



City of Coral Gables
Request to Address City Commission

Order of receipt: _____

PLEASE PRINT

Date: 9-22-21 Time: 10:50 A.M.

Agenda/Item Number: F-5 FC E7 E9

Issue: ~~Set of~~ Bo Zovis Change, DENY HO: P.M.

Name: Henny RERA

Mailing address: 499 UNIVERSITY DRIVE

City: Coral Gables State/Zip: FL 33146

Phone: 305 258 5574 E-mail: HennyRERA@GMAIL.COM

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: [Signature]

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: _____ Time: _____

Agenda/Item Number: F-5

Issue: _____

Name: Stephen M Gauskey

Mailing address: 5106 Granada

City: _____ State/Zip: 33146

Phone: 305-793-3949 E-mail: stephenmgauskey@gmail.com

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: [Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt: _____

Date: 9/25/21 PLEASE PRINT Time: 8:42

Agenda/Item Number: F-5, F-6, F-7, F-8

Issue: REMOVE LOT 24 - CONTINUANCES

Name: Laurin Cole, 5100 Granada Blvd

Mailing address: 3782 US Hwy Way

City: COAST GROVE State/Zip: 33135

Phone: 305704 0615 E-mail: laurin.cole@caucast.net

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

- Yes No

Representing: 5100 Granada Blvd LLC

- 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:

AGREEMENTS WITH AFFECTED RESIDENTS MUST BE SIGNED PRIOR TO RESUBMITTING NEW APPLICANTS SHOULD BE SUBMITTED TO THE BOARD FOR REVIEW
Signature: [Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt: _____

Date: 9/27/2021 PLEASE PRINT Time: _____

Agenda/Item Number: F-5-4457 + F-8

Issue: OBJECTION TO F-5-657 BY CONTINUANCE

Name: CRISTINA COLE

Mailing address: 3782 US Hwy Way

City: COAST GROVE State/Zip: FL

Phone: 3054950453 E-mail: caucast@caucast.net

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

- Yes No

Representing: 5100 Granada Blvd

- 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:

THE COMMISSION IS IMPACTING ON THE VALUE OF THE LAND BY REDUCING IT IN VALUE AS HOSPITALS ONLY
THAT WILL NOT RESULT IN SELLING THE LAND AT
Signature: [Signature]

best value base zone affects land value NET

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