



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 2/13/ PLEASE PRINT Time: 9:00

Agenda/Item Number: _____

Issue: F12

Name: LAUREANO CANCIO

Mailing address: 1250 BIRD ~~ST~~ RD

City: CORAL GABLES State/Zip: FL

Phone: _____ E-mail: selibre@comcast.net

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 _____

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: 13 Feb 2024 PLEASE PRINT Time: _____

Agenda/Item Number: _____

Issue: F-12

Name: Carl Leon Prime

Mailing address: 141 Florida Avenue

City: Coral Gables State/Zip: FL 33133

Phone: 305 443 8296 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 _____

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

PLEASE PRINT

Date: 2/13 Time: _____

Agenda/Item Number: F-12

Issue: _____

Name: NICOLAS CABRERA

Mailing address: 45 ANHILLA AVE,

City: CORAL GABLES State/Zip: _____

Phone: _____ 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:

Signature: [Signature]



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

PLEASE PRINT

Date: 2/13/2027 Time: 10: AM

Agenda/Item Number: F-12

Issue: CITY MANAGER SUCCESSION RA-

Name: JOSE RIERA

Mailing address: 425 SEVILLA AVE

City: CORAL GABLES State/Zip: FL 33134

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: _____



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 2-13-2024 Time: 9:05 AM

Agenda/Item Number: F-12

Issue: City Manager

Name: Tom Wells

Mailing address: 1310 Coral Way

City: Coral Gables State/Zip: FL 33134

Phone: 305 588-3984 E-mail: tom@twells.com

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

Yes No

Representing: residents of Coral Gables

- | | |
|---------------------------------------------------------|------------------------------------------------------------|
| <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 checked="" type="checkbox"/> To provide information |

Comments regarding this issue:

Signature: Tom Wells

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 2-13 Time: _____

Agenda/Item Number: F-12

Issue: CITY MGR

Name: RIP HOLMES

Mailing address: 39 SID LANE

City: CRIP State/Zip: 33124

Phone: _____ E-mail: _____

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

Yes No

Representing: RETIRED

- | | |
|---------------------------------------------------------|-------------------------------------------------|
| <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:

RETIRED CITY MGR

Signature: RIP HOLMES

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 2/13/24 PLEASE PRINT Time: 9:32

Agenda/Item Number: 10AM Certain

Issue: Succession Planning - Controversy

Name: JUAN A. GALARO JR

Mailing address: 355 Cocoplum Road

City: Coral Gables State/Zip: FL 33143

Phone: (305) 662-5780 E-mail: mija@yaho.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:
Against termination of City Mgr. -
for orderly succession planning

Signature: Juan A. Galaro Jr

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 2/13/24 PLEASE PRINT Time: 9:30

Agenda/Item Number: F-12

Issue: CITY MANAGER

Name: ED SANTAMARIA

Mailing address: 47 SAN SEBASTIAN AVE.

City: _____ State/Zip: 33134

Phone: _____ E-mail: edsantass@outlook.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:
NO CAUSE TO TERMINATE MANAGER
HAS BEEN DEMONSTRATED OPPOSED
TO MEASURE

Signature: [Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: _____

Issue: _____

Name: Michael Menez

Mailing address: _____

City: _____ State/Zip: _____

Phone: _____ 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:

Signature _____

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 2/13/24 Time: 10⁰⁰ AM

Agenda/Item Number: F 12

Issue: _____

Name: Willy A. Bernello

Mailing address: 1238 Malaga Av.

City: Coral Gables State/Zip: FLA

Phone: 3056328993 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:

Signature [Signature]

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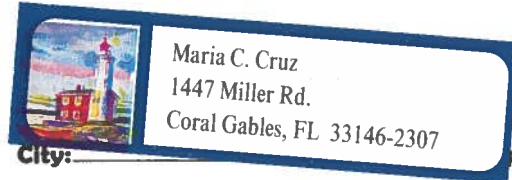
City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 2/13/24 PLEASE PRINT *time certain*
 Time: 10:00 AM

Agenda/Item Number: F-12

Issue: _____



City: _____ Phone: 305-323-2154 E-mail: thebeachcrazy@Aol.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: Maria C. Cruz

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 2-13-2024 PLEASE PRINT
 Time: _____

Agenda/Item Number: _____

Issue: City manager

Name: Alicia Fernandez

Mailing address: 6000 Granada

City: _____ State/Zip: _____

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:
In favor Keeping City Manager

Signature: _____

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 2/13 Time: 10 AM

Agenda/Item Number: F12

Issue: City Manager

Name: F. Xavier Duran

Mailing address: 333 Poyarada Ave.

City: Coral Gables State/Zip: FL 33134

Phone: 305-401-9098 E-mail: Xavier@FXDConstruction.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:

I would like to speak in favor of
City Manager Peter Iglesias. He should
not be removed

Signature _____

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City of Coral Gables
Request to Address City Commission

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PLEASE PRINT

Date: 2/13/24 Time: _____

Agenda/Item Number: F12

Issue: _____

Name: LETTY COLLAR

Mailing address: 440 SEVILLA AVE

City: _____ State/Zip: 33134

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 _____

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: F12

Issue: CITY MANAGER

Name: SARALANE CONDE

Mailing address: 228 ALESD AVE

City: CORAL GABLES State/Zip: _____

Phone: 786 544 6992 E-mail: SARALANECONDE@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: Saralane Conde

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City of Coral Gables
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PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: F-12

Issue: CITY MANAGER

Name: Renee Mas

Mailing address: 610 Villabella Ave

City: CG State/Zip: _____

Phone: 305-1600 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: [Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 2/13/24 PLEASE PRINT Time: 10:05

Agenda/Item Number: F-12

Issue: CM

Name: Dorothy Thompson

Mailing address: 2600 Cardena Av #3

City: Coral Gables State/Zip: _____

Phone: 305-479-5476 E-mail: Mayor8@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: Dorothy Thompson

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 2-13-24 PLEASE PRINT Time: 10:00 AM

Agenda/Item Number: F-02

Issue: CITY MAN ITEM

Name: VENNY TORRE

Mailing address: _____

City: _____ State/Zip: _____

Phone: 305-332-5700 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: [Signature]

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 2/13/21 **PLEASE PRINT** Time: _____

Agenda/Item Number: F12

Issue: _____

Name: SAMUEL LAWSON

Mailing address: 450 CAMILLO AVE

City: _____ State/Zip: _____

Phone: _____ 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:

Signature _____

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: Feb 13-21 **PLEASE PRINT** Time: 10:15 AM

Agenda/Item Number: F-12

Issue: ISLESIA

Name: ANDY MURAI

Mailing address: 200 SILANO PRADO

City: C.G State/Zip: 33156

Phone: 3/409-8518 E-mail: amurai@islesia.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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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 2/13/24 PLEASE PRINT Time: 10:20 AM

Agenda/Item Number: F12

Issue: city manager

Name: Jose "Pepi" Cancio

Mailing address: 198 Caoba Ct

City: Coral Gables State/Zip: FL 33143

Phone: 305-992-7101 E-mail: P.CANCIO@COCORALFL.COM
Pumpkin.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 checked="" 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: 2/13/2024 PLEASE PRINT Time: 10:19

Agenda/Item Number: F-12

Issue: Peter Pelissas

Name: Javier Bano

Mailing address: 1253 Anastasia Ave

City: Coral Gables State/Zip: FL 33134

Phone: 305 519 5581 E-mail: jbano@msn.com

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

Representing: _____

- | | |
|---------------------------------------------------------|-------------------------------------------------|
| <input 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 _____

PLEASE PRINT

Date: 2/13 Time: _____

Agenda/Item Number: F-12

Issue: removal of City Manager

Name: Chip Withers

Mailing address: 1104 Hardee Rd

City: C6 State/Zip: 33146

Phone: 305-216-7972 E-mail: Chip.Withers@witherscorp.com

Are you a registered lobbyist with the City of Coral Gables? com
 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:
against removal

Signature: [Handwritten Signature]



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 2/13/24 PLEASE PRINT Time: _____

Agenda/Item Number: F-12

Issue: _____

Name: HAROLD HEUWEG

Mailing address: 60 MORRICK WAY

City: C. Gables State/Zip: FL 33134

Phone: 305-776-4048 E-mail: hu25@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 _____



City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 2/13/24 PLEASE PRINT Time: _____

Agenda/Item Number: F12

Issue: _____

Name: DIANE WELLS

Mailing address: 1310 Coral Way

City: Coral Gables State/Zip: FL 33134

Phone: 305/987-3337 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 _____



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 2/13 Time: _____

Agenda/Item Number: F-12

Issue: City Manager

Name: DANIEL RAVICHER

Mailing address: 415 Sevilla Ave

City: Coral Gables State/Zip: FL

Phone: 786 505-1205 E-mail: RAVICHER@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:

See attached

Signature [Signature]

WRITTEN STATEMENT ON ITEM F-12

My name is Daniel Ravicher and I have lived in Coral Gables for over a decade with my wife and son. One of the things we love most about our city is the proud history of professional leadership provided by the Mayors, Vice Mayors, Commissioners, and Managers. The city is safe, clean, and growing at a reasonable pace. Disputes arise, of course, but they have in the past been handled with professionalism and respect so that productive relationships can be maintained despite differences.

Recently, however, I have been dismayed at a dramatic and unexpected rise in animosity and, shall I say, pointless drama, among the leadership of the city that is causing us grave concern. Our nation is built on the governing principle of checks and balances. No one person should be capable or, or permitted to, enforce their will on the others. I never would have thought that the City Beautiful would turn into a tabloid town. It's unsettling and the citizens of the city deserve better.

The most recent unnecessary distraction to remove the City Manager, who has served the city quite well for quite some time, seems rushed and personal. The propaganda materials distributed in advance of today's hearing to support the motion allege insubordination but did not explain what the underlying dispute involved. The City Manager is an educated, experienced person with expertise that should be welcomed on issues affecting the city, not ignored and told to just follow orders.

I am concerned that the Commission has taken a wrong turn recently leading it to erode the trust that it has built over decades of faithful service to residents. The City Manager should not be removed absent unanimous agreement by the Commission. To do otherwise serves to only further fracture those who have given their time and lives to serve, rather than bring everyone together for the good of the city.

I hate to consider the alternative, but one must always be prepared for the worst while hoping for the best. Thus, the petition I have been told will be started to remove all of the current Commissions if the City Manager is removed is one that I will unfortunately have to support.

Thank you.



Daniel Ravicher