



LEE COUNTY
SOUTHWEST FLORIDA

ANNUAL LOBBYIST REGISTRATION

FOR THE PERIOD JULY 1, 2018 THRU JUNE 30, 2019

NAME Ronald E. Inbe PHONE 739-454-4999 x211

MAILING ADDRESS 5571 HALIFAX AVE. FORT MYERS, FL 33912

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 SEE ATTACHED

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.

PROPERTY DEVELOPMENT AND ZONING, LAND USE REGULATION

(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 28th day of June, 2019

LOBBYIST 

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

WITNESSED:

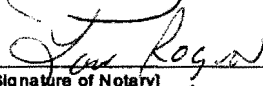
The foregoing instrument was signed and acknowledged before me

this 28th day of June, 2019

who produced the following as identification _____

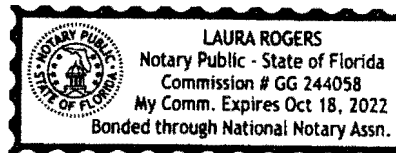
or is personally known to me, and who did/did not take an oath.

[Stamp or Seal]


[Signature of Notary]

Laura Rogers
[Typed or Printed Name of Notary]

Deputy Clerk



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PRINCIPALS REPRESENTED IN ITEM (1)

NAME:

ADDRESS:

Pine Quarry Holdings, LLC

4 Park Plaza
Suite 2000
Irvine, CA 92614

MCIN BELL, LLC

5571 Halifax Avenue
Fort Myers, FL 33912

McNew Property Holdings 3, LLC

5571 Halifax Avenue
Fort Myers, FL 33912

Harper Property Holdings 3, LLC

5571 Halifax Avenue
Fort Myers, FL 33912

RJS Florida LLC

PO Box 815
Lebanon, OH 45036

LSI Companies, Inc.

6810 International Blvd.
Fort Myers, FL 33912

RETLand, LLC

6810 International Blvd.
Fort Myers, FL 33912

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