



**City of Coral Gables**  
**Request to Address City Commission**

Order of receipt \_\_\_\_\_

Date: 03/20 PLEASE PRINT Time: 2pm

Agenda/Item Number: I4 Cables coming

Issue: \_\_\_\_\_

Name: JAMES DRAKE

Mailing address: 1535 Zoreta Ave

City: Coral Gables State/Zip: FL

Phone: 205 354 6745 E-mail: jdrake@surford.edu

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]

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: 3/26/19 PLEASE PRINT Time: 2:

Agenda/Item Number: 18-7958

Issue: \_\_\_\_\_

Name: Ana Lam

Mailing address: 800 Ortega

City: CG State/Zip: FL

Phone: 305 510-6566 E-mail: malami@apl.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:

We need to resolve parking issue in city.

Signature [Signature]

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**City of Coral Gables**  
**Request to Address City Commission**

Order of receipt \_\_\_\_\_

Date: 3/26/18 PLEASE PRINT Time: 3:40

Agenda/Item Number: \_\_\_\_\_

Issue: City Garage

Name: Dorothy Thomson

Mailing address: \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

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**City of Coral Gables**  
**Request to Address City Commission**

Order of receipt \_\_\_\_\_

Date: 3/26/19 PLEASE PRINT Time: 2 pm

Agenda/Item Number: 18-7958

Issue: Coral Gables City Center LLC

Name: Jeffrey C. Roth

Mailing address: 866 South Dixie Hwy

City: Coral Gables State/Zip: FL 33146

Phone: 305-662-4141 E-mail: jeff@rithand

scholl.com

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

Representing: N/A

- 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:

I support the  
application and approved  
all of the applicants

Signature Jeffrey C. Roth

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**City of Coral Gables  
Request to Address City Commission**

Order of receipt \_\_\_\_\_

Date: 3-22 PLEASE PRINT Time: 2 PM

Agenda/Item Number: \_\_\_\_\_

Issue: CGCC

Name: J R HOLMES

Mailing address: 35 S DODD

City: CG State/Zip: 33134

Phone: 335 460 E-mail: \_\_\_\_\_

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

Yes  No

Representing: SELF

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: 3/26/19 PLEASE PRINT Time: 1:55

Agenda/Item Number: ? Allen Morris Project

Issue: Parking Laney Glt G#

Name: Eddie Snow

Mailing address: 270 Miracle Mile

City: Coral Gables State/Zip: FL 33134

Phone: 305-582-8117 E-mail: ESNDWB@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

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**City of Coral Gables  
Request to Address City Commission**

Order of receipt \_\_\_\_\_

Date: 3/26/19 PLEASE PRINT Time: 1:50

Agenda/Item Number: F-4

Issue: PARKING GARAGE

Name: Christopher Zoller

Mailing address: 900 BAYAMO AVE

City: CORAL GABLES State/Zip: FL 33146

Phone: 305 321 3224 E-mail: chriszoller@adl.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  
Request to Address City Commission**

Order of receipt \_\_\_\_\_

Date: 3/26/19 PLEASE PRINT Time: 2pm time certain

Agenda/Item Number: I 4

Issue: Andalucia Parking garage

Name: SHERYL GOLD

Mailing address: 721 Biltmore Way

City: CG State/Zip: 33134

Phone: 305 672 6388 E-mail: shergold.com@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: [Signature]

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**City of Coral Gables  
Request to Address City Commission**

Order of receipt: \_\_\_\_\_

Date: 3/26/19 PLEASE PRINT Time: \_\_\_\_\_

Agenda/Item Number: F-4

Issue: Abolish gangs

Name: Tom Farrell

Mailing address: 185 W. Garrison

City: Coral Gables State/Zip: \_\_\_\_\_

Phone: 305-428-979 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:

Signature: Tom Farrell

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Request to Address City Commission**

Order of receipt: \_\_\_\_\_

Date: 3/26/19 PLEASE PRINT Time: \_\_\_\_\_

Agenda/Item Number: F-4

Issue: Abolish gangs 1 x 4

Name: MARLA D. LAWZ

Mailing address: 1447 Miller Rd

City: Coral Gables State/Zip: FL 33146

Phone: 305-323-2154 E-mail: theboale@ny4@aol.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 \_\_\_\_\_

**PLEASE PRINT**

Date: 1/26/19 Time: 1:30

Agenda/Item Number: I 4

Issue: PAVING GARAGE I-4

Name: Scott Sime

Mailing address: 6000 Riviera Dr.

City: CG State/Zip: 33146

Phone: 786-344-2607 E-mail: Sime@Sime2.com

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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_

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