

CITY OF CORAL SPRINGS
LOBBYIST REGISTRATION FORM

STATE OF FLORIDA
COUNTY OF BROWARD

E-MAIL ADDRESS: hb@ipforce.com / hbkt@truppmanlawoffices.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): Truppman, Harold B. Klite

Name of my Business is (Company Name): Municipal Receiver Services, LLC

My Business Address is: 5920 S. Highway A1A Ste 101

City: Melbourne Beach State: FL Zip Code: 32951 Phone No: (407) 246-4545

Nature of my Business, Occupation or Profession: Court Appointed Receiver Attorney Fax No: _____

Name of my Principal is (Last, First, Middle Initial): Truppman, Harold B. Klite

My Principal's Business Name is: Municipal Receiver Services, LLC

My Principal's Business Address is: 5920 S. Highway A1A Ste 101 Melbourne Beach, FL 32951

Nature of my Principal's Business: Court Appointed Receiver

My Principal's Occupation or Profession is: Court Appointed Receiver Attorney

(Please list additional Principals on Page 2)

Subject matter that I seek to influence (describe in detail): Placing vacant/abandoned homes with code violations 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.) _____

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

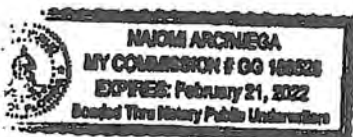
I do solemnly swear that all of the foregoing facts are true and correct to the best of my knowledge, and I have read or am familiar with the provisions of Ordinance 2010-107, Ordinance 2012-103, and Resolution 2010-019.

Signature of Lobbyist: [Signature]

The foregoing instrument was acknowledged before me this 24th day of July 2018 by Harold B Klite Truppman, who is personally known to me or who has produced _____ (type of identification).

NOTARY'S SEAL:

NOTARY PUBLIC, STATE OF FLORIDA



Naomi Arciniega
(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, 9500 West Sample Road, Coral Springs, Florida 33065.

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 FILL OUT A NEW FORM ON AN ANNUAL BASIS WHEN PAYING THEIR REGISTRATION FEE.

Signature: Harold B. Klite Truppman

Email: hb@fprforce.com