



City of Coral Gables
Request to Address City Commission

Order of receipt: _____

Date: 10/18 PLEASE PRINT Time: 9:40

Agenda/Item Number: 220 Wharrie Wfile

Issue: Proposed Hotel

Name: GORDON SOKOLOFF

Mailing address: 225 Alaisio Ave.

City: Coral Gables State/Zip: FL 33134

Phone: 305 7880108 E-mail: GORDON.SOKOLOFF@coral.com

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

Yes No

Representing: TRANSPORTATION ADVISORY BOARD

I wish to speak

I do not wish to speak

Proponent

Opponent

I have been requested to speak

To provide information

Comments regarding this issue:

BY OUR BOARD

Signature: Gordon Sokoloff

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: _____ PLEASE PRINT Time: _____

Agenda/Item Number: F-10

Issue: hotel

Name: Marin Ebbert

Mailing address: 6510 San Vincente St

City: Coral Gables State/Zip: 33146

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

Proponent

Opponent

I have been requested to speak

To provide information

Comments regarding this issue:

Signature: _____

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City of Coral Gables
Request to Address City Commission

Order of receipt: _____

PLEASE PRINT

Date: 10.8 Time: 10

Agenda/Item Number: F-10 of 14

Issue: 4 STEEL

Name: J R/P HALOPE'S

Mailing address: 35 Sycamore

City: GARDNER State/Zip: FL 33134

Phone: 3385800 E-mail: _____

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

Yes No

Representing: SECS

- 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:

AVT1 TOO HIGH

Signature: DO PAPER

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City of Coral Gables
Request to Address City Commission

Order of receipt: _____

PLEASE PRINT

Date: 08/20/19 Time: 1000

Agenda/Item Number: F-10

Issue: Hotel on Miracle Mile

Name: Jack Small

Mailing address: 115 West Avenue

City: Coral Gables State/Zip: 33133

Phone: 3055928979 E-mail: jack.small@coral.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:

an excellent land use for this site

Signature: Jack Small

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City of Coral Gables
Request to Address City Commission

Order of receipt: _____

Date: 10/8/19 PLEASE PRINT Time: 9:15am

Agenda/Item Number: F-10

Issue: 220 Building

Name: Roberta Noway

Mailing address: 1236 South Thacker Ave.

City: Coral Gables State/Zip: FL 33146

Phone: 305.450.5324 E-mail: Roberta.j.no AH.net

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

Yes No

Representing: me

- 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:

(1) Fine w/ limited - remote parking if public transit
they do their part to promote cycling
(2) Needs drop off/pick up street

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City of Coral Gables
Request to Address City Commission

Order of receipt: _____

Date: 10/8/19 PLEASE PRINT Time: _____

Agenda/Item Number: F10 19-9138

Issue: 220 Mirabel Drive

Name: WARRA Q. WIZ

Mailing address: 1447 Wilkes Rd

City: Coral Gables State/Zip: FL 33146

Phone: 305-323-2154 E-mail: thebeakerwiz@gmail.com

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

Yes No

Representing: Warra Q. Wiz

- 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 _____

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 10/8/19 PLEASE PRINT Time: 10am

Agenda/Item Number: F-10/F-14

Issue: 220 Miracle Mile

Name: Mark Tamburise

Mailing address: 224 Catalina

City: Coral Gables State/Zip: FL

Phone: 305-446-1657 E-mail: _____

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

- Yes No

Representing: Coral Gables Chamber of Commerce

- 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 [Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 10/8 PLEASE PRINT Time: 10:30

Agenda/Item Number: F-10 F-14

Issue: Develop 220 Miracle Mile

Name: Vincent Damian

Mailing address: 1010 Palermo

City: _____ State/Zip: _____

Phone: 3056133730 E-mail: VDAMIAN@SKDRCAW.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 [Signature]

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City of Coral Gables
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Order of receipt: _____

Date: 10/8/19 PLEASE PRINT Time: _____

Agenda/Item Number: F-10 + F14

Issue: 220 MIRAZI WLT

Name: SISSAN KAWALEWSKI

Mailing address: 6830 GRATIAN ST.

City: Coral Gables State/Zip: FL 33146

Phone: 305 978-2233 E-mail: typepeople@ymail.com

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

Yes No

Representing: Coral Gables Neighbors Assn

- 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: 10-8-19 PLEASE PRINT Time: 9:40

Agenda/Item Number: F1B

Issue: HOBBE MIRAZI WLT

Name: ANNETTA SCHAEFER

Mailing address: 160 BURGUNDIA BL. 245

City: COAH GABLES State/Zip: 33133

Phone: 3054678071 E-mail: brice092@aol.com

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

Yes No

Representing: MYSER

- 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:

SEEMS YOU HAVE NO PREVENTION OR SOLUTIONS FOR PROBLEMS THIS WILL CAUSE

Signature _____

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 10/8/19 PLEASE PRINT Time: 9:50 AM

Agenda/Item Number: 4022

Issue: 4022

Name: RICHARD ALBERTY

Mailing address: 130 Miracle Mile

City: Coral Gables State/Zip: 33134

Phone: 305-253-9219 E-mail: RICK@WELL

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

Representing: TELECOM BUSINESS

- 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:

FOR IT.

Signature: [Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: Oct 8, 2019 PLEASE PRINT Time: 1000 A

Agenda/Item Number: FID

Issue: ZONING FOR HOTEL ON MIRACLE MILE

Name: TOM O'MALLEY

Mailing address: 616 TERONIMO DR

City: CORAL GABLES State/Zip: FL 33146

Phone: 305-987-3133 E-mail: _____

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

Representing: SELF - CORAL GABLES

- 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:

Respect original zoning requirements & mandate parking and drop off area.

Signature: T.F. O'Malley

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

PLEASE PRINT

Date: _____ **Time:** _____

Agenda/Item Number: F-70

Issue: Will

Name: William S. Replogle

Mailing address: 1217 Milan Ave

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

Phone: _____ **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 William S. Replogle

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