EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

44
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 04/08/05
ESUPP

3050037

Instructions

- Print in ink or type.
- Complete them and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-0630. No fee is required.
- This form must be submitted **within 5 days** of any changes in your registration form or to add employers or those you represent. It must be submitted **within 10 days** of any termination of employment or representations.

1. NAME Karlinsky, Fred B.
Last First MI

NAME CHANGE
Last First MI

2. BUSINESS PHONE (954) 492-4010
(Area Code) Phone Number

3. FAX PHONE (954) 492-1144

4. BUSINESS ADDRESS Colodny, Fass, Talenfeld, Karlinsky & Abate, P.A.
Street and No. City State Zip

MAILING ADDRESS 2000 West Commercial Blvd., Suite 232, Ft. Lauderdale, FL 33309
Street and No. City State Zip

5. EMPLOYER Colodny, Fass, Talenfeld, Karlinsky & Abate, P.A.

6. EMPLOYER'S ADDRESS 2000 West Commercial Blvd., Suite 232, Ft. Lauderdale, FL 33309
Street and No. City State Zip

7. Have you ceased or terminated all lobbying activities requiring registration? Yes No X

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable

1) Name Star Casualty Insurance Company

Address 3750 West Flagler Street, Miami, FL 33134

Business or purpose Insurance

☒ New Representation
Does this person pay you? Yes

If No, who pays you?

☐ Terminated Representation as of _____

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2) Name Florida Surplus Lines Service Office

Address 1441 Maclay Commerce Drive, Tallahassee, FL 32312

Business or purpose Insurance

☒ New Representation
Does this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of _____

3) Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

_____
Signature of Lobbyist