

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RD PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 12-RD-252027	Date Filed 11/18/19

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

**2a. Name of Employer**  
Fanatics Retail Group Fulfillment, LLC

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
5245 Commonwealth Avenue, 2nd Floor, Jacksonville, FL 32254

**3a. Employer Representative - Name and Title**  
Riley Keys, General Manager

**3b. Address (if same as 2b - state same)**  
SAME AS ABOVE

**3c. Tel. No.**  
(904)562-6695

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
rkeys@fanatics.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
warehouse

**4b. Principal product or service**  
sportswear

**5a. City and State where unit is located:**  
Jacksonville, Florida

**5b. Description of Unit Involved**

**Included:** All full-time and regular part-time facilities technicians employed by the Employer at its facility located in Jacksonville, Florida.

**Excluded:** All other employees, warehouse employees, housekeeping employees, product content marketing employees, clerical employees, guards and supervisors as defined in the Act.

**6a. No. of Employees in Unit:**

**6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes [ X ] No [ ]**

**Check One:**  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent**  
International Brotherhood of Teamsters, Local 947

**8b. Address**  
10947 N Main St., Jacksonville, FL 32218-4954

**8c. Tel. No.**  
(904)764-7756

**8d. Cell No.**  
(904)803-9804

**8e. Fax No.**

**8f. E-Mail Address**  
donnaconnell947@comcast.net

**8g. Affiliation, if any**  
N/A

**8h. Date of Recognition or Certification**  
November 16, 2018

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**  
N/A

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_**  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b> None	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.**

**11a. Election Type:**  Manual  Mail  Mixed Manual/Mail

**11b. Election Date(s):** Wednesday, December 11, 2019

**11c. Election Time(s):** 3:30 p.m. to 4:00 p.m. and 6:30 p.m. to 7:00 p.m.

**11d. Election Location(s):** Employers Arena Conference Room, 5245 Commonwealth Avenue, 2nd Floor Jacksonville, FL 32254

**12a. Full Name of Petitioner**  
(b) (6), (b) (7)(C) an Individual

**12b. Address (street and number, city, state, and ZIP code)**  
(b) (6), (b) (7)(C)

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
NONE

**12d. Tel No.**

**12e. Cell No.**  
(b) (6), (b) (7)(C)

**12f. Fax No.**

**12g. E-Mail Address**  
(b) (6), (b) (7)(C)

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**  
(b) (6), (b) (7)(C)

**13b. Address (street and number, city, state, and ZIP code)**  
SAME AS ABOVE

**13c. Tel No.**

**13d. Cell No.**  
SAME AS ABOVE

**13e. Fax No.**

**13f. E-Mail Address**  
SAME AS ABOVE

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

Name (Print) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) Date 11-12-19

**WILLFUL FALSE STATEMENTS PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(C)

Case No.  
12-RC-252111

Date Filed  
NOV 20, 2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
Matosantos Commercial Corp.

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
PO Box 4435 Vega Baja, PR 00694

**3a. Employer Representative - Name and Title:**  
Astrid Figueroa

**3b. Address (if same as 2b - state same):**  
Same

**3c. Tel. No.** 787-793-6900      **3d. Cell No.**      **3e. Fax No.** 787-793-0454      **3f. E-Mail Address** afigueroa@matosantos.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Warehouse

**4b. Principal Product or Service**  
Foods

**5a. City and State where unit is located:**  
Vega Baja, PR

**5b. Description of Unit Involved:**  
Included: All regular part-time and full time warehouse employees including warehouse drivers employed by the Employer at its Vega Baja facility.  
Excluded: All other employees, guards, and supervisors as defined in the Act.

**6a. Number of Employees in Unit:**  
20

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?**  Yes  No

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**  
None

**8b. Address:**  
N/A

**8c. Tel. No.**      **8d. Cell No.**      **8e. Fax No.**      **8f. E-Mail Address**

**8g. Affiliation, if any:**      **8h. Date of Recognition or Certification**      **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)**

**10a. Name**      **10b. Address**      **10c. Tel. No.**      **10d. Cell No.**  
**10e. Fax No.**      **10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election: \_\_\_\_\_ **11a. Election Type:**  
 Manual  Mail  Mixed Manual/Mail

**11b. Election Date(s):**  
December 13, 2019

**11c. Election Time(s):**  
8:30 am- 10:30am 12:30pm- 1:30pm

**11d. Election Location(s):**  
Dispensary located at the lobby of the Employer's facility in Vega Baja, PR

**12a. Full Name of Petitioner (including local name and number):**  
Union de Tronquistas de PR

**12b. Address (street and number, city, State and ZIP code):**  
352 Calle del Parque San Juan, PR 00912

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Brotherhood of Teamsters

**12d. Tel. No.** 787-721-8980      **12e. Cell No.**      **12f. Fax No.** 787-724-2190      **12g. E-Mail Address** tronquistalu901@gmail.com

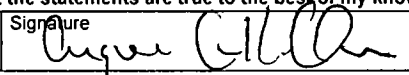
**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**  
Argenis Carrillo - Business Agent

**13b. Address (street and number, city, State and ZIP code):**  
352 Calle del Parque San Juan, PR 00912

**13c. Tel. No.** 787-721-8980      **13d. Cell No.** 787-435-0340      **13e. Fax No.** 787-724-2190      **13f. E-Mail Address** argenis3323@live.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Argenis Carrillo      Signature       Title Business Agent      Date 11/20/19


WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. <b>12-RC-252190</b>	Date Filed <b>Nov. 21, 2019</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> North Fort Myers Healthcare Service Group		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 991 Pondella Road, North Fort Myers, Florida 38903	
<b>3a. Employer Representative - Name and Title:</b> Kent Myers, HR Director		<b>3b. Address (if same as 2b - state same):</b> 991 Pondella Road, North Fort Myers, Florida 38903	
<b>3c. Tel. No.</b> 239-272-0320	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> kent.myers@hcsgrcorp.co
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Group Home		<b>4b. Principal Product or Service</b> Healthcare	<b>5a. City and State where unit is located:</b> North Fort Myers, FL
<b>6b. Description of Unit Involved:</b> Included: All Housekeeping, Laundry Aide, Dietary Aides and Cooks Excluded: All other job descriptions.			<b>6a. Number of Employees in Unit:</b> 22
<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ on or about (Date) _____ (If no reply received, so state). _____ and Employer declined recognition <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> December 12, 2019	<b>11c. Election Time(s):</b> 6:00 am - 8:00 am; 12:00 pm - 3:00 pm		<b>11d. Election Location(s):</b> Conference Room at Employer Location
<b>12a. Full Name of Petitioner (including local name and number):</b> 1199SEIU United Healthcare Workers East Florida Region		<b>12b. Address (street and number, city, State and ZIP code):</b> 2881 Corporate Way, Miramar, FL 33025	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union			
<b>12d. Tel. No.</b> 305-623-3000	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 305-826-1604	<b>12g. E-Mail Address</b>
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
<b>13a. Name and Title:</b> Kathleen M. Phillips, Esquire, Union Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 9360 SW 72 Street, Suite 283, Miami, Florida 33173	
<b>13c. Tel. No.</b> 305-412-8322	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 305-412-8299	<b>13f. E-Mail Address</b> kphillips@phillipsrichard.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Kathleen M. Phillips	<b>Signature</b> 		<b>Title</b> Union Attorney
			<b>Date</b> 11/21/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RD PETITION**

**DO NOT WRITE IN THIS SPACE**  
Case No. **12-RD-252238** Date Filed **November 21, 2019**

**INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

**2a. Name of Employer**  
**Cooperativa de Ahorro y Crédito San José**

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
Degetau 106 Sur, Aibonito, P.R. 00705

**3a. Employer Representative - Name and Title**  
Ricky Berrios, Executive President

**3b. Address (If same as 2b - state same)**  
P.O. Box 2020, Aibonito, Puerto Rico 00705

**3c. Tel. No.** (787) 735-7474 **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address** rberrios@coopsanjose.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** Company **4b. Principal product or service** Credit Union **5a. City and State where unit is located:** Aibonito y Cayey, P.R.

**5b. Description of Unit Involved**  
**Included:** All regular full-time and part-time cashiers, service officers, collectors officers, loan officers, accounts receivable officers, and maintenance employees employed by the Employer at its facilities located in Aibonito and Cayey, Puerto Rico. **Excluded:** All other employees, confidential employees, managers, guards and supervisors as defined in the Act.

**6a. No. of Employees in Unit:** 42  
**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [ X ] No [ ]**

**Check One:**  **7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).**  
 **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**Name of Recognized or Certified Bargaining Agent (if none, so state)** **FEDERACION DE TRABAJADORES DE LA EMPRESA PRIVADA (FETEMP)** **8b. Address** 1214 Calle Cadiz, Urb. Puerto Nuevo, San Juan, P.R. 00920-3841

**8c. Tel No.** 787-781-6649 **8d. Cell No.** 787-616-6649 **8e. Fax No.** 787-277-9290 **8f. E-Mail Address** centralpuertorico@gmail.com

**8g. Affiliation, if any.** **CENTRAL PUERTORRIQUERA DE TRABAJADORES** **8h. Date of Recognition or Certification** July 10, 2018 - 12-RC-220583 **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)** no contract

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?  No  If so, approximately how many employees are participating? \_\_\_\_\_ (Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_**

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name** **10b. Address** **10c. Tel. No.** **10d. Cell No.**  
**10e. Fax No.** **10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election. **11a. Election Type:**  Manual  Mail  Mixed Manual/Mail

**11b. Election Date(s):** December 11, 2019 **11c. Election Time(s):** Aibonito: 9AM to 11AM - Cayey: from 1:30PM to 3PM **11d. Election Location(s):** Conference Rooms. Calle Degetau, 106 Sur Aibonito and in Ave. Jose T. Pinero, Carr. #1 KM 56.7 Barrio Montellanos, Cayey

**12a. Full Name of Petitioner (including local name and number)** **(b) (6), (b) (7)(C) An Individual** **12b. Address (street and number, city, state, and ZIP code)** **(b) (6), (b) (7)(C)**

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
none

**12d. Tel No.** **12e. Cell No.** **(b) (6), (b) (7)(C)** **12f. Fax No.** **12g. E-Mail Address** **(b) (6), (b) (7)(C)**

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a.** **13b. Address (street and number, city, state, and ZIP code)** SAME AS ABOVE

**13c. Tel No.** **13d. Cell No.** **13e. Fax No.** **13f. E-Mail Address** SAME AS ABOVE

**I declare that I have read the above information and the contents of this petition and the best of my knowledge and belief.**

**Name (Print)** **(b) (6), (b) (7)(C)** **Individual** **Date** 21/11/2019

**WILLFUL FAILURE TO COMPLY WITH THIS ACT IS PUNISHABLE BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**Solicitation of the information contained on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.**