

City of Coral Gables Lobbyists Forms

2014 FEB .6 PM 2:38



**CITY OF CORAL GABLES
LOBBYIST ANNUAL REGISTRATION APPLICATION
FOR EACH PRINCIPAL REPRESENTED**

REGISTRATION #: _____

HAVE YOU BEEN RETAINED TO LOBBY ANY OF THE FOLLOWING FOR THE STATED PURPOSE?

CITY OFFICIALS: Mayor, City Commissioners, City Attorney, City Manager, City Clerk, Assistant City Manager, Special Assistant to City Manager, Heads or Directors of Departments, and their Assistant or Deputy, Police Major or Chief, Fire Major or Chief, Building and Zoning Inspectors Board, Committee Members, or any other City Official or staff.

FOR THIS PURPOSE: To encourage the approval, disapproval, adoption, repeal, passage, defeat or modification of any ordinance, resolution, action or decision of the City Commission; or any action, decision or recommendation of the City Commission, any Board, Committee or City Official.

IF THE FOREGOING APPLIES TO YOU, YOU ARE REQUIRED TO REGISTER AS A LOBBYIST:

Print Your Name Mario J. Garcia-Serra
LOBBYIST

Print Your Business Name, if applicable Greenberg Traurig, P.A.

Business Telephone Number 305-579-0837

Business Address 333 SE 2nd Avenue, 44th Floor, Miami, FL 33131
ADDRESS CITY, STATE ZIP CODE

Federal ID#: 59-127054

State the extent of any business or professional relationship you have with any current member of the City Commission.

N/A

PRINCIPAL REPRESENTED:

NAME Hector Fernandez COMPANY NAME, IF APPLICABLE Agave Ponce, LLC

BUSINESS ADDRESS 2601 S. Bayshore Drive, Suite 1215, Miami, FL 33133 TELEPHONE NO.: 404-923-5529

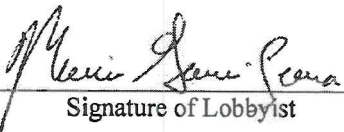
ANNUAL REPORT: On October 1st of each year, you are required to submit to the City Clerk a signed statement under oath listing all lobbying expenditures in excess of \$25.00 for the preceding calendar year. A statement is required to be filed even if there were no expenditures.

LOBBYIST ISSUE APPLICATION: Prior to lobbying for a specific issue, you are required to fill out a Lobbyist Issue Application form with the Office of the City Clerk; stating under oath, your name, business address, the name of each principal who employed you to lobby, and the specific issue on which you wish to lobby.

NOTICE OF WITHDRAWAL: If you discontinue representing a particular client, a notice of withdrawal is required to be filed with the City Clerk.

ANNUAL LOBBYIST REGISTRATION FEE: This Registration must be on file in the Office of the City Clerk prior to The filing of an Issue Application to lobby on a specific issue, and payment of a \$150.00 Lobbyist Registration Fee is required.

I Mario J. Garcia-Serra hereby swear or affirm under penalty of per-
jury that I have read the provisions of the City of Coral Gables Ordinance 2006-
11, governing Lobbying and that all of the facts contained in this Registration
Application are true and that I agree to pay the \$150.00 Annual Lobbyist Regis-
tration Fee.


Signature of Lobbyist

STATE OF FLORIDA)
)
COUNTY OF DADE)

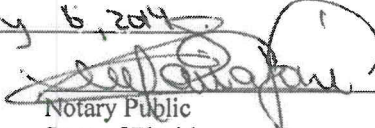
BEFORE ME personally appeared Mario Garcia-Serra to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed.

WITNESS my Hand and Official Seal this

February 6, 2017

xxx Personally Known

 Produced ID


Notary Public
State of Florida

\$150.00 Fee Paid

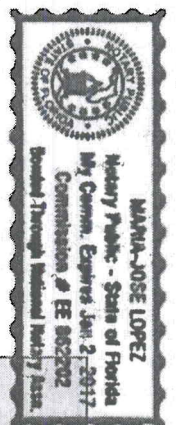
Received By Date:

Fee Waived for Not-for-Profit Organizations (documentary proof attached.)

For Office Use Only

Data Entry Date: , 20

Entered By:





CITY OF CORAL GABLES
RECEIVED BY THE
OFFICE OF THE CITY CLERK

2014 FEB 6 PM 2:38

**CITY OF CORAL GABLES
LOBBYIST
ISSUE APPLICATION**

REGISTRATION #: _____

HAVE YOU BEEN RETAINED TO LOBBY ANY OF THE FOLLOWING FOR THE STATED PURPOSE?

CITY OFFICIALS: Mayor, City Commissioners, City Attorney, City Manager, City Clerk, Assistant City Manager, Special Assistant to City Manager, Heads or Directors of Departments, and their Assistant or Deputy, Police Major or Chief, Fire Major or Chief, Building and Zoning Inspectors, Board, Committee Members, or any City Official or staff.

FOR THIS PURPOSE: To encourage the passage, defeat or modification of any ordinance, resolution, action or decision of the City Commission; or any action, decision or recommendation of any Board, Committee or City Official.

IF THE FOREGOING APPLIES TO YOU, YOU ARE REQUIRED TO REGISTER AS A LOBBYIST AND TO FILE THE FOLLOWING INFORMATION, UNDER OATH, WITH THE CITY CLERK FOR EACH ISSUE ADDRESSED. ISSUE FEE: NO CHARGE, PROVIDING YOU HAVE A CURRENT ANNUAL LOBBYIST REGISTRATION DOCUMENT ON FILE.

Print Your Name Mario Garcia-Serra
LOBBYIST

Print Your Business Name Greenberg Traurig, P.A.

Business Telephone Number (305) 579-0837

Business Address 333 SE 2nd Avenue Miami, FL 33131
ADDRESS CITY, STATE ZIP CODE

Corporation, Partnership, or Trust Represented:

Principal Name: Agave Ponce, LLC

Principal Address: 2601 S. Bayshore Drive, Suite 1215, Miami, FL 33133 Telephone Number: (305) 858-1890

ISSUE: Describe in detail, including address, if applicable, of the specific issue on which you will lobby: (Separate Application is required for each specific issue)

Old Spanish Village, 2801 - 2901 - 3001 Ponce de Leon Boulevard

I Mario Garcia-Serra hereby swear or affirm under penalty of per-
jury that all the facts contained in this Application are true and that I am aware
that these requirements are in compliance with the provisions of the City of Coral
Gables Ordinance No. 2006-11, governing Lobbying.

Mario Garcia-Serra
Signature of Lobbyist

February 6, 2014
Date

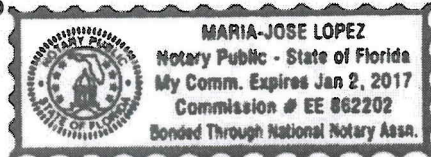
STATE OF FLORIDA)
)
COUNTY OF DADE)

BEFORE ME personally appeared Mario Garcia-Serra to me well known and known to me to be the person
described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said in-
strument for the purposes therein expressed.

WITNESS my Hand and Official Seal this February 6, 2014.

XXX Personally Known

 Produced ID



[Signature]
Notary Public
State of Florida

For Office Use Only

Data Entry Date: _____, 20____.

Entered By: _____

Annual Fees Waived for Not-for-Profit Organization. Please attach documentary proof.



CITY OF CORAL GABLES
RECEIVED BY THE
OFFICE OF THE CITY CLERK

2014 FEB -6 AM 11:51

CITY OF CORAL GABLES
LOBBYIST ANNUAL REGISTRATION APPLICATION
FOR EACH PRINCIPAL REPRESENTED

REGISTRATION #: _____

HAVE YOU BEEN RETAINED TO LOBBY ANY OF THE FOLLOWING FOR THE STATED PURPOSE?

CITY OFFICIALS: Mayor, City Commissioners, City Attorney, City Manager, City Clerk, Assistant City Manager, Special Assistant to City Manager, Heads or Directors of Departments, and their Assistant or Deputy, Police Major or Chief, Fire Major or Chief, Building and Zoning Inspectors Board, Committee Members, or any other City Official or staff.

FOR THIS PURPOSE: To encourage the approval, disapproval, adoption, repeal, passage, defeat or modification of any ordinance, resolution, action or decision of the City Commission; or any action, decision or recommendation of the City Commission, any Board, Committee or City Official.

IF THE FOREGOING APPLIES TO YOU, YOU ARE REQUIRED TO REGISTER AS A LOBBYIST:

Print Your Name

DAN FREED
LOBBYIST

Print Your Business Name, if applicable

RTKL ASSOCIATES INC

Business Telephone Number

786-268-3939

Business Address

396 ALHAMBRA CIRCLE, SOUTH TOWER
ADDRESS CITY, STATE ZIP CODE
CORAL GABLES, FL 33134

Federal ID#: 52-0884069

State the extent of any business or professional relationship you have with any current member of the City Commission.

NONE

PRINCIPAL REPRESENTED:

NAME HECTOR FERNANDEZ

COMPANY NAME, IF APPLICABLE AGAVE PUNCH, LLC

BUSINESS ADDRESS 2001 N. BAYSHORE DRIVE

TELEPHONE NO.: 305-858-1890

33133

ANNUAL REPORT: On October 1st of each year, you are required to submit to the City Clerk a signed statement under oath listing all lobbying expenditures in excess of \$25.00 for the preceding calendar year. A statement is required to be filed even if there were no expenditures.

LOBBYIST ISSUE APPLICATION: Prior to lobbying for a specific issue, you are required to fill out a Lobbyist Issue Application form with the Office of the City Clerk; stating under oath, your name, business address, the name of each principal who employed you to lobby, and the specific issue on which you wish to lobby.

NOTICE OF WITHDRAWAL: If you discontinue representing a particular client, a notice of withdrawal is required to be filed with the City Clerk.

ANNUAL LOBBYIST REGISTRATION FEE: This Registration must be on file in the Office of the City Clerk prior to The filing of an Issue Application to lobby on a specific issue, and payment of a \$150.00 Lobbyist Registration Fee is required.

I DAN FREED hereby swear or affirm under penalty of perjury that I have read the provisions of the City of Coral Gables Ordinance 2006-11, governing Lobbying and that all of the facts contained in this Registration Application are true and that I agree to pay the \$150.00 Annual Lobbyist Registration Fee.

Signature of Lobbyist

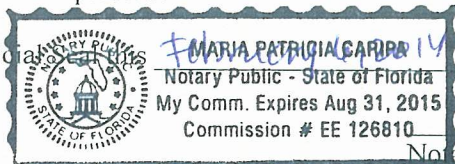
STATE OF FLORIDA)
COUNTY OF DADE)

BEFORE ME personally appeared DAN FREED to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed.

WITNESS my Hand and Office

X Personally Known

Produced ID



Notary Public,
State of Florida

\$150.00 Fee Paid ck #325

Received By U.A. Davis

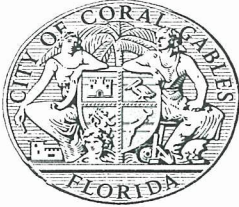
Date: 02/06/2014

Fee Waived for Not-for-Profit Organizations (documentary proof attached.)

For Office Use Only

Data Entry Date: _____, 20____.

Entered By: _____



CITY OF CORAL GABLES
RECEIVED BY THE
OFFICE OF THE CITY CLERK

CITY OF CORAL GABLES
LOBBYIST
ISSUE APPLICATION

2014 FEB -6 AM 11: 51

REGISTRATION #: _____

HAVE YOU BEEN RETAINED TO LOBBY ANY OF THE FOLLOWING FOR THE STATED PURPOSE?

CITY OFFICIALS:

Mayor, City Commissioners, City Attorney, City Manager, City Clerk, Assistant City Manager, Special Assistant to City Manager, Heads or Directors of Departments, and their Assistant or Deputy, Police Major or Chief, Fire Major or Chief, Building and Zoning Inspectors, Board, Committee Members, or any City Official or staff.

FOR THIS PURPOSE:

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IF THE FOREGOING APPLIES TO YOU, YOU ARE REQUIRED TO REGISTER AS A LOBBYIST AND TO FILE THE FOLLOWING INFORMATION, UNDER OATH, WITH THE CITY CLERK FOR EACH ISSUE ADDRESSED. ISSUE FEE: NO CHARGE, PROVIDING YOU HAVE A CURRENT ANNUAL LOBBYIST REGISTRATION DOCUMENT ON FILE.

Print Your Name Dan Freed
LOBBYIST
Print Your Business Name RTKL Associates Inc.
Business Telephone Number (786) 268-3200
Business Address 396 Alhambra Circle, South Tower Coral Gables 33134
ADDRESS CITY, STATE ZIP CODE

Corporation, Partnership, or Trust Represented:

Principal Name: Agave Ponce, LLC

Principal Address: 2601 S. Bayshore Drive, Suite 1215, Miami, FL 33133

Telephone Number: (305) 858-1890

ISSUE: Describe in detail, including address, if applicable, of the specific issue on which you will lobby: (Separate Application is required for each specific issue)

Old Spanish Village, 2801 - 2901 - 3001 Ponce de Leon Boulevard

CITY OF CORAL GABLES
RECEIVED BY THE
OFFICE OF THE CITY CLERK

I Dan Freed 2014 FEB -6 AM 11:51 hereby swear or affirm under penalty of per-
jury that all the facts contained in this Application are true and that I am aware
that these requirements are in compliance with the provisions of the City of Coral
Gables Ordinance No. 2006-11, governing Lobbying.

[Signature]
Signature of Lobbyist

February 6, 2014

Date

STATE OF FLORIDA)
)
COUNTY OF DADE)

BEFORE ME personally appeared Dan Freed to me well known and known to me to be the person
described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said in-
strument for the purposes therein expressed.

WITNESS my Hand and Official Seal this February 6, 2014.

X Personally Known

____ Produced ID



[Signature]
Notary Public
of Florida

For Office Use Only

Data Entry Date: _____, 20____.

Entered By: _____

Annual Fees Waived for Not-for-Profit Organization. Please attach documentary proof.



CITY OF CORAL GABLES
RECEIVED BY THE
OFFICE OF THE CITY CLERK

2014 APR 11 AM 11:48
CITY OF CORAL GABLES
LOBBYIST ANNUAL REGISTRATION APPLICATION
FOR EACH PRINCIPAL REPRESENTED

REGISTRATION #: _____

HAVE YOU BEEN RETAINED TO LOBBY ANY OF THE FOLLOWING FOR THE STATED PURPOSE?

CITY OFFICIALS: Mayor, City Commissioners, City Attorney, City Manager, City Clerk, Assistant City Manager, Special Assistant to City Manager, Heads or Directors of Departments, and their Assistant or Deputy, Police Major or Chief, Fire Major or Chief, Building and Zoning Inspectors Board, Committee Members, or any other City Official or staff.

FOR THIS PURPOSE: To encourage the approval, disapproval, adoption, repeal, passage, defeat or modification of any ordinance, resolution, action or decision of the City Commission; or any action, decision or recommendation of the City Commission, any Board, Committee or City Official.

IF THE FOREGOING APPLIES TO YOU, YOU ARE REQUIRED TO REGISTER AS A LOBBYIST:

Print Your Name JOHN BAILEY LOBBYIST

Print Your Business Name, if applicable RTKL ASSOCIATES

Business Telephone Number ~~786~~ 786.268.3200

Business Address 396 ALHAMBRA CR. CORAL GABLES, FL 33134
ADDRESS CITY, STATE ZIP CODE
SOUTH TOWER, SUITE 500

Federal ID#: 52-0884069

State the extent of any business or professional relationship you have with any current member of the City Commission.

NONE

PRINCIPAL REPRESENTED:

NAME HECTOR FERNANDEZ COMPANY NAME, IF APPLICABLE AGAVE PANCE LLC.
2601 S. BAYSHORE DRIVE
BUSINESS ADDRESS SUITE 1215 MIAMI FL 33133 TELEPHONE NO.: 305.858.1890

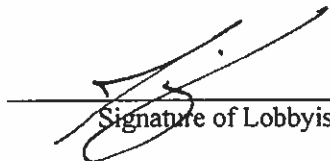
ANNUAL REPORT: On October 1st of each year, you are required to submit to the City Clerk a signed statement under oath listing all lobbying expenditures in excess of \$25.00 for the preceding calendar year. A statement is required to be filed even if there were no expenditures.

LOBBYIST ISSUE APPLICATION: Prior to lobbying for a specific issue, you are required to fill out a Lobbyist Issue Application form with the Office of the City Clerk; stating under oath, your name, business address, the name of each principal who employed you to lobby, and the specific issue on which you wish to lobby.

NOTICE OF WITHDRAWAL: If you discontinue representing a particular client, a notice of withdrawal is required to be filed with the City Clerk.

ANNUAL LOBBYIST REGISTRATION FEE: This Registration must be on file in the Office of the City Clerk prior to The filing of an Issue Application to lobby on a specific issue, and payment of a \$150.00 Lobbyist Registration Fee is required.

I JOSH BAILEY hereby swear or affirm under penalty of perjury that I have read the provisions of the City of Coral Gables Ordinance 2006-11, governing Lobbying and that all of the facts contained in this Registration Application are true and that I agree to pay the \$150.00 Annual Lobbyist Registration Fee.


Signature of Lobbyist

CITY OF CORAL GABLES
RECEIVED BY THE
OFFICE OF THE CITY CLERK
2014 APR 11 AM 11:48

STATE OF FLORIDA)
COUNTY OF DADE)

BEFORE ME personally appeared Josh Bailey to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed.

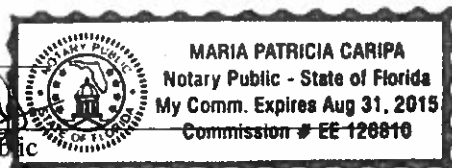
WITNESS my Hand and Official Seal this 10th of April, 2014

☒ Personally Known

☐ Produced ID

\$150.00 Fee Paid ☒

Fee Waived for Not-for-Profit Organizations (documentary proof attached.) ☐



Notary Public
State of Florida

Received By [Signature]

Date: 04/11/2014

CKH 1738

For Office Use Only

Data Entry Date: _____, 20____.

Entered By: _____



CITY OF CORAL GABLES
LOBBYIST
ISSUE APPLICATION

CITY OF CORAL GABLES
RECEIVED BY THE
OFFICE OF THE CITY CLERK

2014 APR 11 AM 11:48

REGISTRATION #: _____

HAVE YOU BEEN RETAINED TO LOBBY ANY OF THE FOLLOWING FOR THE STATED PURPOSE?

CITY OFFICIALS:

Mayor, City Commissioners, City Attorney, City Manager, City Clerk, Assistant City Manager, Special Assistant to City Manager, Heads or Directors of Departments, and their Assistant or Deputy, Police Major or Chief, Fire Major or Chief, Building and Zoning Inspectors, Board, Committee Members, or any City Official or staff.

FOR THIS PURPOSE:

To encourage the passage, defeat or modification of any ordinance, resolution, action or decision of the City Commission; or any action, decision or recommendation of any Board, Committee or City Official.

IF THE FOREGOING APPLIES TO YOU, YOU ARE REQUIRED TO REGISTER AS A LOBBYIST AND TO FILE THE FOLLOWING INFORMATION, UNDER OATH, WITH THE CITY CLERK FOR EACH ISSUE ADDRESSED. ISSUE FEE: NO CHARGE, PROVIDING YOU HAVE A CURRENT ANNUAL LOBBYIST REGISTRATION DOCUMENT ON FILE.

Print Your Name

JOSE BAILEY

LOBBYIST

Print Your Business Name

RTKL ASSOCIATES

Business Telephone Number

786-268-3200

Business Address

396 ALHAMBRA CR.
ADDRESS

CORAL GABLES, FL 33134
CITY, STATE ZIP CODE

Corporation, Partnership, or Trust Represented:

Principal Name: ALAVE PONCE LLC.

Principal Address: 2601 S. BAYSHORE DRIVE
SUITE 1215 MIAMI, FL 33133

Telephone Number: 305-858-1890

ISSUE: Describe in detail, including address, if applicable, of the specific issue on which you will lobby: (Separate Application is required for each specific issue)

DRC MEETING FOR URBAN VILLAGES AT PONCE CIRCLE.

I JOH BAILEY hereby swear or affirm under penalty of perjury that all the facts contained in this Application are true and that I am aware that these requirements are in compliance with the provisions of the City of Coral Gables Ordinance No. 2006-11, governing Lobbying.

[Signature]
Signature of Lobbyist

04.11.14
Date

2014 APR 11 AM 11:48
CITY OF CORAL GABLES
RECEIVED BY THE
OFFICE OF THE CITY CLERK

STATE OF FLORIDA)
COUNTY OF DADE)

Joshua David Bailey

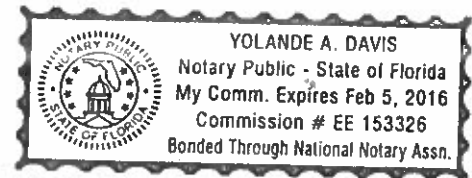
BEFORE ME personally appeared _____ to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed.

WITNESS my Hand and Official Seal this 11th day of April, 2014
[Signature]

 Personally Known

X Produced ID Driver License

Notary Public
State of Florida



For Office Use Only

Data Entry Date: _____, 20____.

Entered By: _____

Annual Fees Waived for Not-for-Profit Organization. Please attach documentary proof.

Bank of America Advantage

JOSHUA D BAILEY 05-02
NATHALIE C BAILEY
141 SW 96TH TER APT 302 (954) 551-3279
PLANTATION, FL 33324

1738

68-1/510 VA
1650

04.11.14

Date

Pay: CITY OF CORAL GABLES
to the order of ONE HUNDRED AND FIFTY ⁵⁰/₁₀₀ \$ 150.00
Dollars

Bank of America

ACH R/T 051000017

Memo LOBBYIST REGISTRATION

⑆051000017⑆ 004126707555⑈1738

Advantage

RECEIPT

DATE

04/11/2014

No. 635931

RECEIVED FROM

Joshua D. Bailey

\$ 150.00

FOR RENT

FOR

Joshua D. Bailey

DOLLARS

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH

☒ CHECK

☐ MONEY ORDER

☐ CREDIT CARD

FROM

BY

1738

TO

Active Force



CITY OF CORAL GABLES
LOBBYIST ANNUAL REGISTRATION APPLICATION
FOR EACH PRINCIPAL REPRESENTED

REGISTRATION #: _____

CITY OF CORAL GABLES
OFFICE OF THE CITY CLERK
2014 JUN 3 3:17 PM

HAVE YOU BEEN RETAINED TO LOBBY ANY OF THE FOLLOWING FOR THE STATED PURPOSE:

CITY OFFICIALS: Mayor, City Commissioners, City Attorney, City Manager, City Clerk, Assistant City Manager, Special Assistant to City Manager, Heads or Directors of Departments, and their Assistant or Deputy, Police Major or Chief, Fire Major or Chief, Building and Zoning Inspectors Board, Committee Members, or any other City Official or staff.

FOR THIS PURPOSE: To encourage the approval, disapproval, adoption, repeal, passage, defeat or modification of any ordinance, resolution, action or decision of the City Commission; or any action, decision or recommendation of the City Commission, any Board, Committee or City Official.

IF THE FOREGOING APPLIES TO YOU, YOU ARE REQUIRED TO REGISTER AS A LOBBYIST:

Print Your Name

EDUARDO AVILA

LOBBYIST

Print Your Business Name, if applicable

KEY REALTY ADVISORS, INC. (OLD SPANISH VILLAGE)

Business Telephone Number

305-857-0400

Business Address

2601 S Bayshore Dr #200 Miami, FL 33133

ADDRESS

CITY, STATE

ZIP CODE

Federal ID#:

65-0391567

State the extent of any business or professional relationship you have with any current member of the City Commission

Developer for AGAVE Ponce LLC Project
OLD SPANISH VILLAGE

PRINCIPAL REPRESENTED:

NAME

COMPANY NAME, IF APPLICABLE

AGAVE PONCE, LLC

BUSINESS ADDRESS

396 ALHAMBRA Circle
Suite #200, Coral Gables, FL

TELEPHONE NO.:

305-444-9102

ANNUAL REPORT: On October 1st of each year, you are required to submit to the City Clerk a signed statement under oath listing all lobbying expenditures in excess of \$25.00 for the preceding calendar year. A statement is required to be filed even if there were no expenditures.

LOBBYIST ISSUE APPLICATION: Prior to lobbying for a specific issue, you are required to fill out a Lobbyist Issue Application form with the Office of the City Clerk: stating under oath, your name, business address, the name of each principal who employed you to lobby, and the specific issue on which you wish to lobby.

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ANNUAL LOBBYIST REGISTRATION FEE: This Registration must be on file in the Office of the City Clerk prior to The filing of an Issue Application to lobby on a specific issue, and payment of a \$150.00 Lobbyist Registration Fee is required.

I EDUARDO AVILA hereby swear or affirm under penalty of per-
jury that I have read the provisions of the City of Coral Gables Ordinance 2006-
11, governing Lobbying and that all of the facts contained in this Registration
Application are true and that I agree to pay the \$150.00 Annual Lobbyist Regis-
tration Fee.

[Signature]
Signature of Lobbyist

STATE OF FLORIDA)
)
COUNTY OF DADE)

BEFORE ME personally appeared EDUARDO AVILA to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed.

WITNESS my Hand and Official Seal this June 27, 2014

X Personally Known
____ Produced ID

[Signature] M. 
Notary Public
State of Florida

\$150.00 Fee Paid _____ Received By _____ Date: _____
Fee Waived for Not-for-Profit Organizations (documentary proof attached.) _____

For Office Use Only	
Data Entry Date: _____, 20____.	Entered By: _____