

CITY OF CORAL SPRINGS
LOBBYIST REGISTRATION FORM

STATE OF FLORIDA
COUNTY OF BROWARD

E-MAIL ADDRESS: MARLON@FPSHOMES.COM

Before me, the undersigned authority, personally appeared the undersigned Affiant, who after being duly sworn, deposed on oath and said:

My Name is (Last, First, Middle Initial): ONIAS, MARLON A

Name of my Business is (Company Name): FPS HOMES LLC

My Business Address is: 1451 W CYPRESS CREEK ROAD # 300

City: FT. LAUDERDALE State: FL Zip Code: 33309 Phone No: 954-200-1919

Nature of my Business, Occupation or Profession: RECEIVERSHIP Fax No: _____

Name of my Principal is (Last, First, Middle Initial): ONIAS, MARLON A

My Principal's Business Name is FPS HOMES, LLC

My Principal's Business Address is: 1451 W CYPRESS CREEK ROAD # 300 FT LAUDERDALE FL 33309

Nature of my Principal's Business: PROPERTY MANAGEMENT RECEIVERSHIP

My Principal's Occupation or Profession is: C.E.O

(Please refer to the Principals on Page 2)

Subject matter that I seek to influence (describe in detail):

PLACEMENT OF VACANT + ABANDONED FORECLOSURE HOMES INTO RECEIVERSHIP

Street address of subject matter is (if applicable): _____

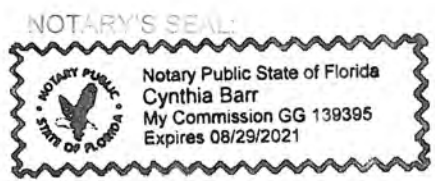
The extent of any direct business association that I have with any current elected or appointed official or employee of the City is: ("Direct business association," means any mutual endeavor undertaken for profit or compensation.) NONE

Note: You must attach a copy of written authorization from said principal(s) to lobby on that person's behalf.

I do solemnly swear that all of the foregoing facts are true and correct to the best of my knowledge, and I have read and am familiar with the provisions of Ordinance 2010-107, Ordinance 2012-103, and Resolution 2010-019.

Signature of Lobbyist: Marlon A Onias

The foregoing instrument was acknowledged before me this 16 day of APRIL 20 18 by MARLON ONIAS, who is personally known to me or who has produced _____ (type of identification).



Cynthia Barr
NOTARY PUBLIC, STATE OF FLORIDA
CYNTHIA BARR
(Name of Acknowledger Typed, Printed or Stamped)
Commission Number: _____



Name of my Principal (Last, First, Middle Initial): _____

My Principal's Business Name is: _____

My Principal's Business Address is: _____

Nature of my Principal's Business: _____

My Principal's Occupation or Profession is: _____

Subject matter that I seek to influence (describe in detail): _____

Street address of subject matter is (if applicable): _____

Name of my Principal (Last, First, Middle Initial): _____

My Principal's Business Name is: _____

My Principal's Business Address is: _____

Nature of my Principal's Business: _____

My Principal's Occupation or Profession is: _____

Subject matter that I seek to influence (describe in detail): _____

Street address of subject matter is (if applicable): _____

Name of my Principal (Last, First, Middle Initial): _____

My Principal's Business Name is: _____

My Principal's Business Address is: _____

Nature of my Principal's Business: _____

My Principal's Occupation or Profession is: _____

Subject matter that I seek to influence (describe in detail): _____

Street address of subject matter is (if applicable): _____

ATTACH ADDITIONAL PAGES IF NECESSARY

Please return completed form to the City Clerk's Office, 9551 West Sample Road, Coral Springs, Florida 33085

A LOBBYIST REGISTRATION FEE OF \$100.00 IS REQUIRED AT THE TIME OF THIS REGISTRATION, AND MUST BE PAID ANNUALLY THEREAFTER. IT IS THE DUTY OF EVERY LOBBYIST TO UPDATE THIS FORM DURING THE YEAR IF NEW PRINCIPALS ARE ADDED OR IF THE LOBBYIST SEeks TO INFLUENCE ANOTHER MATTER. LOBBYISTS WILL BE REQUIRED TO SUBMIT A NEW FORM ON AN ANNUAL BASIS WHEN PAYING THEIR REGISTRATION FEE.