



# NORTH BROWARD HOSPITAL DISTRICT (NBHD) DBA BROWARD

## HEALTH LOBBYING REGISTRATION FORM

(SEE BACK FOR INSTRUCTIONS)

For what purpose are you using this form?

New Registration  Change to Profile  Renewal

To which fiscal year does this form apply? 20 23

**LOBBYIST:**

**Baker** Mark R.  
Last Name First Name Middle

c/o Politicom Law LLP, 28 Liberty Ship Way, Suite 2815, Sausalito, CA 94965

Mailing Address

ucb@politicomlaw.com

Email Address

( 415 ) 903-2800

Office Number

( )  
Cell Number

Lobbying Firm on behalf of which lobbyist is representing principal (if any)

Lobbying Firm's Mailing Address

( )  
Telephone Number

Do you have any direct or indirect business association, partnership, or financial relationship or live in the same household with or are related to any Broward Health Board Member, Board Committee Member, employee, or agent?

No  Yes. State with whom and explain: \_\_\_\_\_

Have you ever been an employee of Broward Health?  No  Yes,

Title \_\_\_\_\_ Date of Employment \_\_\_\_\_ Date of Separation \_\_\_\_\_

Have you ever served as an NBHD Commissioner or on a Commission Sub-Committee?

No  Yes, \_\_\_\_\_ Date of Service \_\_\_\_\_ Date of Separation \_\_\_\_\_

### OATH

*I do solemnly swear that all the foregoing facts are true and correct.*

*Mark Baker*

Original Signature of Lobbyist

Provide the names, business address, telephone number and area of interest of each principal represented.

UCB, Inc.

**PRINCIPAL #1** \_\_\_\_\_  
Principal Name  
c/o Politicom Law LLP, 28 Liberty Ship Way, Suite 2815, Sausalito, CA 94965  
Principal Mailing Address

( 415 ) 903-2800  
Principal Telephone Number

Health and Healthcare

Areas of Interest/General & Specific Subject Matter

**PRINCIPAL #2** \_\_\_\_\_  
Principal Name

Principal Mailing Address

( )  
Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

**PRINCIPAL #3** \_\_\_\_\_  
Principal Name

Principal Mailing Address

( )  
Principal Telephone Number

Areas of Interest/General & Specific Subject Matter

STATE OF FLORIDA

COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me this 7th day of July, 2023 by Mark Baker

(Signature of Notary Public) Jessica L. O'Keefe  
Comm. # HH060314  
Expires: Nov. 4, 2024

(Print, Type, or Stamp) Bonded thru Aaron Notary

Personally Known  OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

## Principal Authorization Form

### Authorization to Represent the Principal

Type or print the principal represented and name of lobbyist as they are shown on the registration form, also, describe the main business. This authorization to represent the principal before the North Broward Hospital District dba Broward Health for this lobbyist will be carried forward each calendar year if the renewal form submitted by this lobbyist indicates "yes" to renew for the next year. Cancellation of a lobbyist's registration by the principal must be provided by written notice. Cancellation forms can be found at [www.browardhealth.org](http://www.browardhealth.org)

UCB, Inc.

Principal Name

hereby authorizes

Mark Baker

Lobbyist's Name

Health and Healthcare

Description of Principal's Main Business



Signature of Principal or Principal's Representative

Jennie Unger Skelton

Print Principal Name / Principal's Representative

Designated Agent for Filer

Print Title of Principal / Principal's Representative

07/14/2023

Date

**Attach this authorization to your registration form.**