

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Kelly Harris DATE: 9-18-23

ADDRESS: 4073 Philips Hwy PHONE: 904-652-7769

CITY: JAX COUNTY: Duval STATE: FLA ZIP: 32207

REPRESENTING: 2023-0582

SIGNATURE: Kelly Harris ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Against

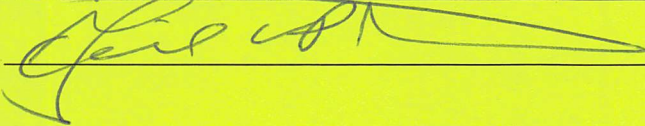
SPEAKING TIME IS LIMITED TO **THREE (3) MINUTES** PER SPEAKER.
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NAME: Dr. Gail Patin DATE: 9/18/23
ADDRESS: P.O. Box 4909 PHONE: 904-354-0076
CITY: JAX COUNTY: Deval STATE: FL ZIP: 32209
REPRESENTING: Hubbard House
SIGNATURE:  ☐ I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: J-1

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NAME: Rev. Dr. Chris McCoy, SS. DATE: Sept 18, 2023

ADDRESS: 1025 Jessie Street PHONE: (330) 647-0641

CITY: Jax COUNTY: Duval STATE: FL ZIP: _____

REPRESENTING: First Baptist Church of Oakland

SIGNATURE:  ☒ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: A pastor in support of
the 3 Bill

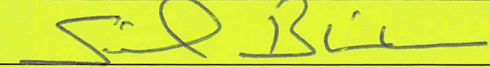
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NAME: SONNY BHIKHA DATE: 09/18/2023
ADDRESS: 11 1st St. North PHONE: 904 254 4404
CITY: Jacksonville Bch COUNTY: Duval STATE: FL ZIP: 32250
REPRESENTING: SHIVAM PROPERTY MANAGEMENT
SIGNATURE:  ☒ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 2023-0582 - Oppose this
Bill. Targeting the hospitality industry alone,

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*Name & Address are required

NAME: Candace Hodgkins DATE: 9/18/2023
ADDRESS: 3340 Victoria Lakes Dr PHONE: 904-234-7398
CITY: JAX COUNTY: Duval STATE: FL ZIP: 32226
REPRESENTING: Gateway Community Services
SIGNATURE: Candace Hodgkins ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Record

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*Name & Address are required

NAME: Robert + Devers DATE: 9/18/23

ADDRESS: 3538 Park Street PHONE: 904 707-9028

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32205

REPRESENTING: Self

SIGNATURE: Robert Devers ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Dedicated funded source for
homeless problem in Jacksonville

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*Name & Address are required

NAME: Chriss Brown DATE: 09.18-2023

ADDRESS: 2946 W. BEAVER ST. PHONE: 904.653-6603

CITY: JAX COUNTY: Duval STATE: FL ZIP: 32209

REPRESENTING: my self

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Food & Beverage Tax

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*Name & Address are required

NAME: Brandi Mathews DATE: 9/18/23

ADDRESS: 3757 Randall St. PHONE: _____

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32205

REPRESENTING: _____

SIGNATURE: Brandi Mathews ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: J-Bill dedicated funding
source for homelessness needed

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*Name & Address are required

NAME: Alex Patel DATE: 7/18/2023

ADDRESS: 7060 Rosabella Cir PHONE: 502 314 4543

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32258

REPRESENTING: Self/ESA

SIGNATURE: Alex Patel ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 2023-0582

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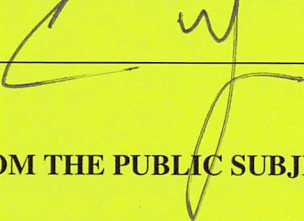
*Name & Address are required

NAME: CHARLES GARRISON DATE: 9/18/23

ADDRESS: 1729 N MARKET ST, PHONE: _____

CITY: JACKSONVILLE COUNTY: DUVAL STATE: FL ZIP: 32206

REPRESENTING: 2023-582

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: WILL SPEAK - SUPPORT

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*Name & Address are required

NAME: The Rev. Kate Moorehead Carroll DATE: 9/18/23

ADDRESS: 256 E. Church St PHONE: 904 400 0950

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32202

REPRESENTING: St. John's Cathedral

SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: I wish to speak.

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*Name & Address are required

NAME: Cindy Funkhouser DATE: 9-18-23
ADDRESS: 611 E. Adams St PHONE: 904-923-0923
CITY: JAX COUNTY: Duval STATE: FL ZIP: _____
REPRESENTING: Subteacher
SIGNATURE: Cindy Funkhouser ☐ I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: Local Bill J-1

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*Name & Address are required

NAME: Nicole Chapman DATE: 9/18

ADDRESS: 203 S Adamst. PHONE: 904-574-2259

CITY: Tallahassee COUNTY: _____ STATE: _____ ZIP: _____

REPRESENTING: Florida Restaurant & Lodging Association

SIGNATURE: _____ ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 0582-J1 Bill

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*Name & Address are required

NAME: AUSTIN BELET DATE: 18 SEP23

ADDRESS: 2857 DOWNING ST. PHONE: _____

CITY: JAX COUNTY: DUVAL STATE: FL ZIP: 32205

REPRESENTING: Self

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 2023-0582

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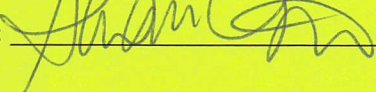
*Name & Address are required

NAME: Sarah Johnston DATE: 09/18/23

ADDRESS: ~~200~~ 1922 Felch Ave. PHONE: 904.802.0081

CITY: Jax COUNTY: Duval STATE: Fl. ZIP: 32207

REPRESENTING: Culivins Hospitality

SIGNATURE:  ☒ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: I oppose the J-Bill
2028-0582

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*Name & Address are required

NAME: Josh Martino DATE: 9/18/23

ADDRESS: 10645 Phillips Hwy PHONE: 904 8808310

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32256

REPRESENTING: Home Team Restaurant Group

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 0582

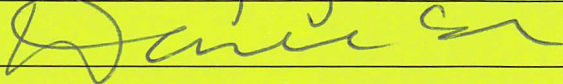
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*Name & Address are required

NAME: Dawn Gilman DATE: 9/18/2023
ADDRESS: 660 Park Street PHONE: 904-354-1100
CITY: JAX COUNTY: Duval STATE: FL ZIP: 32204
REPRESENTING: Changing Homelessness
SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: In favor of J-1

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*Name & Address are required

NAME: Kilay Efron DATE: ~~11/22/23~~ 09/18/23

ADDRESS: 1986 San Marco Blvd PHONE: 904-510-2231

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32207

REPRESENTING: Efron Restaurant Group DBA: Taverna / Locana

SIGNATURE: [Signature] ☒ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: I oppose the J-Bill 2023-0582

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*Name & Address are required

NAME: Stephen Zell DATE: 9/18/23
ADDRESS: 2827 Lowery St PHONE: 904 763 4790
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32205
REPRESENTING: 5 Points Merchant Association
SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Discussing the merits
of the "J" Bill and the importance
to community determinates of Health


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*Name & Address are required

NAME: DAN MERKAN DATE: 9/18/2023
ADDRESS: 3159 College St PHONE: (904) 755-4032
CITY: JACKSONVILLE COUNTY: DUAL STATE: FL ZIP: 32205
REPRESENTING: JASMYN
SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: I AM IN SUPPORT OF
THE 5-BILL Resolution - Homeless Prevention has
numerous benefits beyond putting a roof over a ~~head~~ a homeless
person's

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*Name & Address are required

NAME: Shannon Blankinsp DATE: 9/18/23

ADDRESS: 2623 Herschel St PHONE: _____

CITY: Jax COUNTY: _____ STATE: _____ ZIP: 32204

REPRESENTING: Riverside Avondale Preservation

SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME:

Jitan Kurogi

DATE:

09/18/2023

ADDRESS:

8277 Western Way

PHONE:

408-206-1730

CITY:

Jacksonville FL

COUNTY:

Duval

STATE:

ZIP:

32256

REPRESENTING:

Self

SIGNATURE:

[Signature]



I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT:

Oppose DL as it is written.

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*Name & Address are required

NAME: ALLAN DELAULT DATE: 9/18/23

ADDRESS: 221 N HOGAN PHONE: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

REPRESENTING: BUILD UP DOWNTOWN

SIGNATURE: [Signature] ~~_____~~ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 2023-582 Support
Questions ONLY

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*Name & Address are required

NAME: CHAD MUNSEY DATE: 18 SEPT 2023

ADDRESS: 7063 SALAMANCA AVE PHONE: 904.962.8394

CITY: JACKSONVILLE COUNTY: DUVAL STATE: FL ZIP: 32217

REPRESENTING: J1 BILL

SIGNATURE:  ☒ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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