



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 3/14 PLEASE PRINT Time: _____

Agenda/Item Number: GARDEN OF FOUR LORDS

Issue: WERE PROCEDURES FOLLOWED

Name: ANN RYAN

Mailing address: 29 SANTILANE #4

City: CORAL GABLES State/Zip: FL

Phone: 786-332-7072 E-mail: _____

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

Representing: myself

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

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 _____

Date: 3/14/2023 PLEASE PRINT Time: _____

Agenda/Item Number: F-1

Issue: Appeal for Garden

Name: At the Lord MARIA @ CORZ

Mailing address: 1447 Miller Rd

City: Coral Gables State/Zip: FL 33146

Phone: 305-323-2154 E-mail: shebaeckenz4@aol.com

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

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Signature Maria @ Corz

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 3-14-23 PLEASE PRINT Time: 9:30

Agenda/Item Number: F-1

Issue: Garden of Our Lord

Name: Cheryl Akerman

Mailing address: 816 Sorolla Ave

City: Coral Gables State/Zip: FL 33134

Phone: 305-951-6608 E-mail: cherylakerman@

yahoo.com

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

Representing: myself

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent ? |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

save the Garden

Signature Cheryl Akerman

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 3/14/23 PLEASE PRINT Time: 9:00am

Agenda/Item Number: _____

Issue: Garden / ST James

Name: Maria Palacio

Mailing address: 712 Zamora Ave.

City: CG State/Zip: FL 33134

Phone: (7) 4233735 E-mail: mpalacio

@casabdes.com

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

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

In favor of keeping Secian

from Historical Preser Board

Signature Maria Palacio

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 3/14/23 **PLEASE PRINT** **Time:** 9:00 AM

Agenda/Item Number: _____

Issue: Garden / St. James

Name: Roberto and Cynthia Fleitas

Mailing address: 908 Paradiso Avenue

City: Coral Gables **State/Zip:** FL 33146

Phone: 305 799 8511 **E-mail:** RFleitas3@fleitaslaw.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

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Date: 3/14/23 **PLEASE PRINT** **Time:** _____

Agenda/Item Number: _____

Issue: Garden of Our Lord

Name: Stephen D. Pearson

Mailing address: 10665 SW 62 Avenue

City: Pinecrest **State/Zip:** FL 33156

Phone: 305-233-3619 **E-mail:** wadadasw@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:

This is a valuable green space
that is historic and deserves
preservation.
 Signature [Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 3/14/23 PLEASE PRINT Time: 9:30AM

Agenda/Item Number: F.-1.

Issue: APPEAL GARDEN OF OUR LORD

Name: NANETTE MARTINEZ

Mailing address: 42 PHOENIX AVE

City: CORAL GABLES State/Zip: FL 33134

Phone: 7869703933 E-mail: _____

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

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input checked="" type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Signature _____

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 3/14/23 PLEASE PRINT Time: 9:00 AM

Agenda/Item Number: Garden / St. James

Issue: Garden / St. James

Name: Gabriela Rivas

Mailing address: 24 Calabria Ave, Apt. 11

City: Coral Gables State/Zip: FL 33134

Phone: 786-508-8132 E-mail: gabry091998@gmail.com

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

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Signature _____

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Request to Address City Commission

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PLEASE PRINT

Date: 3/14/2023 Time: _____

Agenda/Item Number: Garden

Issue: _____

Name: Doraïda Rodriguez

Mailing address: 1146 SW 12th St

City: Miami State/Zip: FL 33135

Phone: 786 317-450 E-mail: doraïdak@hotmail.com

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

Yes No

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

In agreement with the denial to the application to designate Lord of Garden historic site

Signature: [Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 14 MARCH 2023 Time: 9:20

Agenda/Item Number: F.1

Issue: The Garden of our Lord

Name: JOANNA LOMBARD

Mailing address: 1223 DICKINSON DR

City: CORAL GABLES State/Zip: FL 33124

Phone: 305 793 9195 E-mail: jlombard@miami.edu

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

Yes No

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> 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: 3/14/23 PLEASE PRINT Time: 9:26 am

Agenda/Item Number: _____

Issue: Garden

Name: Jessica Hoppe

Mailing address: 7250 SW 52nd Ct.

City: _____ State/Zip: 33143

Phone: 954-643-4828 E-mail: jhoppe@key

Are you a registered lobbyist with the City of Coral Gables?
 Yes No *Specialty .com*

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Signature _____

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 03/14/2023 PLEASE PRINT Time: 9:10 a.m.

Agenda/Item Number: F.I.

Issue: The Garden of Our Lord

Name: MARIA CRISTINA Longo

Mailing address: 16 Phoenetic Ave

City: _____ State/Zip: _____

Phone: 305-798-0156 E-mail: maricris

Are you a registered lobbyist with the City of Coral Gables?
 Yes No *Longo@gmail.com*

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Overturn the decision
of Garden of Our Lord

Signature Maria C Longo

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 3/14/23 PLEASE PRINT Time: 9:20

Agenda/Item Number: F-1

Issue: Garden of Our Lord

Name: Joanne Meagher (pronounced MAR)

Mailing address: 1225 Valencia Ave.

City: Coral Gables State/Zip: FL 33134

Phone: 305/753-5821 E-mail: joanne.meagher@comcast.net

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

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input checked="" type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Support historic designation of the Garden of Our Lord

Signature Joanne Meagher

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 3/14/23 PLEASE PRINT Time: 9:30

Agenda/Item Number: Garden of the Lord

Issue: Historical Designation

Name: JEAN-BAPTISTE RAJET

Mailing address: 2300 ALHAMBRA CIR

City: CORAL GABLES State/Zip: FL 33134

Phone: _____ E-mail: JBRAJET@CORAL.GOV

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

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> 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: 3-14-23 PLEASE PRINT Time: 9:15am

Agenda/Item Number: 23-5403-F1

Issue: Garden of Our Lord

Name: Armando I. Perez

Mailing address: 1300 Ponce de Leon Blvd #506

City: Coral Gables State/Zip: FL 33134

Phone: 305-773-9845 E-mail: _____

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

Yes No

Representing: _____

- I wish to speak (if allowed) Proponent
 I do not wish to speak Opponent
 I have been requested to speak To provide information

Comments regarding this issue:

In favor of preserving the Garden

Signature Armando Perez

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 3/14/23 PLEASE PRINT Time: 9:35

Agenda/Item Number: Garden of Our Lord

Issue: _____

Name: Nicholas Varner

Mailing address: 2325 Alhambra Circle

City: Coral Gables State/Zip: FL 33134

Phone: 952-221-6269 E-mail: nicholasvarner@gmail.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 Nicholas Varner

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 3/14/23 PLEASE PRINT Time: 9:30am

Agenda/Item Number: F-1

Issue: The Garden of Our Lord

Name: ART KOZYROVICIUS

Mailing address: 24 PHOENETIA AVE

City: CORAL GABLES State/Zip: FL 33134

Phone: 973 563 4357 E-mail: ARTKOZY@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: 3/14/23 PLEASE PRINT Time: 9:30

Agenda/Item Number: GARDEN

Issue: HISTORIC DESIGNATION

Name: VINCENT DAMIAN

Mailing address: 1010 PALERMO AVE

City: C.G. State/Zip: 33134

Phone: 305 613 3730 E-mail: VDamian@SIDDLAW.COM

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

Yes No

Representing: 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: [Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 3-14-2023 PLEASE PRINT Time: _____

Agenda/Item Number: CHURCH GARDEN OF EDEN

Issue: HISTORIC PRESERVATION SITE

Name: RENIERO PEREZ (HARRY)

Mailing address: 1325 W. 68 ST., #119

City: HIALEAH State/Zip: FL 33014-4593

Phone: 786 459 2841 E-mail: _____

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

Yes No

Representing: _____

- | | |
|---|---|
| <input type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

THE CHURCH SITE AND ITS
 SURROUNDINGS SHOULD BE KEPT
 AS A HISTORIC SITE (A SANCTUARY).

Signature: _____

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 this document, and information contained therein, is a public record.*



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 3/14/2023 PLEASE PRINT Time: 9:30

Agenda/Item Number: _____

Issue: Garden of the Lord

Name: Nathan Vedrani

Mailing address: 3850 BIRD RD 8th Floor

City: Coral Gables State/Zip: FL 33146

Phone: 954 815 4828 E-mail: NVedrani@CFHGroup.com

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

Yes No

Representing: Cryst

- | | |
|--|---|
| <input type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input checked="" type="checkbox"/> I do not wish to speak | <input checked="" type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

I Oppose the historic preservation
 of the "Garden of the Lord".

Signature: _____

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 this document, and information contained therein, is a public record.*



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 3/14/08 **PLEASE PRINT** Time: 10:20 AM

Agenda/Item Number: _____

Issue: GARDEN OF DIOLORO

Name: CARLOS MARIN

Mailing address: 120 CADIMA AVE

City: C.G. State/Zip: FL 33134

Phone: 786-246-0410 E-mail: _____

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

Yes No

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input checked="" type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Signature Carlos Marin

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 3-14-2008 **PLEASE PRINT** Time: 10:20 AM

Agenda/Item Number: _____

Issue: GARDEN OF OUR LOTS DESIGNAT-

Name: RICHARD HEISENBOTTE, FAIA¹⁰⁰

Mailing address: 556 LORETTO AVE

City: CORAL GABLES State/Zip: FL 33146

Phone: 786-218-6722 E-mail: RICHARD@RSHANE

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

Yes No

Representing: MYSELF

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

AGAINST HISTORIC DESIGNATION

Signature Richard Heisenbottle

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 3/14/2023 PLEASE PRINT Time: 9:20 am

Agenda/Item Number: _____

Issue: Garden of our Lord

Name: Carlos Segura

Mailing address: 100 SW 44 Ave

City: Miami State/Zip: FL/33134

Phone: (305) 479-5334 E-mail: _____

carlos.segura@imc-equitygroup.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 C-SD

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 3/14/23 PLEASE PRINT Time: 10:10

Agenda/Item Number: _____

Issue: Garden of our Lord

Name: Ruth Martinez

Mailing address: 35 Sevilla Ave

City: Coral Gables State/Zip: FL 33134

Phone: 305-733-5290 E-mail: _____

ruthie.ogarc@gma
il.com

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

Representing: Coral Gables Woman's Club

- 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 Ruth Martinez

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 3/14/23 Time: _____

Agenda/Item Number: _____

Issue: Garden of Our Lord

Name: Omar Yasseen

Mailing address: 911 E Ponce de Leon Blvd #902

City: Miami State/Zip: FL 33134

Phone: 305-444-4337 E-mail: OmerOmer@gmail.com

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

Yes No

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Signature Omar Yasseen

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 3/14/23 Time: 9:30

Agenda/Item Number: The Garden of

Issue: The Garden of Our Lord

Name: Judith Packard

Mailing address: 911 E. Ponce de Leon Blvd, 902

City: Coral Gables State/Zip: FL 33134

Phone: 305 444 4337 E-mail: _____

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

Yes No

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Signature Judith Packard

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City of Coral Gables
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Order of receipt _____

Date: 3-14-23 PLEASE PRINT Time: 9:30a

Agenda/Item Number: F-1

Issue: The Garden

Name: Karelia Martinez Carbonell

Mailing address: 532 Altara Avenue

City: _____ State/Zip: _____

Phone: _____ E-mail: _____

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:

On behalf of The
Historic Preservation
Association of CG

Signature: [Handwritten Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 3/14/22 PLEASE PRINT Time: _____

Agenda/Item Number: F1

Issue: The Garden of our Lord

Name: Brett Gillis

Mailing address: _____

City: _____ State/Zip: _____

Phone: _____ E-mail: _____

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

Yes No

Representing: self

- 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 Historic Preservation Board
did not prove why the criteria were
not met.

Signature: [Handwritten Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 2/14/23 **PLEASE PRINT** **Time:** 9:05

Agenda/Item Number: _____

Issue: GARDEN of our Lord

Name: PATRICIA BULTON

Mailing address: 1245 OBISPO AV

City: _____ **State/Zip:** 33134

Phone: _____ **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 Patricia Bulton

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