 ___ (Cash ___ or Check ___)

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 ___
   Zoning Board of Adjustment ___
   Planning Commission ___
   City Board ___
   RFP Review/Selection Committee ___
   CRA Board ___
   CRA Advisory Committee ___

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776 NE 125 Street | North Miami | Florida | 33161
305.893.6511
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

Sworn to and subscribed before me this 24 day of Sept, 2021.

Notary Public

My Commission Expires: ____________________________

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NORTH MIAMI
Office of the City Clerk

776 NE 125 Street | North Miami | Florida | 33161 | 305.893.6511