



ANNUAL LOBBYIST REGISTRATION

FOR THE PERIOD JULY 1, 18 THRU JUNE 30, 19

FIRM WEXFORD STRATEGIES

NAME KEVIN DOYLE PHONE 904 806 1714 MAILING ADDRESS BOX 24897, JACKSONVILLE, FL 32257

LIST THE NAME AND BUSINESS ADDRESS OF EACH PRINCIPAL REPRESENTED. THEIR GENERAL AND SPECIFIC AREAS OF LEGISLATIVE INTEREST, AND THE NATURE AND EXTENT OF ANY DIRECT BUSINESS ASSOCIATION OR PARTNERSHIP WITH ANY CURRENT MEMBER OF THE BOARD OF COUNTY COMMISSIONERS, COUNTY STAFF, OR PERSON SITTING ON A DECISION-MAKING BODY UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS WITH THE PRINCIPAL.

(1) NAME AVAYA ADDRESS 4655 GREAT AMERICA PRWY, SANTA CLARA, CA 95054

AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.

(2) NAME

ADDRESS

AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.

(3) NAME

ADDRESS

AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.

(4) NAME

ADDRESS

AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.

(USE ADDITIONAL PAGES IF NECESSARY)

STATE OF FLORIDA

COUNTY OF LEE

I HEREBY CERTIFY that the statements made above are true and accurate. I further certify and acknowledge that I understand that it is my responsibility to file my annual and quarterly statements and that I will not be notified by the Clerk's Office of my failure to do so.

DATED this 09 day of March 2019

Signature of Lobbyist

NOTE: This document must be witnessed by either the Deputy Clerk or a Notary Public.

WITNESSED:

The foregoing instrument was signed and acknowledged before me

this 09 day of March 2019

who produced the following as identification Drivers license

or is personally known to me, and who did/did not take an oath. [Stamp or Seal]

Signature of Notary

Seth M. Salesbee

[Typed or Printed Name of Notary]

Deputy Clerk

