

City of Coral Gables Request to Address City Commission

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Date: 25 July 22	Time: 8:25 4 m
Agenda/Item Number:3	
Issue: STEAT Naming	
Name: Fronk Viscon	7
Mailing address: 570,5 v	11175-
City Cara / Ga Stes State	te/Zip: EC 33/5
Phone: 305-753-6/0/ E-n	nall:
Are you a registered lobbyist with the City	
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	1.



Request to Address City Commission City of Coral Gables

PLEASE PRINT

	Order
	9
	receipt
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Time:

Agenda/Item Number: I - 3 Issue: I 3 - STRET RENAMING Name: DAVID GLAUBERMAN	
ng address: 58	
City: (a state/Zip: 1-1 351)6 Phone: 786 8799753 E-mail: 15/206010000000000000000000000000000000000	
Are you a registered lobbyist with the City of Coral Gables?	
Representing:	
 ✓ I wish to speak ☐ I do not wish to speak ☐ I have been requested to speak ☐ To provide information 	
Comments regarding this issue:	
Signature	



City of Coral Gables

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Date: PLEASE PRINT
Agenda/Item Number: PRF - 3. SiRT
STATE OF THE PROPERTY OF THE P
address:
City: Coral Cables state/Zip:
Phone: 35 156 E-mail:
Are you a registered lobbyist with the City of Coral Gables?
Representing:

	Proponent
I do not wish to speak	Opponent
I have been requested to speak	To provide information
Comments regarding this issue:	
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this document, and information contained therein, is a public record. Pursuant to Article I, Section 24 of the Florida Constitution, Signature_

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



Signature

City of Coral Gables Corder of receipt Request to Address City Commission

CORIVI	
Date: 7/35/22 PLEASE PRI	NT
Agenda/Item Number:	bay Estades
Issue:	
Name: Veis Bus	sell
Mailing address: 5751 S.	E 116 St
City Otal Gables State	pe/Zip:
Phone: 305-793-464/ E-m	nail: Las rassell
Are you a registered lobbyist with the City	
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 never had a	board made

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



Signature

City of Coral Gables Request to Address City Commission

PLEASE PRINT

Time:

Agenda/Item Number:

PINE BAY ESTATES

Issue:

SREET RENAMING

Name:

BEAN TOWELL

Mailing address:

State/Zip:

Phone: 166.973.0026

E-mail:

Proponent

Ves

No

Representing:

Wyseff

I wish to speak

I do not wish to speak

I have been requested to speak

Comments regarding this issue:



City of Coral Gables Request to Address City Commission

Date: 7/25/22 PLEASE PRINT Time:
Agenda/Item Number:
Issue: Pine Bay Street Rendming
Name: Jose Zarralvavi
Mailing address: 5740 SW 119 St.
City: Caral Galley State/Zip: F1. 33156
Phone: 3/743-3767 E-mail: 10x Zarralvavie
Are you a registered lobbyist with the City of Coral Gables? Yes No
Representing: MySP/F
I wish to speak
I do not wish to speak Opponent
I have been requested to speak To provide information
Comments regarding this issue:
I support the petition
CA5-
Signature

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City of Coral Gables Request to Address City Commission

PLEASE PRINT

Date:	Time:
Agenda/Item Number:	1 3
Issue: 1 eino to	Day entato
Name: MARVIN	HOLLUB
Mailing address: 5986	54 (19 st
City: 50 AAL CXDL	State/Zip:
Phone: 78494234	E-mail:
Are you a registered lobbyist with the	ne City of Coral Gables?
Representing:	
wish to speak I do not wish to speak	Proponent Opponent
I have been requested to speal	To provide information
Comments regarding this issue: Dont-liver Agin The	t street
Signature	Me



City of Coral Gables Request to Address City Commission

PLEASE PRINT		
Date: 11/25, 2022 Tin	ne:	
Agenda/Item Number: 1-3		
Issue: Namy of PBE	5	
Issue: Namy of PBR Name: Christine Nickson	- Reyrolds	
Mailing address: 5760 S.W. City: Loral Gables State/Zi	116 St-	
City: Coral Gables State/Zi	p: Fl 33156	
Phone: (305) 799-3998 E-mail: Christine botics.can		
Are you a registered lobbyist with the City of Coral Gables? Yes No		
Representing:		
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

CONIDA
Date: 7/25/2022 PLEASE PRINT Time: 9:60 KM
Agenda/Item Number: Petition I-3
Issue: Name changes for Pine Bay streets
Name: Paul Palmberg, MD, PhD
Mailing address: 5785 SW 119th Street
City: Corel Gables State/Zip: F1 33/56-5752 Cell 305 781-2561 Phone: E-mail: Ppa/mbesge Med.
and mitodoc@gol.com
Are you a registered lobbyist with the City of Coral Gables? Yes No
Representing:
N I wish to speak
I do not wish to speak Opponent
I have been requested to speak To provide information
Comments regarding this issue:
Request vote by homeowners on the proposed change as the petitim supporting messanging by proponents did not realistically
proposed change as the petition supporting
Signature fulfampen, My Proponents and not require and harms

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

ZORIUB
Date: 1-25-22 PLEASE PRINT Time:
Agenda/Item Number:
Issue: PBE PORMING
Name: Adrigan Potati
Mailing address: 5760 SW 17th St.
City Carl Cables State/Zip:
Phone: 785-303-909) E-mail: 221 yan3 1 0 grall com
Are you a registered lobbyist with the City of Coral Gables?
Yes No
Representing: PRE Homeomers
I wish to speak Proponent
I do not wish to speak Opponent
I have been requested to speak
Comments regarding this issue: Petition with handled appropriately
Signature

Pursuant to Article I, Section 24 of the Florida Constitution,

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Signature.

City of Coral Gables Request to Address City Commission

PLEASE PRINT Agenda/Item Number: Are you a registered lobbyist with the City of Coral Gables? □ _{Yes} No Representing: Proponent wish to speak Opponent I do not wish to speak To provide information I have been requested to speak Comments regarding this issue:

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Date 13	2000	EASE PRIN	T ime: 🗸	8:53	57
Agenda/Iter	n Number: _	ARE	I3	- 20	2 4
Issue:	freet	Dam	e (Kas	P
Name:	udvey	Ro	la	4	7/
Mailing addre	ss: 5760	SW	11	100	1(
City Ord	el Gabe	State/	Zip: 🔾	3/5	b

Γ _{Yes}	No.
Representing:	
\mathcal{L}	
I wish to speak	Proponent
I do not wish to speak	Opponent
I have been requested to speak	To provide information

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

Comments regarding this issue:

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City of Coral Gables Request to Address City Commission

Date: 7/25/2022 PLEASE P	RINT Time: 7:75
Agenda/Item Number:	- 3
Issue: PINC BAY FORTES	Street NEW AMING
Name: JAVIET CODE	So
Mailing address: 5870 SW	117 ST
City: Coval GABLES s	tate/Zip: FC 33156
Phone: 305 502-6794	
Are you a registered lobbyist with the C	City of Coral Gables?
Representing: Home owned	
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:	