Agenda Item No: 74-7

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS <u>BOARD APPOINTMENT SUMMARY</u>

Meeting Date:	March 23, 2010	· ·
Submitted By:	Office of Small Business Assistance	
Advisory Board	Name: Small Business Assistance Advisory Committee	

I. <u>EXECUTIVE BRIEF</u>

Motion and Title: Staff recommends motion to approve: Reappointment of three (3) individuals to the Small Business Assistance Advisory Committee, for the terms indicated below.

Reappoint

<u>Nominee</u> Evelyn Parkes	<u>Seat</u> 2	Designation Certified Hispanic Business Owner	<u>Term</u> 03/23/2010-09/30/2013	Nominated By Comm. Abrams Comm. Koons Comm. Marcus Comm. Taylor Comm. Vana
Scott Johnson	11	The Associated General Contractors of America	03/23/2010-09/30/2013	Comm. Aaronson Comm. Koons Comm. Marcus Comm. Taylor The Associated General Contractors of America
Laurie Rogers	8	National Association of Women in Construction	03/23/2010-09/30/2013	Comm. Aaronson Comm. Koons Comm. Marcus Comm. Taylor National Association of Women in Construction

Summary: The SBA Advisory Committee is established pursuant to Section 2.80.32, of the Palm Beach County Code. The committee consists of fourteen (14) members representing one (1) black business owner certified as a small business by the County; one (1) Hispanic business owner certified as a small business by the County; one (1) woman business owner certified as a small business by the County; one (1) white male business owner certified as a small business by the County; one (1) white male business owner certified as a small business by the County; one (1) white male business owner certified as a small business by the County; one (1) white male business owner certified as a small business by the County; one (1) business owner domiciled in Palm Beach County; one (1) representative of the Palm Beach County; one (1) representative of the National Association of Women in Construction; one (1) representative of a Women's Business Organization; one (1) certified minority contractor; one (1) representative of The Associated General Contractors of America; one (1) representative of the Small Business Development Center; one (1) representative of the Business Loan Fund of the Palm Beaches; and one (1) representative of a black chamber of commerce. (Continue on Page 3)

Background and Justification: (On Page 3)

Attachments:

1. Board Appointment Information Forms	
Recommended By. Hazel L.K. Oxendine	3/16/10 Date
Legal Sufficiency: Assistant County Attorney	3/17/10 Date

II. <u>REVIEW COMMENTS</u>

A. Other Department Review:

Department Director

Summary: (Continued from Page 1) Seat Numbers 2, 8 and 11 are available because the incumbents' terms have expired. All of the representatives have expressed a desire to continue in the same capacity. The Certified Hispanic Business Owner, The National Association of Women in Construction (NAWIC), The Associated General Contractors of America (AGC), and the SBA Advisory Committee support this effort. A memo was sent to the Board of County Commissioners on January 8, 2010 which requested nominations to the committee for Seat Number 8 for National Organization of Women in Construction and Seat Number 11 for Associated General Contractors. A memo was sent to the Board of County Commissioners to the committee for Seat Number 8 for National Organization of the Board of County Commissioners on February 10, 2010 which requested nominations to the committee for Seat Number 2 for the Certified Hispanic Business Owner. No other nominations were received. Countywide TKF

Background and Justification: Section 2.80.32, as amended, of the Palm Beach County Code, provided for appointments to be made from specific organizations and representatives of the small business community. The SBA Advisory Committee consists of fourteen (14) members and the terms of the seats are for three (3) years. This SBA Advisory Committee seat make up is diversified. With two vacant seats, the SBE Advisory Committee consists of seven (7) women and five (5) men; four (4) African-American (2 Women, 2 Men); one (1) Asian-American Woman; four (4) Caucasian American (2 Women, 2 Men); and, three (3) Hispanic American (2 Women, 1 Man). The SBA Advisory Committee reviews and evaluates the effectiveness of small business programs within County Government.

<u>Part I:</u>

Board Name: Palm Bea	ach County Small Busine	ss Assistance Advis	ory Committee
[X] At Large App	ointment or	[] District	Appointment
Term of Appointment:	3 Years. Fr	rom: 03/09/2010	To: 09/30/2013
Seat Requirement: <u>Cert</u>	ified Hispanic Business (Owner	Seat #:
[X]*Reappointm	ent or	[] New Ap	pointment
or [] to complete t term of Completion of term to expire on:	he	Due to:	[] resignation [] other
<u>Part II:</u> APPLICA	ANT, UNLESS EXEMPTI	ED, MUST BE A CO	OUNTY RESIDENT
Name: Parkes	Last	Evelyn First	F. Middle
Occupation/Affiliation:	Business Owner/ CPA/	Accounting (Public	Accounting)
Business Name:	Evelyn F. Parkes, C.P.A	, P.A.	
Business Address:	420 Clematis Street, 2 nd	Floor	
City & State	West Palm Beach, FL	Zip	Code: 33401
Residence Address:	14049 Port Circle		
City & State	West Palm Beach, FL	Zip	Code: 33401
Home Phone: (56	1) 624-3396	-	(561) 366-9250 Ext.
Cell Phone: _()	Fax:	(561) 366-9251
Email Address:	escpa@msn.com	·	
Mailing Address prefere	ence: [X]Business []	Residence	
Minority Identification [] IF (Native-American [] AF (Asian-American [] BF (African-America [] HF (Hispanic-Americ [] WF (Caucasian Fema	Female)[] IMFemale)[] ANn Female)[] BNan Female)[] HM	I (Native-American M (Asian-American M (African-American I (Hispanic-American M (Caucasian Male)	Male) n Male)
Part III: COMMISSIC	DNER COMMENTS		
Appointment to be made	at BCC Meeting on:	March 9, 2010	
*When a person is being conflicts shall be conside	g considered for re-appoi ered by the Board of Cou	ntment, the numbe inty Commissioners	r of previous disclosed voting
-0- Number of prev	iously disclosed voting con	inflicts during the pre	evious term
Signature: Steve	a Abrans	<u>db</u> Date	: 2/18/10

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Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by member of the public. 0.2 - 2.2 - 1.0 PO3: 2.3 RCVD

<u>Part I:</u>

Board Name: Palm Be	ach County Small Bi	isiness Assi	stance Adv	isory Co	mmittee		
[X] At Large App	ointment or		[] Distric	t Appoin	tment		
Term of Appointment:	3 Years.	From:	03/09/2010) T	Co: 09/30/	2013	
Seat Requirement: <u>Cer</u>	tified Hispanic Busin	ess Owner		S	leat #: <u>2</u>		
[X]*Reappointm	nent or	•	[] New A	ppointme	ent		
or [] to complete t term of Completion of term to expire on:	he		Due to:	[] r(esignation	[]	other
Part II: APPLICA	ANT, UNLESS EXEN	APTED, MU	UST BE A C	COUNTY	RESIDEN	T	
Name: Parkes	Last	Evely	n First		F.	Aiddle	
Occupation/Affiliation:	Business Owner/ C	PA/ Accoun	ting (Publi	c Accoun	ting)		
Business Name:	Evelyn F. Parkes, C	**********************					
Business Address:	420 Clematis Street						
City & State				n Cada	22.401		. <u> </u>
Residence Address:	West Palm Beach, I	۲ ۲	Z1	p Code:	33401		
	14049 Port Circle						
City & State	West Palm Beach, I	FL	Zi	p Code:	33401	<u> </u>	
Home Phone: (50	61) 624-3396	Busin Fax:	ess Phone:	(561)	366-9250		Ext.
Cell Phone: ()			(561)	366-9251		
Email Address: park	escpa@msn.com			. <u> </u>			
Mailing Address prefer	ence: [X] Business	[] Reside	nce				
Minority Identification [] IF (Native-American [] AF (Asian-American [] BF (African-America [X] HF (Hispanic-Americ [] WF (Caucasian Fema	a Female)[Female)[an Female)[an Female)[] IM (Nativ] AM (Asia] BM (Afric] HM (Hispa] WM (Cauc	n-American can-America anic-Americ	Male) an Male) an Male)			
Part III: COMMISSIC		-					
Appointment to be made	at BCC Meeting on:	March	9, 2010				
*When a person is being conflicts shall be consid	g considered for re-a ered by the Board of	ppointment County Co	, the numb mmissione	er of pre rs.	vious discl	osed vo	oting
-0- Number of prev	iously disclosed votin	g conflicts o	luring the p	revious te	erm		
Signature:	+ Koors		Dat	e:			
Pursuant to Florida's Public Records	Law, this document may be revie	wed and photocop	oied by member of	f the public.			

02-22-10P03:23 RCVD

<u>Part I:</u>

Board Name: Palm Bo	each County Smal	l Business Ass	sistance Advis	ory Committee		
[X] At Large Ap	pointment	or	[] District	Appointment		
Term of Appointment:	3 Years.	From:	03/09/2010	To:	/2013	
Seat Requirement: Cer	tified Hispanic Bu	usiness Owner	•	Seat #: _2		
[X]*Reappointr	nent	or	[] New App	pointment		
or [] to complete term of	the		Due	[] resignation	[] other	
Completion of term to expire on:			to:			
Part II: APPLIC	'ANT, UNLESS EX	XEMPTED, M	UST BE A CO	OUNTY RESIDE	NT	
Name: Parkes	·	Evel		F.		
	Last		First		Middle	
Occupation/Affiliation:	Business Owner	/ CPA/ Accou	nting (Public	Accounting)		
Business Name:	Evelyn F. Parke	es, C.P.A., P.A	•	· · · · · · · · · · · · · · · · · · ·		
Business Address:	420 Clematis St	reet, 2 nd Floor				
City & State	West Palm Beac	ch, FL	Zip	Code: 33401	L	
Residence Address:	14049 Port Circ	le				
City & State	West Palm Beac	ch, FL	Zip	Code: 33401	l	
Home Phone: (5	61) 624-3396		ness Phone:	(561) 366-9250	Ext.	
Cell Phone: _()	Fax:		(561) 366-9251		
Email Address:	kescpa@msn.com					
Mailing Address prefe	rence: [X] Busine	ess []Resid	ence			
Minority Identification Code:[] IF (Native-American Female)[] IM (Native-American Indian Male)[] AF (Asian-American Female)[] AM (Asian-American Male)[] BF (African-American Female)[] BM (African-American Male)[X] HF (Hispanic-American Female)[] HM (Hispanic-American Male)[] WF (Caucasian Female)[] WM (Caucasian Male)						
Part III: COMMISSI	ONER COMMEN	ITS				
Appointment to be made	e at BCC Meeting o	on: March	9, 2010			
*When a person is bein conflicts shall be consid	ng considered for r lered by the Board	re-appointmer d of County C	nt, the number ommissioners	r of previous disc	losed voting	
-0- Number of pre-	viously disclosed v	oting conflicts	during the pre	vious term		
Signature: Undy	& Devily	eige	Date	:117/10		

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<u>Part I:</u>

Board Name: Palm Be	each County Sma	ll Business Ass	sistance Advisor	y Committee	
[X] At Large Ap	pointment	or	[] District A	ppointment	
Term of Appointment:	3 Years.	From:	03/09/2010	To: 09/30/201	3
Seat Requirement: <u>Cer</u>	tified Hispanic E	Business Owner	•	Seat #: _2	
[X]*Reappointr	nent	or	[] New Appo	intment	
or [] to complete term of Completion of term to expire on:	the		Due [to:] resignation [] other
<u>Part II:</u> APPLIC	ANT, UNLESS E	EXEMPTED, M	UST BE A COU	UNTY RESIDENT	
Name: Parkes		Evel	yn	F.	
· .	Last		First	Mide	ile
Occupation/Affiliation:	Business Owne	er/ CPA/ Accou	nting (Public A	ccounting)	
Business Name:	Evelyn F. Park	es. C.P.A., P.A			
Business Address:	420 Clematis S				
City & State	West Palm Bea	ich, FL	Zip C	ode: <u>33401</u>	
Residence Address:	14049 Port Cir	cle	· · · · · · · · · · · · · · · · · · ·		
City & State	West Palm Bea	ich, FL	Zip C	ode: <u>33401</u>	
Home Phone: (5	61) 624-3396	Busii	ness Phone: _(561) 366-9250	Ext.
Cell Phone:)	Fax:	_(:	561) 366-9251	
Email Address: _park	xescpa@msn.com	н н П			
Mailing Address prefer	cence: [X]Busir	ness []Resid	ence		
Minority Identification [] IF (Native-American [] AF (Asian-American [] BF (African-American [] BF (Hispanic-American [] WF (Caucasian Fema	n Female) 1 Female) an Female) can Female)	[] AM (Asi [] BM (Afr [] HM (Hisj	ve-American In an-American M ican-American N panic-American ucasian Male)	ale) Male)	
<u>Part III:</u> COMMISSI	ONER COMME	NTS			
Appointment to be made	at BCC Meeting	on: March	9, 2010		
*When a person is bein conflicts shall be consid	g considered for lered by the Boar	re-appointmer rd of County C	nt, the number of ommissioners.	of previous disclose	d voting
-0- Number of prev	viously disclosed	voting conflicts	during the previ	ous term	
Signature: Roder) AD		Date: _	2/11/10	

<u>Part I:</u>

Board Name: Palm Be	ach County Small Bus	siness Assi	stance Adv	isory C	ommittee		
[X] At Large App	ointment or		[] Distric	t Appoi	intment		
Term of Appointment:	<u>3</u> Years.	From:	03/09/201	0	To: <u>09/30/</u>	2013	
Seat Requirement:Cer	tified Hispanic Busine	ess Owner			Seat #: <u>2</u>		,
[X]*Reappointm	nent or		[] New A	ppointn	nent		
or [] to complete t term of Completion of term to expire on:	he		Due to:	[]	resignation	[]	other
Part II: APPLICA	ANT, UNLESS EXEM	PTED, MU	UST BE A (C OUNI	Y RESIDEN	/ T	
Name: <u>Parkes</u>	Last	Evely	n First		F.	Aiddle	
Occupation/Affiliation:	Business Owner/ CP	A/ Accoun	ting (Publi	c Acco	unting)		
Business Name:	Evelyn F. Parkes, C.	.P.A., P.A.					
Business Address:	420 Clematis Street,	2 nd Floor					
City & State	West Palm Beach, F	L	Zi	p Code	: 33401		
Residence Address:	14049 Port Circle						
City & State	West Palm Beach, F	L	Zi	p Code	: 33401		
Home Phone: (56	61) 624-3396		ess Phone:	(561) 366-9250		Ext.
Cell Phone: ()	Fax:		(561) 366-9251		
Email Address: park	escpa@msn.com						
Mailing Address prefer	ence: [X] Business	[] Reside	nce				
Minority Identification [] IF (Native-American [] AF (Asian-American [] BF (African-American [] BF (Hispanic-American [] WF (Caucasian Fema	Female)[]Female)[]In Female)[]can Female)[]	AM (Asia BM (Afric HM (Hispa	ve-Americar in-Americar can-America anic-Americ casian Male	n Male) an Male can Mal	e)		
Part III: COMMISSIC	DNER COMMENTS						
Appointment to be made	at BCC Meeting on:	March	9, 2010	<u> </u>			
*When a person is being conflicts shall be consid	g considered for re-ap ered by the Board of (pointment County Co	t, the numb mmissione	er of p rs.	revious discl	osed va	oting
-0- Number of prev	iously disclosed voting	g conflicts c	luring the p	revious	term ,		
Signature:	y Vana		Dat	te: _2	17 10		

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<u>Part I:</u>

Board Name: Palm Be	ach County Small Busi	ness Assistance Adv	sory Committee	<u>, </u>
[X] At Large App	pointment or	[] Distric	t Appointment	
Term of Appointment:	3 Years.	From: 02/02/2010	To: <u>02/02/2013</u>	
Seat Requirement: Ass	ociated General Contra	ictor	Seat #: <u>11</u>	
[X]*Reappointme	ent or	[] New A	ppointment	
or [] to complete term of Completion of term to expire on:	the	Due to:	[] resignation []	other
<u>Part II:</u> APPLIC	ANT, UNLESS EXEMP	PTED, MUST BE A (COUNTY RESIDENT	
Name: Johnson	Last	Scott First	Middle	
Occupation/Affiliation:	Business Owner			
Business Name:	Johnson-Davis, Inc.			
Business Address:	604 Hillbrath Drive			
City & State	Lantana, FL	Zi	p Code: 33462	
Residence Address:	19826 Loxahatchee Po	ointe Drive		
City & State	Jupiter, FL	Zi	p Code: 33458	
Home Phone: (56	1) 745-2542	Business Phone: Fax:	(561) 588-1170 H	Ext.
Cell Phone: ()	Гах. —	(561) 585-5252	
Email Address: jtren	dov@johnsondavis.com	n		
Mailing Address prefer	ence: [X] Business [] Residence		
Minority Identification [] IF (Native-American [] AF (Asian-American [] BF (African-America [] HF (Hispanic-America [] WF(Caucasian Femal	n Female)[]]Female)[]]un Female)[]]can Female)[]]	IM (Native-American AM (Asian-American BM (African-America IM (Hispanic-Americ WM (Caucasian Male	Male) in Male) an Male)	
<u>Part III:</u> COMMISSIC	DNER COMMENTS			
Appointment to be made	at BCC Meeting on:	February 2, 2010		
*When a person is being conflicts shall be consid	g considered for re-app ered by the Board of C	ointment, the numb ounty Commissioner	er of previous disclosed vot s.	ing
-0- Number of prev	viously disclosed voting of	conflicts during the pr	evious term	
Signature: Buck	bo	Dat	e:	

<u>Part I:</u>

Board Name: Palm Be	ach County Small I	Business As	sistance Adv	visory C	ommittee		
[X] At Large App	pointment	or	[] Distric	et Appoi	ntment		
Term of Appointment:	3 Years.	From:	02/02/201	0	To: <u>02/02/</u>	2013	
Seat Requirement: Ass	ociated General Co	ntractor			Seat #: <u>11</u>		
[X]*Reappointme	ent	or	[] New A	ppointm	nent		
or [] to complete term of Completion of term to expire on:	the		Due to:	[]	resignation	[]	other
Part II: APPLIC	ANT, UNLESS EXE	EMPTED, M	(UST BE A (COUNT	Y RESIDEN	T	
Name: Johnson		Scot					
	Last		First		Ν	fiddle	
Occupation/Affiliation:	Business Owner				·		
Business Name:	Johnson-Davis, In	ic.					
Business Address:	604 Hillbrath Driv	ve					
City & State	Lantana, FL		Zi	ip Code:	33462		
Residence Address:	19826 Loxahatche	ee Pointe Dr	ive				
City & State	Jupiter, FL		Zi	ip Code:	33458		
Home Phone: (56	1) 745-2542		ness Phone:	(561)	588-1170		Ext.
Cell Phone: ()	Fax:		(561)	585-5252		
Email Address: jtren	dov@johnsondavis	.com					
Mailing Address prefer	ence: [X] Business	[] Reside	nce				
Minority Identification [] IF (Native-American [] AF (Asian-American [] BF (African-America [] HF (Hispanic-America [] WF(Caucasian Femal	n Female) [Female) [In Female) [In Female) [] AM (Asi] BM (Afi] HM (His	ive-Americar ian-Americar ican-Americ panic-Americ ucasian Male	n Male) an Male can Male)		
Part III: COMMISSIC	DNER COMMENT	S					
Appointment to be made	at BCC Meeting on:	Febru	ary 2, 2010				
*When a person is being conflicts shall be consid	g considered for re- ered by the Board o	appointmer of County C	nt, the numb ommissione	er of pr rs.	evious discle	osed vo	oting
-0- Number of prev	viously disclosed vot	ing conflicts	during the p	revious	term		
Signature:	FEDER		Dat		2170		

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<u>Part I:</u>

Board Name: Palm Beach County Small Business Assistance Advisory Committee
[X] At Large Appointment or [] District Appointment
Term of Appointment: 3 Years. From: 02/02/2010 To: 02/02/2013
Seat Requirement: Associated General Contractor Seat #: 11
[X]*Reappointment or [] New Appointment
or [] to complete the Due [] resignation [] other to:
Completion of term to expire on:
Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT
Name: Johnson Scott
Last First Middle
Occupation/Affiliation: Business Owner
Business Name: Johnson-Davis, Inc.
Business Address: 604 Hillbrath Drive
City & State Lantana, FL Zip Code: 33462
Residence Address: 19826 Loxahatchee Pointe Drive
City & State Jupiter, FL Zip Code: 33458
Home Phone: (561) 745-2542 Business Phone: (561) 588-1170 Ext
Cell Phone:
Email Address: jtrendov@johnsondavis.com
Mailing Address preference: [X] Business [] Residence
Minority Identification Code:[] IF (Native-American Female)[] IM (Native-American Indian Male)[] AF (Asian-American Female)[] AM (Asian-American Male)[] BF (African-American Female)[] BM (African-American Male)[] HF (Hispanic-American Female)[] HM (Hispanic-American Male)[] WF(Caucasian Female)[X] WM (Caucasian Male)
Part III: COMMISSIONER COMMENTS
Appointment to be made at BCC Meeting on: February 2, 2010
*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.
-0- Number of previously disclosed voting conflicts during the previous term
Signature: Charly & De Filippo For Date: 1/22/10

COMMISSIONEV Kaken T. Marcus Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by member of the public.

<u>Part I:</u>

Board Name: Palm Be	ach County Small	Busines	s Assistan	ce Advi	isory C	ommit	tee		
[X] At Large App	pointment	or	[]	Distric	t Appoi	ntment	;		
Term of Appointment:	3 Years.	Fre	om: <u>02</u> /	/02/2010)	To: _(02/02/2	013	
Seat Requirement: Asse	ociated General C	ontracto	r			Seat #	: _11_		
[X]*Reappointme	ent	or	[]	New A	ppointn	nent		•	
or [] to complete term of Completion of term to expire on:	the			Due to:	[]	resign	ation	[]	other
Part II: APPLIC	ANT, UNLESS EX	<i>EMPTE</i>	D, MUST	BEAC	COUNT	Y RES	IDEN	T	•
Name: Johnson	·		Scott						
	Last			First			М	iddle	
Occupation/Affiliation:	Business Owner	<u>k</u>							
Business Name:	Johnson-Davis, l	nc.	· · · · · · · · · · · · · · · · · · ·						
Business Address:	604 Hillbrath Dr	ive							
City & State	Lantana, FL			Zi	p Code:		33462		
Residence Address:	19826 Loxahatel	iee Poin	te Drive			•			-
City & State	Jupiter, FL			Zi	p Code:		33458		
Home Phone: (56	1) 745-2542		Business I	Phone:	(561)	588-1	170		Ext.
Cell Phone: ()		Fax:		(561)	585-5	252		
Email Address: jtren	dov@johnsondav	is.com			· · · · ·				
3 <i>4</i> , 11, 4, 1, 1, 0		, , , , , , , , , , , , , , , , , , ,	• •	•					×
Mailing Address prefer	ence: [X] Busines	s []R	esidence	• • •					
Minority Identification [] IF (Native-American [] AF (Asian-American [] BF (African-American [] HF (Hispanic-American [] WF (Caucasian Femal	n Female) Female) an Female) can Female)	[] AM [] BM [] HM	(Native-A I (Asian-A I (African- (Hispanic I (Caucasi	merican America -Americ	i Male) an Male an Male)			
Part III: COMMISSIC	ONER COMMEN	TS							
Appointment to be made	at BCC Meeting of	n: <u>F</u>	ebruary 2,	, 2010		-			
*When a person is bein conflicts shall be consid	🗢			11 a. d. 11 a. d. 11	· · · -	eviou	s disclo	sed vo	ting
-0- Number of prev	viously disclosed vo	oting con	flicts durir	ng the pi	revious	term			
Signature Lise		· · · · · · · · · · · · · · · · · · ·		Dat	e: 1/2	01/10			

<u>Part I:</u>

Board Name: Palm Be	ach County Small Bu	isiness Assistance Ad	visory Com	mittee	
[X] At Large App	oointment or	[] Distr	ict Appointr	nent	
Term of Appointment:	3 Years.	From: 02/02/20	10 To	o: <u>02/02/2013</u>	
Seat Requirement: <u>Nat</u>	ional Organization of	f Women in Construc	<u>tion</u> Se	eat #: _8	
[X]*Reappointn	nent or	[] New .	Appointmen	ıt	
or [] to complete term of Completion of term to expire on:	the	Due to:	[] re:	signation []	other
Part II: APPLIC	ANT, UNLESS EXEN	APTED, MUST BE A	COUNTY	RESIDENT	
Name: Rogers		Laurie		A.	
	Last	First		Middle	•
Occupation/Affiliation:	Business Owner				
Business Name:	Testing Labs of Pal	m Beach, Inc.			
Business Address:	P.O. Box 211, 421 S	outh "H" Street			
City & State	Lake Worth, FL	2	Zip Code:	33460	
Residence Address:	14644 Canal View I	Drive, Apartment C			
City & State	Delray Beach, FL	2	Zip Code:	33484	
Home Phone: ()	Business Phone:	(561) 5	585-7515	Ext.
Cell Phone: ()	Fax:	(561) 5	85-7622	
Email Address: testp	b@bellsouth.net				
Mailing Address prefer	ence: [X] Business	[] Residence			
Minority Identification [] IF (Native-American [] AF (Asian-American [] BF (African-America [] HF (Hispanic-America [] WF (Caucasian Fema	n Female) [Female) [an Female) [can Female) [] IM (Native-America] AM (Asian-America] BM (African-Ameri] HM (Hispanic-Amer] WM (Caucasian Mal	an Male) can Male) rican Male)	ale)	
Part III: COMMISSIO	ONER COMMENTS				
Appointment to be made	at BCC Meeting on:	February 2, 2010			
*When a person is bein conflicts shall be consid				ious disclosed	voting
-0- Number of prev	viously disclosed votin	g conflicts during the	previous ter	m	
-0- Number of prev Signature: Built	tu	D	ate:		

<u>Part I:</u>

Board Name: Palm Be	each County Small	Business Ass	istance Advisory (Committee	
[X] At Large Appointment or [] Distr				intment	
Term of Appointment:	3 Years.	From:	02/02/2010	To: 02/02/2013	
Seat Requirement: <u>Nat</u>	ional Organizatior	n of Women i	n Construction	Seat #: 8	
[X]*Reappointr	nent	or	[] New Appoint	ment	
or [] to complete term of Completion of term to expire on:	the		Due [] to:	resignation []	other
Part II: APPLIC	'ANT, UNLESS EX	EMPTED, M	UST BE A COUN	TY RESIDENT	
Name: Rogers		Laur		A.	
	Last		First	Middle	
Occupation/Affiliation:	Business Owner				
Business Name:	Testing Labs of I	Palm Beach, l	nc.		
Business Address:	P.O. Box 211, 42	1 South "H"	Street	· · · · · · · · · · · · · · · · · · ·	
City & State	Lake Worth, FL		Zip Code	e: <u>33460</u>	
Residence Address:	14644 Canal Vie	w Drive, Apa	rtment C		
City & State	Delray Beach, Fl	Ĺ	Zip Code	33484	
Home Phone:)		ness Phone: (561) 585-7515	Ext.
Cell Phone: ()	Fax:	(561) 585-7622	
Email Address:testp	b@bellsouth.net				
Mailing Address prefer Minority Identification		ss []Reside	ence		
 IF (Native-American AF (Asian-American BF (African-American HF (Hispanic-American HF (Hispanic-American WF (Caucasian Fem 	i Female) an Female) can Female)	[] AM (Asi [] BM (Afr	ve-American Indian an-American Male) ican-American Mal panic-American Ma Icasian Male)	e)	
Part III: COMMISSI	ONER COMMEN'	TS			
Appointment to be made	at BCC Meeting or	n: Februa	ry 2, 2010		
*When a person is bein conflicts shall be consid	g considered for re lered by the Board	e-appointmen of County Co	t, the number of p ommissioners.	revious disclosed v	oting
0 Number of pre-	viously disclosed vo	oting conflicts	during the previous	term	
Signature:	ut fro	~1	Date:	14/10	

Pursuant to Florida's Public	Records Law, this document may be reviewed and photocopied by member of the public.
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<u>Part I:</u>

Board Name: Palm Be	ach County Small Bus	siness Assistance Adv	visory Con	ımittee	
[X] At Large App	pointment or	[] Distric	et Appointr	nent	
Term of Appointment:	3 Years.	From: 02/02/201	<u>0</u> та	o: <u>02/02/2013</u>	
Seat Requirement: Nat	ional Organization of `	Women in Construct	<u>ion</u> Se	eat #: <u>8</u>	
[X]*Reappointn	nent or	[] New A	ppointmer	nt	
or [] to complete term of Completion of term to expire on:	the	Due to:	[] re	signation []	other
Part II: APPLIC	ANT, UNLESS EXEM	PTED, MUST BE A	COUNTY	RESIDENT	
Name: Rogers		Laurie		A.	
	Last	First		Middle	
Occupation/Affiliation:	Business Owner		<u>,</u>		
Business Name:	Testing Labs of Palm	1 Beach, Inc.			
Business Address:	P.O. Box 211, 421 So	outh "H" Street			
City & State	Lake Worth, FL	Z	ip Code:	33460	
Residence Address:	14644 Canal View D	rive, Apartment C			
City & State	Delray Beach, FL	Z	ip Code:	33484	
Home Phone: ()		(561) :	585-7515	Ext.
Cell Phone: ()	Fax:	(561) 5	85-7622	
Email Address: testp	b@bellsouth.net				
Mailing Address prefer	ence: [X] Business	[] Residence			
Minority Identification [] IF (Native-American [] AF (Asian-American [] BF (African-America [] HF (Hispanic-America [] WF (Caucasian Fema	n Female)[]Female)[]an Female)[]can Female)[]	IM (Native-American AM (Asian-American BM (African-Americ HM (Hispanic-Americ WM (Caucasian Male	n Male) an Male) can Male)	ale)	
<u>Part III:</u> COMMISSIC	DNER COMMENTS				
Appointment to be made	at BCC Meeting on:	February 2, 2010			
*When a person is being conflicts shall be consid	g considered for re-app ered by the Board of C	pointment, the numb County Commissione	er of prev rs.	ious disclosed v	oting
-0- Number of prev	iously disclosed voting	conflicts during the p	revious ter	m	
Signature: <u>Circly R</u> Comm. K	_			2/10	

Part I:

Board Name: Palm Be	each County Small	l Business As	sistance Adviso	ry Committee	
[X] At Large Ap	pointment	or	[] District A	ppointment	
Term of Appointment:	3 Years.	From:	02/02/2010	To: 02/02/2013	,
Seat Requirement: Nat	ional Organizatio	n of Women i	n Construction	Seat #: <u>8</u>	
[X]*Reappointr	nent	or	[] New Appo	ointment	
or [] to complete	the		-] resignation [] other
term of Completion of term to expire on:			to:		
Part II: APPLIC	ANT, UNLESS EX	KEMPTED, M	UST BE A CO	UNTY RESIDENT	
Name: Rogers		Lau	·ie	А.	
· · · · · · · · · · · · · · · · · · ·	Last		First	Middl	e
Occupation/Affiliation:	Business Owner				
Business Name:	Testing Labs of	Palm Beach,	Inc.	· · ·	
Business Address:	P.O. Box 211, 42	21 South "H"	Street		
City & State	Lake Worth, FL	<i>.</i>	Zip C	ode: 33460	
Residence Address:	14644 Canal Vie	w Drive, Apa	rtment C		
City & State	Delray Beach, F	L	Zip C	ode: 33484	
Home Phone: ()	Busin	ness Phone: _(561) 585-7515	Ext.
Cell Phone: ()	Fax:		561) 585-7622	
Email Address:testp	b@bellsouth.net		- - -		
			•		
Mailing Address prefer	ence: [X] Busine	ss []Resid	ence	· · · · · · · · · · · · · · · · · · ·	
Minority Identification [] IF (Native-American [] AF (Asian-American [] BF (African-America [] HF (Hispanic-America [] WF (Caucasian Fema	n Female) Female) an Female) can Female)	[] AM (Asi [] BM (Afr [] HM (Hisp	ve-American In an-American M ican-American I panic-American ucasian Male)	ale) Male)	-
Part III: COMMISSIC	DNER COMMEN	TS			
Appointment to be made	at BCC Meeting or	n: Februa	ry 2, 2010		
*When a person is bein conflicts shall be consid				of previous disclosed	voting
-0- Number of prev	viously disclosed vo	oting conflicts	during the previ Date: _	1 1	·.
			•	· /	