EXECUTIVE LOBBYING SUPPLEMENTAL REGISTRATION FORM

44
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 03/13/07
LSUPP

3060154

Instructions

- Print in ink or type.
- Complete form 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) 842-6630. 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 E.
Last First MI

NAME CHANGE
Last First MI

2. BUSINESS PHONE 954-332-1749
(Area Code) Phone Number

3. FAX PHONE 954-492-1144

4. BUSINESS ADDRESS One Financial Plaza, 23rd Floor, 100 S.E. 3rd Avenue Fort Lauderdale, FL 33394
Street and No. City State Zip

MAILING ADDRESS One Financial Plaza, 23rd Floor, 100 S.E. 3rd Avenue
Street and No. City State Zip

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

6. EMPLOYER'S ADDRESS One Financial Plaza, 23rd Floor, 100 S.E. 3rd Ave. Fort Lauderdale, FL 33394
Street and No. City State Zip

7. Have you ceased or terminated **all** lobbying activities requiring registration? Yes____ No xx

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.

I) Name National Vision Administrators, LLC

Address 1200 Route 46 West Clifton, NJ 07013

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_____

Address_____

Business or purpose_____

☐ New Representation
Does this person pay you?_____

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