## LEE COUNTY

## **ANNUAL LOBBYIST REGISTRATION**

FOR THE PERIOD JULY 1, 2020 THRU JUNE 30, 2021

NAME_ Daniei Delisi		PHONE 239-913-7159
MAILING ADDRESS 520 27th Street, West Pa	ılm Beach, FL 334	
LIST THE NAME AND BUSINESS ADDRESS OF EACH PRINCIPAL REPRESENTED DIRECT BUSINESS ASSOCIATION OR PARTNERSHIP WITH ANY CURRENT MEMBE BODY UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONER:	R OF THE BOARD OF COUNTY COM	REAS OF LEGISLATIVE INTEREST, AND THE NATURE AND EXTENT OF AN MISSIONERS, COUNTY STAFF, OR PERSON SITTING ON A DECISION-MAKIN
1) NAME Lipman Produce		
ADDRESS 315 East New Market Road, Immokalee	e, FL 34142	
AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY COMMISSIONERS.	COUNTY STAFF OR MEMBERS OF	DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD O
County staff, settlement discussions for a deni		
2) NAMESmall Brothers, LLC		
ADDRESS 12810 Tamiami Trail North, Suite 200,	Naples, FL, 34110	
AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY COMMISSIONERS.	COUNTY STAFF OR MEMBERS OF	DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD O
County staff, county commissioners, Comprehensi	ve plan amendment for	a commercial property in the DR/GR
3) NAME		
ADDRESS		
AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS.		
COUNTY COMMISSIONERS.		
1) NAME		
ADDDECC		
ADDRESS	COUNTY STAFF OR MEMBERS OF	DECISION MAKING BODIES LINDER THE JURISDICTION OF THE ROARD O
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AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY COMMISSIONERS.  (USE ADD  TATE OF FLORIDA  OUNTY OF LEE PAIN BY M-CL(  I HEREBY CERTIFY that the statements made above are file my annual and quarterly statements and that I will not be notifie	DITIONAL PAGES IF NECESS  e true and accurate. I further ce d by the Clerk's Office of my fa	rtify and acknowledge that I understand that it is my responsibilities to do oc.
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AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY COMMISSIONERS.  (USE ADDITION OF LEE PAIN BANG)  I HEREBY CERTIFY that the statements made above are of file my annual and quarterly statements and that I will not be notified that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and	e true and accurate. I further ce do by the Clerk's Office of my fa LOBE or a Notary Public.	ertify and acknowledge that I understand that it may responsibility to do to.  BYIST  Notary Public State of Florida Judith James-Seifert My Commission GG 332717
AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY COMMISSIONERS.  (USE ADD STATE OF FLORIDA  COUNTY OF LEE PAIN BANG.  I HEREBY CERTIFY that the statements made above are of file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I will not be notified to file my annual and quarterly statements and that I w	e true and accurate. I further ce do by the Clerk's Office of my fa LOBE or a Notary Public.	rrtify and acknowledge that I understand that it is my responsibilities to do to.  BYIST  Notary Public State of Florida Judith James-Seifert



## **ANNUAL LOBBYIST REGISTRATION**

FOR THE PERIOD JULY 1, 2020 THRU JUNE 30, 2021

NAME DeLisi, Inc., Daniel DeLisi	PHONE	239-913-7159
MAILING ADDRESS 520 27th Street, West Palm Beach, F		
LIST THE NAME AND BUSINESS ADDRESS OF EACH PRINCIPAL REPRESENTED, THEIR GENERAL AND S DIRECT BUSINESS ASSOCIATION OR PARTNERSHIP WITH ANY CURRENT MEMBER OF THE BOARD OF COL BODY UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS WITH THE PRINCIPAL		
(1) NAME Lipman Produce		
ADDRESS 315 East New Market Road, Immokalee, FL 34142		
AREAS OF LEGISLATIVE INTEREST ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEA COUNTY COMMISSIONERS  County staff, settlement discussions for a denied IPD	MBERS OF DECISION-MAKING BO	ODIES UNDER THE JURISDICTION OF THE BOARD OF
(2) NAME Small Brothers, LLC		
ADDRESS 12810 Tamiamı Trail North, Suite 200, Naples, FL, 341	10	······································
AREAS OF LEGISLATIVE INTEREST ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEA COUNTY COMMISSIONERS	MBERS OF DECISION-MAKING BO	DDIES UNDER THE JURISDICTION OF THE BOARD OF
County staff, county commissioners, Comprehensive plan amendm	ent for a commercial	property in the DR/GR
(3) NAME DR Horton		
ADDRESS 10541 Ben C Pratt/Six Mile Cypress Parkway, STE 100,	Fort Myers, FL 33966	3
AREAS OF LEGISLATIVE INTEREST ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEDICULARY COMMISSIONERS  COUNTY STAFF, ZONING ISSUES	ABERS OF DECISION-MAKING BO	ODIES UNDER THE JURISDICTION OF THE BOARD OF
(4) NAME	<del></del>	
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(USE ADDITIONAL PAGES IF	NECESSARY)	
STATE OF FLORIDA		
COUNTY OF LEE	_	
I HEREBY CERTIFY that the statements made above are true and accurate I to file my annual and quarterly statements and that I will not be notified by the Clerk's Office DATED this Statements and that I will not be notified by the Clerk's Office DATED this		dge that understand that it is my responsibility
NOTE This document must be witnessed by <u>either</u> the Deputy Clerk <u>or</u> a Notary Public	LOBBYIST	
WITNESSED		
The foregoing instrument vas algred and acknowledged before me		
the 54 hay of Jan Car	Deputy Clerk	
who ecoduced the following as identification  or is personally known to me, and who with did not take an oath.  [Stamp or Seal]		
VIII Cea William		7031 LEB 1 8 W 10: 1 P
[Signature of Notary]  DARLENE A. BROWN MY COMMISSION # GG 213365 EXPIRES: May 11, 2022		TOLETO SETUNIA
Typed or Printed Name of Bearing Search Thru Notery Public Underwriters		THAT HE