



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 8/22 PLEASE PRINT Time: 2:10 pm

Agenda/Item Number: E-8 / F-9

Issue: CHARTER AMBUP.

Name: THOMAS J. KORGIE

Mailing address: 6121 GRANADA BLVD.

City: CORAL GABLES State/Zip: FL 33146

Phone: 305-299-5908 E-mail: TKORGE@KORGE
LAW.COM

Are you a registered lobbyist with the City of Coral Gables?

Yes

No

Representing: _____

I wish to speak

Proponent

I do not wish to speak

Opponent

I have been requested to speak

To provide information

Comments regarding this issue:

Signature



City of Coral Gables Order of receipt _____
Request to Address City Commission

Date: 8/22 PLEASE PRINT Time: _____

Agenda/Item Number: Election Date

Issue: _____

Name: JAMES BERLIN

Mailing address: 737 Tibidabo

City: CG State/Zip: 33143

Phone: 786 247 8171 E-mail: mrayberlin@aol

Are you a registered lobbyist with the City of Coral Gables?
 Yes No

Representing: _____

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

Comments regarding this issue:

Signature: James Berlin

Pursuant to Article I, Section 24 of the Florida Constitution, this document, and information contained therein, is a public record.



City of Coral Gables Order of receipt _____
Request to Address City Commission

Date: 8-22-23 PLEASE PRINT Time: 2 pm

Agenda/Item Number: City Election =

Issue: E-8 and E-9

Name: Annie Betancourt

Mailing address: 1261 Ortega Ave

City: CG State/Zip: 33134

Phone: 305-491-5279 E-mail: _____

Are you a registered lobbyist with the City of Coral Gables?
 Yes No

Representing: _____

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

Comments regarding this issue:

Signature: Annie Betancourt

Pursuant to Article I, Section 24 of the Florida Constitution, this document, and information contained therein, is a public record.



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 8-22-23 Time: 9:20 a.m.

Agenda/Item Number: E8. E9

Issue: Moving Election

Name: GORDON SOKOLOFF

Mailing address: 225 Alesia Ave.

City: CORAL GABLES State/Zip: FL 33134

Phone: 305 788-0828 E-mail: GORDON5360@aol.com

Are you a registered lobbyist with the City of Coral Gables?

Yes No

Representing: SELF 1/2 C.G.N.A.

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

Comments regarding this issue:

Signature: Jordan Sokoloff