



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

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

**PLEASE PRINT**

Date: 09 MAY 23 Time: 1600

Agenda/Item Number: G10

Issue: MOBILITY HUB

Name: TOM O'MALLEY

Mailing address: 616 SERONIMO DR

City: CG State/Zip: 33146

Phone: 3/987-3133 E-mail: O'MALLEY TFO@BELLSENTH.IG

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: T. F. O'Malley

*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 \_\_\_\_\_

**PLEASE PRINT**

Date: 5/9/23 Time: \_\_\_\_\_

Agenda/Item Number: G10

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

Name: MARIA C. CRUZ

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

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: Maria C. Cruz

*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:** 5-9-23 **PLEASE PRINT** **Time:** 10:00 AM

**Agenda/Item Number:** G-10

**Issue:** MOBILITY HUB

**Name:** GORDON SEKOLOFF

**Mailing address:** 225 ALFRED AVE.

**City:** Cor. Gables **State/Zip:** FL 33134

**Phone:** 305 788-0828 **E-mail:** GORDON5360@corl.com

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

**Representing:** SELF

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

No. to Mobility Hub as designed.

**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 9 **PLEASE PRINT** **Time:** 1:30

**Agenda/Item Number:** G 10

**Issue:** MOBILITY HUB

**Name:** JR HARMER

**Mailing address:** 35 SIDERHILL

**City:** CORAL GABLES **State/Zip:** FL

**Phone:** 335 5112 **E-mail:** \_\_\_\_\_

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

**Representing:** SELF

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

MOBILITY HUB IS  
 NOT NEAR STRUCTURE

**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 \_\_\_\_\_

**PLEASE PRINT**

Date: 5-9-23 Time: \_\_\_\_\_

Agenda/Item Number: 25-5663 G-10

Issue: Discussion on the future of the Mobility Hub

Name: Debra Register

Mailing address: 1240 Placetas Ave

City: Coral Gables State/Zip: FL 33146

Phone: 305-807-5523 E-mail: rdeb@registerco.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 \_\_\_\_\_

*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 \_\_\_\_\_

**PLEASE PRINT**

Date: 5/9 Time: \_\_\_\_\_

Agenda/Item Number: G-10

Issue: MOBILITY HUB

Name: Sue Kawalerski

Mailing address: 6030 GRATIAN ST

City: CORAL GABLES State/Zip: 33146

Phone: 305978-2233 E-mail: tvpeople@ymail.com

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

- Yes  No

Representing: CGNA

- 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 \_\_\_\_\_

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