



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

Order of receipt _____

Date: 5/23/23 PLEASE PRINT Time: 6:10
 Agenda/Item Number: 6-10

Issue: _____
 Name: CPA AHA C. OAK
 Mailing address: CPA OAK
 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: [Handwritten 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: 5/23/23 PLEASE PRINT Time: 12:00
 Agenda/Item Number: 9-10 - Public Com

Issue: HUB
 Name: GORDON SOIKOLOFS
 Mailing address: 225 ALESD AV.
 City: CORAL GABLES State/Zip: FL 33134
 Phone: 305 748 0828 E-mail: GORDON@SLOPE.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: [Handwritten Signature]
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**City of Coral Gables
Request to Address City Commission**

Order of receipt _____

PLEASE PRINT

Date: 5-22 Time: _____

Agenda/Item Number: 6-10 6-10
Public Com

Issue: MOBILITY HUB

Name: JR James

Mailing address: 329 GARDEN

City: CORAL GABLES State/Zip: 33134

Phone: 338 5000 E-mail: _____

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

Yes No

Representing: CA 19

- 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:

PRO PRESENT

Signature: JR James

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