CITY OF CORAL SPRINGS
LOBBYIST REGISTRATION FORM

STATE OF FLORIDA
COUNTY OF BROWARD

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): Holroyd, Robert E.
Name of my Business is (Company Name): Tripp Scott Ericks
My Business Address is: 110 SE 6th St., Fifteenth Floor
City: Fort Lauderdale State: FL Zip Code: 33304 Phone No: 954-525-7500
Nature of my Business, Occupation or Profession: Gov't Relations Fax No:

Name of my Principal is (Last, First, Middle Initial): Kathy Hurt
My Principal's Business Name is: FHE Health
My Principal's Business Address is: 505 Federal Hwy #2, Deerfield Beach, FL 33441
Nature of my Principal's Business: Substance Abuse/Mental Health Hospital
My Principal's Occupation or Profession is: Community Relations
(Please list additional Principals on Page 2)

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

Partnership with the city in providing substance abuse and mental health services to employees.

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.) n/a

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:

The foregoing instrument was acknowledged before me this 16th day of May 2020 by Robert E. Holroyd
who is personally known to me or who has produced FL Drivers License (type of identification).

and appeared by means of physical presence or online notarization.

NOTARY'S SEAL:

Joshua A. Cabrejo
(Name of Acknowledger Typed, Printed or Stamped)
Commission Number: CG188688

PRINCIPALS - Continued:

Doc 99375 2/19/2020
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 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

Doc 99375 2/19/2020
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.
May 28, 2020

To Whom It May Concern,

This letter is to confirm Robert Holroyd III is a lobbyist on behalf of FHE Health.

If you have questions please feel free to reach out to me at khurt@fhehealth.com

Warm regards,

Kathy Hurt
Community Impact Director, FHE Health