

IF YES, THIS FORM MUST STILL BE COMPLETELY FILLED OUT.

ABREV SERGIO —
Name of Lobbyist (Last) (First) (M.I.)
5101 NW 21ST AVE, FT LAUDERDALE FL 33309
Business Name and Address (Number and Street) (City) (State) (Zip Code)

Residence Address (Number and Street) (City) (State) (Zip Code)
954-453-0804 sabrev@tecoenergy.com
Telephone Number: Fax Number: Email:

I. Lobbyist Retained by:

TECO ENERGY
Name of Principal/Client:
TECO ENERGY 702 N. FRANKLIN ST, TAMPA, FL 33602
Business Name and Address (Number and Street) (City) (State) (Zip Code)

Telephone Number: Fax Number: Email:
UTILITY
Nature of Business

Fill out this section, if principal is a Corporation, Partnership, or Trust

*Name of Chief Officer, Partner, or Beneficiary:
JOHN RAMIL, CEO

*Identify all persons holding, directly or indirectly, a 5% or more ownership interest in such corporation, partnership or trust:
PUBLICLY TRADED

II. General and specific subject matter of Lobby Issue(s).

NATURAL GAS

III. Specify the extent of any direct business association by the lobbyist with any current elected or appointed official or employee of the Town of Hillsboro Beach. For the purposes of this Article, the term "direct business association" shall mean any mutual endeavor undertaken for profit or compensation.

NONE

IV. A lobbyist representing a group, association, or organization shall, prior to engaging in lobbying, receive appropriate authorization from said group, association, or organization to lobby on its behalf upon a particular subject matter. Please provide a copy of the applicable minutes, motion, or other documentation of action.

N/A LOBBYIST IS AN EMPLOYEE

V. City Agencies/Individuals to be lobbied:

A. Full Name(s) of Individual/Title(s):

COMMISSIONER JAVIER GARCIA

B. Any Financial, Familial or Professional Relationship with anyone listed in subpart V(A):

NONE

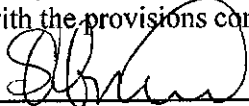
VI. Disclosure of terms and amounts of lobbyist compensation (disclose whether hourly, flat rate contingency or other):

"Contingency fee" means a fee, bonus, commission, or nonmonetary benefit as compensation, which is dependent, or in any way contingent on the enactment, defeat, modification, or other outcome of any specific action of the Town Commission.

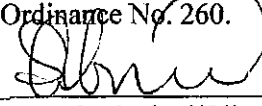
NONE

VII. Signature Under Oath

I do solemnly swear that all of the foregoing facts are true and correct and that I have read or am familiar with the provisions contained in the Town of Hillsboro Beach's Ordinance No. 260.



Signature of Lobbyist



Signature of Principal/Client

VIII. Signature and Stamp of Notary

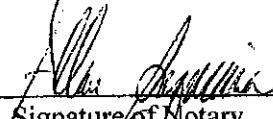
Notarization of LOBBYIST signature:

State of Florida
County of ~~Broward~~ MIAMI-DIXIE (AJ)

SWORN TO and subscribed before me this 27 day of AUGUST 2013.



Allan Sequeira
COMMISSION # DD971648
EXPIRES: MAR. 21, 2014
WWW.AARONNOTARY.COM



Signature of Notary

Personally known or
 Produced ID FLORIDA DRIVERS LICENSE

Notarization of PRINCIPAL'S signature:

State of Florida
County of ~~Broward~~ MIAMI-DIXIE (AJ)

SWORN TO and subscribed before me this 27 day of AUGUST 2013.



Allan Sequeira
COMMISSION # DD971648
EXPIRES: MAR. 21, 2014
WWW.AARONNOTARY.COM



Signature of Notary

Personally known or
 Produced ID FLORIDA DRIVERS LICENSE

FOR CLERKS USE ONLY

Lobbyist Registration Form received and verified by: _____