

PLEASE PRINT

Date:	Time:
Agenda/Item Number:	and the second s
Issue:	7
Name: SAR Mailing address: 322	DUNANA
Mailing address: 322	4 (OS) AUGORU
City: CANA GARLOS	State/Zip:
Phone:	E-mail:
Are you a registered lobbyist with the Yes Representing:	No
☐ 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:	
	and the state of t
Signature	

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City of Coral Gables Request to Address City Commission

Date: 7/25 PLEASE PRINT Time:	
Agenda/Item Number:	
Issue:	
Name: Teresita Carm	A
Mailing address: 117 San Sel	pastian Ave
City Caral Gables State /7 in	FL 33/3
Phone: 305/992-7967 E-mail: +	e car3 @yahoo.
Are you a registered lobbyist with the City of Coral	Gables?
Representing:	
	oponent
	pponent provide information
I have been requested to speak Comments regarding this issue:	provide information
I oppose the Por	nce Residence



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Order of receipt

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Date: _ PLEASE PRINT Time: mmission

Agenda/Item Number: ..

ssue:
Name: MECIANO CLARHONA
Mailing address: 117 San JEBASTAN Ave.
City: Orac Cables State/Zip: 37130 FL
Phone: 305- Po1-8965 E-mail: HELCARAYO Acces
Are you a registered lobbyist with the City of Coral Gables?
Representing:
☐ I wish to speak ☐ Proponent ☐ I have been requested to speak ☐ To provide information
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Req	City

y of Coral Gables

7/25 PLEASE PRINT 5:05P uest to Address City Commission

Comments regarding this issue:	wish to speak do not wish to speak l house been requested to speak	Representing:	Are you a registered lobbyist with the City of Coral Cables? $\ \ \ \ \ \ \ \ \ \ \ \ \ $	Phone: 916 213 7578 E-1	City: CORAL CASKES Sto	Mailing address: 3/5 CADIMA AVE	Name: STENE OPOCENSKY	Issue: PONCE PARK	Agenda/Item Number:
	Proponent Opponent To provide information		jty of Coral Cables? No	E-mall: opocens ogmai	State/Zip: R 33/84	A AVE	えく大く	PONCE PARK RESIDENCE	

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

City of Coral Gabl Request to Addres	es Order of receipt
Date: 7 25 242 PLEASE PRII	NT Time: <u>530</u> .
Agenda/Item Number:	
Issue: Ponci Par L	Residences.
Name: #ING CIRCUIT	
Mailing address: //O/ SOV	Matheria.
City: State	e/Zip:
City:	all francological
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:	
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	City of Coral Gables	Order of receipt
	Request to Address City	Commission
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/ PLEASE PRI	NT
Date: 10 1/2 /2022	Time:
Agenda/Item Number:	
Issue: Allen Morns	
Name: Fernande Vald	es
Mailing address: 1828 Ponce de	Lean BWO # 498
City: Con Cobles State	e/Zip:
Phone: E-m	ail:
Are you a registered lobbyist with the City	of Coral Gables?
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:	,
I am not in tavor.	et the variance
request that Allen M	lorris wants
to impose on the citiza	ns of Coral Carbles
Signature	

City of Coral Gable Request to Addres	
Date: 7/25/22 PLEASE PRIN	NT Time: 5:00
Agenda/Item Number:	
Issue: Toncededon	
Name: Slace Puelo	<u></u>
Mulling address. " " " ,"	le Leon, 3313d
City: State	Pl. 334
Phone: 954-488-0938 E-me	all: Jasslyn 20120
Are you a registered lobbyist with the City of Yes	•
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:	
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Signature Mall Multo	

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	s City Commission
Date: 7252 PLEASE PRII	NT Time: 5:00 Pm
Agenda/Item Number:	ian.
Issue: Sovel of ment	
Name: Julin C. Frieto	
Mailing address: 3634 Mice &	2001
City: Coral Galles State	e/Zip: #1.33/3
Phone: 305 - 206 - 3787 E-m	gll: Juan =0
Are you a registered lobbyist with the City	1 1.71 (
Representing:	
wish to speak do not wish to speak I have been requested to speak	Proponent Opponent To provide information
Comments regarding this issue:	
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Signature.



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PERMIE FIL	
Date:	Time:
Agenda/Item Number:	
Issue:	
Name:	nkr
Mailing address: 4720 S.	LeJenneRd
City: Cora Cably Stat	te/Zip: F 33 4
Phone: 305 801 8700 E-m	nall: dw ~ tredure
Are you a registered lobbyist with the City	
Yes N	0
) eigh bars
☐ 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:	
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City of Coral Gables Request to Address City Commission

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Date:	Time:
Agenda/Item Number:	
Issue:	ado bargala
Wat A A 110	Trolly
Mailing address: 243	mila Are
	State/Zip: 35134
Phone: 7340-2338	E-mail:
Are you a registered lobbyist with the Yes	City of Coral Gables? No
I wish to speak	Proponent
_	Opponent
I do not wish to speak I have been requested to speak	
Comments regarding this issue:	Pana Pard
Signature	



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

Date: July 25, 2024	Time: 5 PM
Agenda/Item Number:	
Issue: PONCE PARK RE	SIDENCES
Name: C, VIDAL	
Mailing address: 301 ALESSO	AVENUE
City: COPAL AABUES State	/Zip: FL 33134
Phone: E-mo	ail:
Are you a registered lobbyist with the City of Yes	
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 Society 24 of t	the Florida Constitution

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

City of Coral Gables	Order of receipt
Request to Address Cit	ty Commission
Date: PLEASE PRINT Time	5:40 Ruj
Agenda/Item Number:	1-13
Issue: TONCE PARK A	POSIDENCE
Name: ENLIQUE A	LOPEZ
Mailing address: 1310 SORIO	VIA AUB
City: DEAL State/Zip:	pr 33/3
Phone: 305.984.3127 E-mail:	PARESESTAES
Are you a registered lobbyist with the City of Cor	al Gables?
T Yes No	
Representing: SBCF-	
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:	
OPPOSE THE PON	OF PARK
DESISENJES.	
Signature Megree Def	4
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City of Coral Go	order of receipt
R) Z 3 (GATINA) (A)	ress City Commission
Date: 10425 PLEASE P	RINT Time:
Agenda/Item Number	
Issue: FONCE PARK	lower
Name: SUE KAWH	HORSKI
Mailing address: <u>6830</u> G	CATTAOU ST
City: C	tate/Zip: 33/4/G
Phone: E	i-mail:
Are you a registered lobbyist with the C	City of Coral Gables? No
I wish to speak	Proponent
I do not wish to speak	Opponent
\square I have been requested to speak	To provide information
Comments regarding this issue:	
Signature / - X VIV	

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City of Coral Gables Request to Address City Commission

DI FACE DOI	NT
Date: 7/13/22	Time:
Agenda/Item Number:	// >
Issue: Vonce Pas	M Residence
Name: MANIA Q	· CAUZ
Mailing address: 447M	1/1es Pd
City: Stal Cost Costal	be/Zip://250/I
Phone 05-323-2/54 E-m	nail:
Are you a registered lobbyist with the City	
Representing:	
I wish to speak	Proponent
l do not wish to speak	Opponent
I have been requested to speak	To provide information
Comments regarding this issue:	
	<u> </u>
) // /

City of Coral Gable	
Request to Address	City Commission
Date: 7/25/22 PLEASE PRIN	ime: 5:00 Py
Agenda/Item Number:	
Issue: Pauce Reside	/
Name: MARIA JULIA	
Mailing address: 2555 AN &	SepASTIAN Ave.
City: CORAL CAbles State	Zip: 1-14 59139
Phone: 3/9 28-9252 E-mai	11: media yang 34 @ contest ret
Are you a registered lobbyist with the City of Yes	f Coral Gables?
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:	
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Order of receipt **City of Coral Gables Request to Address City Commission** Agenda/Item Number: Issue: Are you a registered lobbyist with the City of Coral Gables? Representing: I wish to speak Proponent Opponent \square I do not wish to speak $\ \Box$ To provide information I have been requested to speak Comments regarding this issue:

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Signature



CORIUM
Date: 7/25/27 PLEASE PRINT Time: 4/55
Agenda/Item Number: PVA(N PAPA TOUBL
Issue: PUNK RZ SIDMAK MA
Name: DAYID HAYS
Mailing address: 300 F-68419 AVR
City: CORAL GARLAS State/Zip: FL 33/34
Phone: 305 302 7900 E-mail: billhays 1/1)
Are you a registered lobbyist with the City of Coral Gables? VAHOD, CI
Representing: MYSRCF
I wish to speak I do not wish to speak I have been requested to speak To provide information
Comments regarding this issue:

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City of Coral Gables Request to Address City Commission

PLEASE PRINT

Date: 7/25/22 Time: 5:00	
Agenda/Item Number: Park Towa	<u>ı</u>
Issue:	
Name: J. Robert Kirk	
Mailing address: 117 Santandee Ave	
City: Cocal Cables State/Zip: FL 33/3	K_
Phone: 305-793-6798 E-mail: Pobert. Kill.	
Are you a registered lobbyist with the City of Coral Gables? Yes No	
Representing: Self Home Owner	
X I wish to speak Proponent	
I do not wish to speak Opponent	
☐ I have been requested to speak ☐ To provide information	ation
Comments regarding this issue:	
Signature	



Signature_

City of Coral Gables Request to Address City Commission

Request to Addr	ess City Commission
Agenda/Item Number: Pond	
Issue: PONUS YOW	
Name: SARA CON	
Mailing address: 238 AL	ESTO AVE
City GARL GABLES St	ate/Zip: <u>FL 33/31</u>
Phone: 1865646997 E.	mail: SARALANG ONO
Are you a registered lobbyist with the Ci	ty of Coral Gables?
Representing: MYSELF	
wish to speak	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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City of Coral Gables Request to Address City Commission

Date: 7/2 5/2 2 PLEASE	PRINT Time: 5:00P
Agenda/Item Number:	
Issue: PONCE TOWERS	
Name: ALAN GUMM	
Mailing address: 228 Ac	
City: C 6	State/Zip: FL 33/34
Phone: 305-567-1943	E-mail: ALAN. GUMMERSON
Are you a registered lobbyist with the	e City of Coral Gables?
Representing: My Sek F	
I wish to speak	Proponent Opponent
I have been requested to speak	To provide information
Comments regarding this issue:	
Signature Klan 7 Thm	



Date: 725 PLEASE PRIN	ime: 5,00 000
Date: 1 - 1 - 1	
Agenda/Item Number: Vonu	Park residences
Issue:	
Name: Patrick Dlown	.00
Mailing address: 201 Alhambria	A
City: Corcl Galles State	Zip: 33134
Phone: E-mai	II: Ronnellpaam, Lam
Are you a registered lobbyist with the City of Yes	f Coral Gables?
Representing:	
I wish to speak	Proponent
Hao not wish to speak	Opponent
I have been requested to speak	To provide information
Comments regarding this issue:	
I support the	building as
proposed.	. 7
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City of Coral Gables Request to Address City Commission

CORIUM
Date: PLEASE PRINT Time: 5 gm
Agenda/Item Number: Ponce Park
Issue: les.linus
Name: Wark how tridge
Mailing address: 201 Alhanha Cir
City: Cacl A State/Zip: FL
Phone: 305-446 - 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 Opponent
I have been requested to speak To provide information
Comments regarding this issue:
Signature



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

PLEASE P	KINI
Date: fry 35	Time:
Agenda/Item Number:	
Issue: LAND USE (3	
Name: Alkers Q.C	
Mailing address: 2709 Coli	1000.
City: 5. 63665 5	tate/Zip: 33134 A.
Phone: 781-28-65-65	-mall:
Are you a registered lobbyist with the C	City of Coral Gables? _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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Against

City of Coral Gables Request to Address City Commission

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/ac/a PLEASE PRI	NT
Date: 7/25/37 PLEASE PRI	Time:
Agenda/Item Number:	
Issue: Porce Park Reside	eaces
Name: Oscar Sosa	
Mailing address: 4 1/6 San	
City: Local Gables State	
Phone: (305)562-447/ E-m	nail: 50525604/500
Are you a registered lobbyist with the City	rof Coral Gables?
□ Yes N	o
Representing: Assidents	
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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PERMI FIL	
Date:	Time:
Agenda/Item Number:	Pouce Tower
Issue:	
Name: DAVID FOUR	Cujer
Mailing address:	
City: Colar Gables Sto	33/24
205(0) 219	ite/Lip:
Phone: 30549/2177 E-1	mail:
☐ Yes ☐ Representing:	No
K 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:	
	
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City of Coral Gables Request to Address City Commission

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Date:	Time:
Agenda/item Number:	'lance Redices
Issue: Ponce	Rodi Cong
Name: 10 hr 173	
Mailing address: 306	FLOVIA Ave
City: C. GARLES	State/Zip: FL 3313U
Phone: 786 5251050	
Yes Representing:	with the City of Coral Gables?
I wish to speak	Proponent
I do not wish to speak	Opponent
I have been requested t	o speak To provide information
Comments regarding this issu	e:
Signature Signature	



LORIUM
Date: 125 20 PLEASE PRINT Time: 5pm
Agenda/Item Number;
Issue: Ponce Park Residences
Name: Bahara Perez
Mailing address: 210 Romano Ave
City: Orl State/Zip: 33134
Phone: 305-301-9449 E-mail: barbaraperer palawe a mailcon
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 To provide information
Comments regarding this issue:
Please vote No tool
Signature Signature

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City of Coral Gables Request to Address City Commission

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Date: 7/27/22 PLEASE PRIN	T Time: <u>5100 P</u> M
Agenda/Item Number:	
ssue: CONSTINCTION / E	L'SO PONEE
Name: LAUREAND'C	ANCIO LEO
Mailing address: 1250 BIRS	b ROXS
City OPAL GABUS State	721p: Fe 33/49
Phone: 305-5670515 E-mg	Dureano cano Comcast. xe
Are you a registered lobbyist with the City o	f Coral Gables?
Representing: SELF	
N 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	
Durwant to Article I Section 24 of the	he Florida Constitution.

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Signature_

City of Coral Gables Request to Address City Commission

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Date: 7/25 PLEASE PRI	Time: 5.00 Pag
Agenda/Item Number:	
ssue: PONCE PARK	
Name: Olgo Carrel	0
Mailing address: 1250 B	ird Rd
City: Coval Gables State	te/Zip: #/33/46
Phone: 305 450/809 E-n	nail:
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:	

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City of Coral Gables Request to Address City Commission

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Date: 7/25/22 PLEASE PRINT Time: 5:00 PM	—
Agenda/Item Number: Pouce fail Risede	u
17 20 + 1 , 2 2 , 11 10.	
Issue: TENW KUL CHRA SLIANUE	_
Name: Envigue Benal	
24210	1
Mailing address: // S Valentie Ave # 90	ll K
City: Cotal Gella State/Zip: F233/3	4
Phone: 508 34) 9043 E-mail: ebarnal so	(
Smail 10	
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	
ilda I have been requested to speak $ ilda$ To provide information	n
Comments regarding this issue:	
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Signature Signature	



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

Date: 7-25-22	INT Time:
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Agenda/Item Number:	
Issue: Ponce Park	Residences
Name: Jennifer D	/ /
Mailing address: 133 San	
City: Coal Gable Sta	te/Zip: 33134
Phone: 305-725-2577 E-r	nail:
Are you a registered lobbyist with the City	y of Coral Gables?
Representing:	
√	П.
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 MM (Yn
Pursuant to Article I, Section 24 of	f the Florida Constitution,

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

DI FACE DRINT	
Date: 7/25/22 PLEASE PRINT Time: 5:00 pm	(_
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Agenda/Item Number: Price Parle Parl	<u>)e</u>
Issue: Heint zomily warnes	_
Faco at Paus	
Name: Empulh Bend	
Mailing address: 718 Calvert Ave Hy	\mathcal{E}
City: Cors Colles State/Zip: FL 3313	P
City: State/Zip: State/Zip:	
Phone: 508 864 2933 -mall: elegrade	χ
O Great Uni	7
Are you a registered lobbyist with the City of Coral Gables?	
□ Yes □ No	
Representing:	
☐ I wish to speak ☐ Proponent	
\Box I have been requested to speak \Box To provide information	on
Comments regarding this issue:	
	-
	-
	-



Date: 7/25 PLEASE PR	INT Time: 4:30
Agenda/Item Number: F- 12	F13 F16 F17 F16
ssue: Porce Park	
Name: Jack Frail	
Mailing address: 185 WKST	GANRIER
City: Cord Safler Sto	te/Zip: 33/33
Phone: 3 45 542 8979 E-1	mail: Joh . Lowello
Are you a registered lobbyist with the Cit Yes 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	Order of receipt
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Annual of the control
Agenda/Item Number:
ssue: Pince Kastorna)
Name: GORDON SOKOLADI
Name: (200001) JOROCO) +
Mailing address: 125 Aksio Ang-
City: (LAL CA SUR! State/Zip; 4 33
Phone: 788 0818 E-mail: CORDON 5340
Are you a registered lobbyist with the City of Coral Gables?
Yes
Representing: 584
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:

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Signature.



City of Coral Gables

Order of receipt

Request to Address City Commission

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Agenda/Item Number: _ 106.

issue: Mailing address: E-mail: Thewalk man on State/Zip:

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

Representing Comments regarding this issue: I have been requested to speak I do not wish to speak I wish to speak Copponent Proponent To provide information

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City of Coral Gables

Order of receipt

Request to Address City Commission **PLEASE PRINT**

Date: 700	Time:
Agenda/Item Number:	
Name: While Say	alh
Mailing address: 248 6mm	do The
	State/Zip: 33/34
Phone: 7340-338 E-mail:	alle Userpalta
Are you a registered lobbyist with the City of Coral Gables	of Coral Gables?
No	
Representing:	1
Wish to speak	Proponent Opponent
☐ I have been requested to speak	To provide informatio
Comments regarding this issue:	
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Time:

Agenda/Item Number;

Name:

Mailing address:

State/Zip:

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

Representing:

wish to speak

I have been requested to speak I do not wish to speak

Opponent

Proponent

Comments regarding this issue:

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