#### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

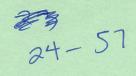
| PLEASE PRINT *Name and Address are required   |              |                               |
|---|--------------|-------------------------------|
| NAME: Sarah Wrawer D  | ATE:         | 3/5/24                        |
| NAME: Swah Weller D  ADDRESS: 8/97 Loch Avon CT ZIP: 32244 P  E-MAIL ADDRESS: Westside rental Culistside rental 1. Co  Are you a Lobbyist/Agent? Yes No If yes, who do you represent? | HONE: 4      | 04-214-6824                   |
| E-MAIL ADDRESS: Mestside rental Cuestside pental 1. Co  | m            |                               |
| Are you a Lobbyist/Agent? Yes No If yes, who do you represent?  | USTSIDE      | Rental                        |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Se   |              | CL'TITI'                      |
| PUBLIC HEARING BILL NUMBER: 24-0001   |              |                               |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |              |                               |
| Please check this box if you are here to answer questions only, or if you DO NOT w  | ish to speak | during the Public Hearing.    |
| If you intend to speak, please sign below to indicate that you affirm that the testimony  | vou are abo  | ut to give will be the truth. |
| the whole truth and nothing but the truth she had a   |              |                               |
|   |              |                               |

### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required   | 11  |
|---|---|
| NAME: Sarah Weenel  | DATE: 3/5/24                                |
| ADDRESS: 8197 Loch Avon Co ZIP: 32244   | PHONE: 904-214-6824                         |
| E-MAIL ADDRESS: Westside renetal Cusistside cental.   | com   |
| Are you a Lobbyist/Agent? Yes No If yes, who do you represent?  |   |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council  | Secretary? DIYEMARE No:59                   |
| PUBLIC HEARING BILL NUMBER: 24 - 000Z   |   |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |   |
| Please check this box if you are here to answer questions only, or if you DO NOT  | wish to speak during the Public Hearing.    |
| If you intend to speak, please sign below to indicate that you affirm that the testimon the whole truth and nothing but the truth | ny you are about to give will be the truth, |
|   |   |

#### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required   |
|---|
| NAME: Goorge King DATE: Mar 5 2024  ADDRESS: 14955 Yellow Bluff rd ZIP: 32226 PHONE: 904 418-3123  E-MAIL ADDRESS: Rhett 440@ATT. Net |
| ADDRESS: 14955 Yellow Dluft Not ZIP: 32226 PHONE: 904 418-3123  |
| E-MAIL ADDRESS: Rhett 440@ ATT. Net   |
| Are you a Lobbyist/Agent?   |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?                                       |
| PUBLIC HEARING BILL NUMBER:   |
| I SUPPORT (or) I OPROSE THIS LEGISLATION  |
| ☐ Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.           |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth,     |
| the whole truth and nothing but the truth   |
|   |



| PLEASE PRINT *Name and Address are required / /   |
|---|
| NAME: Hayden Phillips  ADDRESS: 1301 Riverplace Blvd ZIP: 32207 PHONE: 904 346 5535  E-MAIL ADDRESS: hphillips@RTlaw.com  Are you a Lobbyist/Agent? Yes \( \sigma \) No If yes, who do you represent? Atter Dulpt Group |
| ADDRESS: 1301 Riverplace Blvd ZIP: 32207 PHONE: 904 346 5535  |
| E-MAIL ADDRESS: hphillips @ RTlaw.com   |
| Are you a Lobbyist/Agent? Yes \( \subseteq \text{No} \) If yes, who do you represent? After Dulpt Group   |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary? Yes No  |
| PUBLIC HEARING BILL NUMBER: 2024 - 0057   |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |
| ☐ Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.   |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth   |

| PLEASE PRINT *Name and Address are required   |
|---|
| NAME: JOSH COCKNELL DATE: 3/5/24  |
| NAME: TOSM COCKNELL  ADDRESS: 35 market 5t ZIP: 3222 PHONE: 203917740   |
| E-MAIL ADDRESS:   |
| Are you a Lobbyist/Agent? Wes No If yes, who do you represent?  |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary? Yes No  PUBLIC HEARING BILL NUMBER:   |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |
| ☐ Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.   |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth |

#### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT Name and Address are required  |
|---|
| NAME: THANY Jams DATE: 3-5-24   |
| ADDRESS: 2653 NewBerlin Pd zip: 32224 PHONE: 904 SS3'3787   |
| E-MAIL ADDRESS: nicole@debernyelectric-com  |
| Are you a Lobbyist/Agent?  Yes No If yes, who do you represent?   |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?  Yes No   |
| PUBLIC HEARING BILL NUMBER: 24-58   |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION MAR 5 24 PM  |
| ☐ Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.   |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth |
|   |

### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| DATE: 3-5-24                                 |
|--|
| PHONE: 904 553-3787                          |
|  |
|  |
| l Secretary?                                 |
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| MAR 5 '24 Ph                                 |
| T wish to speak during the Public Hearing.   |
| ony you are about to give will be the truth, |
|  |

| PLEASE PRINT *Name and Address are required   |
|---|
| NAME: JOSH COCKNELL DATE: 3/5/24  |
| NAME: JOSH COCKNELL  ADDRESS: 75 Market St ZIP: 32707 PHONE: 803 9/7740   |
| E-MAIL ADDRESS:   |
| Are you a Lobbyist/Agent?    Yes    No If yes, who do you represent?  |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?                                   |
| PUBLIC HEARING BILL NUMBER: 2024 - 59   |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |
| ☐ Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.       |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, |
| the whole truth and nothing but the truth   |
|   |

### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required   |
|---|
| NAME: RRHO) SMALL DATE: 3564  |
| ADDRESS: 3945 39 Street Solh ZIP: 2000 PHONE:   |
| E-MAIL ADDRESS: BLIAND Biddigland can   |
| Are you a Lobbyist/Agent? Yes No If yes, who do you represent?  |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?  Yes No                           |
| PUBLIC HEARING BILL NUMBER: 006   |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |
| ☐ Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.       |
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| the whole truth and nothing but the truth   |

### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required  | 1 1                                      |
|--|--|
| NAME: Hayden Phillips D.   | ATE: 3/5/2024                            |
| NAME: Hayden Phillips  ADDRESS: 1301 River lace Blvd ZIP: 32207 PI   | HONE: 904 346 5535                       |
| E-MAIL ADDRESS: Mphillips (a) Rilaw.com  |  |
| Are you a Lobbyist/Agent? Yes No If yes, who do you represent?   | Meadows RELLC                            |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Se  |  |
| PUBLIC HEARING BILL NUMBER: 2024 - 0062  |  |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION   |  |
| ☐ Please check this box if you are here to answer questions only, or if you DO NOT w   | ish to speak during the Public Hearing   |
| If you intend to speak, please sign below to indicate that you affirm that the testimony the whole truth and nothing but the truth | you are about to give will be the truth, |

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON. (Please read the reverse side for instructions on speaking before the City Council.)

2024 MAR 5 PM 4:55

### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

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|---|--|--|--|
|   |  |  |  |
|   |  |  |  |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?  Yes No  PUBLIC HEARING BILL NUMBER: 2027 - 6 6 3 |  |  |  |
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| ng.   |  |  |  |
| h,<br>—   |  |  |  |
| 1   |  |  |  |

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON. (Please read the reverse side for instructions on speaking before the City Council.)

2024 MAR 5 PM 4:46

#### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required   |              |  |
|---|--------------|--|
| NAME: Richard Corley Jr   | DATE: 3/5/24 |  |
| ADDRESS: 6612 Pitts Rd ZIP: 32219 P   |              |  |
| E-MAIL ADDRESS:   |              |  |
| Are you a Lobbyist/Agent?  Yes No If yes, who do you represent?   |              |  |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?   |              |  |
| PUBLIC HEARING BILL NUMBER: 2024-063  | A Comment    |  |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |              |  |
| Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.   |              |  |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth |              |  |

# LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required   |   |
|---|---|
| NAME: Ahmed Ettachfini  | DATE: 03/05/2024                            |
| ADDRESS: 1923 Holly oals Ravine 1/2 ZIP: 32223  | PHONE: 202-710-1434                         |
| E-MAIL ADDRESS: aettachl, quidentine & gmail. Con.  |   |
| Are you a Lobbyist/Agent?    Yes  No If yes, who do you represent?  |   |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council  | Secretary?  Yes  No                         |
| PUBLIC HEARING BILL NUMBER: 2021 - 0064   | MAR 5 '24 PM                                |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |   |
| Please check this box if you are here to answer questions only, or if you DO NOT  | wish to speak during the Public Hearing.    |
| If you intend to speak, please sign below to indicate that you affirm that the testimon the whole truth and nothing but the truth | ny you are about to give will be the truth, |
|   |   |

| PLEASE PRINT *Name and Address are required  |  |
|--|--|
| NAME: LO AND FOTERSON DATE: 3 5/24   |  |
| ADDRESS: 530 DAVIS STEET ZIP: 3200 PHONE:  |  |
| E-MAIL ADDRESS:  |  |
| Are you a Lobbyist/Agent?  |  |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?   Yes No PUBLIC HEARING BILL NUMBER: |  |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION   |  |
| Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.            |  |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth,    |  |
| the whole truth and nothing but the truth  |  |
| SPEAKING TIME IS I INLEED TO THREE (3) MINUTES PER SPEAKER   |  |

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2024 MAR 5 PM4:50

### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required   |                |  |
|---|----------------|--|
| NAME: POWE PRESON DATE: 3/5/24  |                |  |
| NAME: POWE ASTERSON DATE: \$ 5 24  ADDRESS: 530 DAILS STATE ZIP: 3229 PHONE: 904-624                                | -2104          |  |
| E-MAIL ADDRESS:   |                |  |
| Are you a Lobbyist/Agent? Yes You If yes, who do you represent?   |                |  |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?                     |                |  |
| PUBLIC HEARING BILL NUMBER: 24-65   |                |  |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |                |  |
| Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Pu        | ıblic Hearing. |  |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will |                |  |
| the whole truth and nothing but the truth   |                |  |
|   |                |  |

| PLEASE PRINT *Name and Address are required   |
|---|
| NAME: Almed Ettachfini DATE: 03/05/2024   |
| ADDRESS: 1923 Holly cabo Ravine & ZIP: 3223 PHONE: 202-710-1434   |
| E-MAIL ADDRESS: aettach f. cycidelilise agmail. Con.  |
| Are you a Lobbyist/Agent? Yes No If yes, who do you represent?  |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?   |
| PUBLIC HEARING BILL NUMBER: 20065   |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |
| Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.   |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth |

| PLEASE PRINT *Name and Address are required  |  |  |
|--|--|--|
| NAME: Mark "Marcos "Protheroe DATE: 5 March 2024   |  |  |
| ADDRESS: 1764 Green wood Avezip: 32205 PHONE: (803) 571-766  |  |  |
| E-MAIL ADDRESS: Inflethos @ live, com  |  |  |
| Are you a Lobbyist/Agent?  |  |  |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?  Yes No PUBLIC HEARING BILL NUMBER:  |  |  |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION   |  |  |
| ☐ Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.  |  |  |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth    Mark   Marcor   Worthern   Worther |  |  |

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#### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

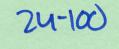
| PLEASE PRINT *Name and Address are required   |  |
|---|--|
| NAME: Alexander Cvercho DATE: 3/5/24  |  |
| NAME: Alexander Cver Cho  ADDRESS: 13500 Sutton Particle. Suite 304 ZIP: 32327 PHONE: 904-821-8700  |  |
| E-MAIL ADDRESS: alex @ cuercholaw.com   |  |
| Are you a Lobbyist/Agent? |  |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?  Yes  No  |  |
| PUBLIC HEARING BILL NUMBER: 2024 - 0067   |  |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |  |
| $\square$ Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.   |  |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth           |  |

| PLEASE PRINT *Name and Address are required  |   |  |
|--|---|--|
| NAME: Man Dulba  | DATE: MQF 5, 23                             |  |
| ADDRESS: ZIP: 32208  | PHONE: 904 614-4973                         |  |
| E-MAIL ADDRESS: DUNDAT MOTY ANN 1460 mall  |   |  |
| Are you a Lobbyist/Agent?    Yes    No    If yes, who do you represent?                                  |   |  |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?  Yes  No |   |  |
| PUBLIC HEARING BILL NUMBER: 24-108   |   |  |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION   |   |  |
| Please check this box if you are here to answer questions only, or if you DO NOT                         | wish to speak during the Public Hearing.    |  |
| If you intend to speak, please sign below to indicate that you affirm that the testimo                   | ny you are about to give will be the truth, |  |
| the whole truth and nothing but the truth  |   |  |
| Man Dunha  |   |  |
| SPEAKING TIME IS LIMITED TO THREE (3) MINUTES  | PER SPEAKER.                                |  |

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2024 MAR 5 FM5:03

| PLEASE PRINT *Name and Address are required   |  |
|---|--|
| NAME: Michael Johnson DATE: 3/5/2024  |  |
| ADDRESS: 400 E, BOY STREET ZIP: 32202 PHONE (904) 635-7030  |  |
| E-MAIL ADDRESS: WOHN 49882 & Comcast Not  |  |
| Are you a Lobbyist/Agent?    Yes  No If yes, who do you represent?  |  |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?  \Begin{array}{cccccccccccccccccccccccccccccccccccc |  |
| PUBLIC HEARING BILL NUMBER: 24100   |  |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |  |
| Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.                           |  |
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| the whole truth and nothing but the truth   |  |
| CDE A VINIC TIME IC I IN HUTED TO THINDE (2) A SINH TOPE DED COE A VIED   |  |



| PLEASE PRINT *Name and Address are required   |  |  |
|---|--|--|
| CAM D 116   |  |  |
| NAME: SAM - Brooks  ADDRESS: 9050 NORFOLK BV  ZIP: 32208  PHONE: 9042367865   |  |  |
| Carl 1/20 81 2000 2000 2000 2000  |  |  |
| ADDRESS: 9050 7000 016 30 PHONE: 709 2 36 1865  |  |  |
|   |  |  |
| E-MAIL ADDRESS:   |  |  |
|   |  |  |
| Are you a Lobbyist/Agent?  Yes No If yes, who do you represent?   |  |  |
|   |  |  |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?  Yes No                           |  |  |
| 21,-100   |  |  |
| PUBLIC HEARING BILL NUMBER: 34-100  |  |  |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |  |  |
| TSULTORI (01) TOLLOSE THIS LEGISLATION  |  |  |
| Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.         |  |  |
|   |  |  |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, |  |  |
|   |  |  |
| the whole truth and nothing but the truth   |  |  |
| Samuel Brooks   |  |  |
| SDEAKING TIME IS I IMITED TO THOSE (2) MINUTES DED SDEAKED  |  |  |

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2024 MAR 5 PM5:05

### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required   |
|---|
| NAME: Harriett C Lawton DATE: 3/5/24  |
| ADDRESS: 9050 NORFOLK BIVO ZIP: 32208 PHONE: 904-485-302  |
| E-MAIL ADDRESS: hC layton Qgmail - Com  |
| Are you a Lobbyist/Agent?  Yes No If yes, who do you represent?   |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?  Yes No                           |
| PUBLIC HEARING BILL NUMBER: 24 100  |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |
| Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.         |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, |
| the whole truth and nothing but the truth   |
| 174 Little Colle Boll   |

### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required  |   |
|--|---|
| NAME: Caroline Byers   | DATE: 3/5/24                              |
| ADDRESS: 48 8449 Glade Ln ZIP: 32217   | PHONE:                                    |
| E-MAIL ADDRESS:  |   |
| Are you a Lobbyist/Agent?    Yes    No    If yes, who do you represent?  |   |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Counci  | Secretary? Yes No                         |
| PUBLIC HEARING BILL NUMBER: 74-100   |   |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION   | 2024 MAR 5 PM 5:12                        |
| Please check this box if you are here to answer questions only, or if you DO NO  | T wish to speak during the Public Hearing |
| If you intend to speak, please sign below to indicate that you affirm that the testime the whole truth and nothing but the truth |   |
| If you intend to speak, please sign below to indicate that you affirm that the testimo   |   |

### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required   |               |                                 |
|---|---------------|---------------------------------|
| NAME: A. MIKEL HANDED ADDRESS: 7453 WESTANS PRIP: 32244   | DATE:         | 3-05                            |
| ADDRESS: 7453 WESTANS SKZIP: 32244  | PHONE: _      |                                 |
| E-MAIL ADDRESS:   |               |                                 |
| Are you a Lobbyist/Agent?    Yes    No    If yes, who do you represent?   |               | 21174 Wan -                     |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council PUBLIC HEARING BILL NUMBER:                  | Secretary?    | Yes No 12                       |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |               |                                 |
| Please check this box if you are here to answer questions only, or if you DO NOT  | wish to spea  | k during the Public Hearing.    |
| If you intend to speak, please sign below to indicate that you affirm that the testimon the whole truth and nothing but the truth | ny you are al | oout to give will be the truth, |

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24-100

### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required  |   |
|--|---|
| NAME: Sara Mahmoud   | DATE: 03/05/2024                            |
| ADDRESS: 2523 forbes St ZIP: 32204  E-MAIL ADDRESS: Sava @ Jax textes action, cry  | PHONE: 904 GS19120                          |
| E-MAIL ADDRESS: Sava & Jax textes action, cry  |   |
| Are you a Lobbyist/Agent?    Yes No If yes, who do you represent?  |   |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council   | Secretary?    Yes    No                     |
| PUBLIC HEARING BILL NUMBER:  |   |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION   | 2024 MAR 5 PM 5:13                          |
| Please check this box if you are here to answer questions only, or if you DO NOT   | T wish to speak during the Public Hearing.  |
| If you intend to speak, please sign below to indicate that you affirm that the testimo the whole truth and nothing but the truth | ny you are about to give will be the truth, |

| PLEASE PRINT *Name and Address are required   | = 0.0(                                      |
|---|---|
| NAME: Shalanda B. Herim   | DATE: 3-5-202                               |
| ADDRESS: 925 W. 2945 St.  | PHONE:                                      |
| E-MAIL ADDRESS:   |   |
| Are you a Lobbyist/Agent?    Yes    No If yes, who do you represent?  |   |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council PUBLIC HEARING BILL NUMBER:                  | Secretary?    Yes    No                     |
| PUBLIC HEARING BILL NUMBER: 34-100 I SUPPORTOr) I OPPOSE THIS LEGISLATION   |   |
| Please check this box if you are here to answer questions only, or if you DO NOT  | wish to speak during the Public Hearing.    |
| If you intend to speak, please sign below to indicate that you affirm that the testimon the whole truth and nothing but the truth | ny you are about to give will be the truth, |

### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required   |
|---|
| NAME: Sarah Hamdan DATE: 3-5-24   |
| ADDRESS: 325 GreencastleDv. ZIP: 3225 PHONE: 865-236-73   |
| E-MAIL ADDRESS: Slow 25   |
| Are you a Lobbyist/Agent?    Yes    No    If yes, who do you represent?   |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?  Yes No   |
| PUBLIC HEARING BILL NUMBER: 24-100  |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |
| Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.   |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth |
| the whole train and nothing out the train   |

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON. (Please read the reverse side for instructions on speaking before the City Council.)

2024 MAR 5 PM5:28

#### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required   |
|---|
| NAME: Shamir Nock DATE: 3/5/24  |
| ADDRESS: 3648 w Castlewood brzip: 32204 PHONE:  |
| E-MAIL ADDRESS:   |
| Are you a Lobbyist/Agent?   |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?  \Bullet Yes \Bullet No Public Hearing Bill Number: \Bullet \frac{2\psi - 100}{2} |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |
| Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.   |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth       |

#### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

#### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required  |   |
|--|---|
| NAME: Vonne Brooks  ADDRESS: 14056 Bradley Core Rd ZIP:  E-MAIL ADDRESS: EMILYS COLO @ Yahor. Con                                | DATE: 3 4 2 2 24                                  |
| ADDRESS: 14056 Bradley Cove Rd ZIP:  | PHONE: 904. 445. 0182                             |
| E-MAIL ADDRESS: EMILYS COLO @ Yahor. Con   |   |
| Are you a Lobbyist/Agent?  Yes No If yes, who do you represent?  |   |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council   | Secretary?  Yes No                                |
| PUBLIC HEARING BILL NUMBER: 34-100   |   |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION   |   |
| Please check this box if you are here to answer questions only, or if you DO NO  | $\Gamma$ wish to speak during the Public Hearing. |
| If you intend to speak, please sign below to indicate that you affirm that the testime the whole truth and nothing but the truth | ny you are about to give will be the truth,       |

#### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

# LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required   |
|---|
| NAME: Natasha Sporrer-Coley DATE: 3-5-24 ADDRESS: 7428 Buckskin Tr. N ZIP: 32277 PHONE: 904, 476, 95/0                            |
| ADDRESS: 7428 Buckskin Tr. N ZIP: 322M PHONE: 904, 476, 4510  |
| E-MAIL ADDRESS:   |
| Are you a Lobbyist/Agent?   |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?                                   |
| PUBLIC HEARING BILL NUMBER:   |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |
| ☐ Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.       |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, |
| the whole truth and nothing but the truth   |

#### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required   |
|---|
| NAME: Tabitha Byers DATE: 3-5-24  |
| ADDRESS: 8449 6 lade (n zip: 32217 PHONE: 828 308 1462  |
| E-MAIL ADDRESS: 464633150 gmail. com  |
| Are you a Lobbyist/Agent?  Yes  No If yes, who do you represent?  |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?  PUBLIC HEARING BILL NUMBER:  |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |
| ☐ Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.   |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth |

# LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required   |   |
|---|---|
| NAME: Fawn Cyr  | DATE: 3/5/24                                |
| ADDRESS: 12151 Versailles St, @ ZIP: 32224  | PHONE: <u>\$41-359-6077</u>                 |
| E-MAIL ADDRESS:   |   |
| Are you a Lobbyist/Agent?    Yes    No    If yes, who do you represent?   |   |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council  | Secretary?    Yes    No                     |
| PUBLIC HEARING BILL NUMBER: 24-100  |   |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  | 2024 MAR 5 PM5:12                           |
| $\square$ Please check this box if you are here to answer questions only, or if you DO NOT  | wish to speak during the Public Hearing.    |
| If you intend to speak, please sign below to indicate that you affirm that the testimon the whole truth and nothing but the truth | ny you are about to give will be the truth, |

## LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required  |
|--|
| NAME: KATRIMA SOENCER DATE: 3-05-24  |
| NAME: KATRIA A SPENCER DATE: 3-05-24  ADDRESS: 4620 W CASTLEWOOD ZIP: 32206 PHONE: 904 616-065   |
| E-MAIL ADDRESS:  |
| Are you a Lobbyist/Agent?  Yes No If yes, who do you represent?  |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?  Yes PUBLIC HEARING BILL NUMBER: 2024 - 0100 |
|  |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION MAR 5 724 PM  |
| ☐ Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.                  |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth,            |
| the whole truth and nothing but the truth  |
| XB Spince  |

## LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required   |
|---|
| NAME: Khahala Stamper DATE: 03/05/2024  |
| ADDRESS: 4956 Rochdale Rol ZIP: 32208 PHONE: 904) 705-6928  |
| E-MAIL ADDRESS: Kstamp Ob @ att. net  |
| Are you a Lobbyist/Agent?    Yes    No If yes, who do you represent?  |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?  Yes No                           |
| PUBLIC HEARING BILL NUMBER: 2024-0100 MAR 5'24 PM   |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |
| ☐ Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.       |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, |
| the whole truth and nothing but the truth  Taus NOV   |
| 1 1 miles   |

#### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required   |
|---|
| NAME: JAMES MAtchett DATE: 2/5/2023   |
| ADDRESS: 11783 High Plains ZIP: 32218 PHONE:  |
| E-MAIL ADDRESS:   |
| Are you a Lobbyist/Agent?    Yes    No If yes, who do you represent?  |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?  Yes No                           |
| PUBLIC HEARING BILL NUMBER: 24-100  |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |
| ☐ Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.       |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, |
| the whole truth and nothing but the truth   |
|   |

# LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required   |
|---|
| NAME: Mary Williams DATE: MAR-5-2024  |
| ADDRESS: 9050 NOV 78/KB/V ZIP: 32208 PHONE: 904-551-264   |
| E-MAIL ADDRESS:   |
| Are you a Lobbyist/Agent?    Yes    No    If yes, who do you represent?   |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?                                   |
| PUBLIC HEARING BILL NUMBER: 24/00   |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |
| ☐ Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.       |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, |
| the whole truth and nothing but the truth   |
| May William Do Not 60 Spract  |
| CDE A VINC TIME IC I IMITED TO THERE (2) MINITED DED CREAVED  |

## LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required   |
|---|
| NAME: Erin DuPristle DATE: 3/5/24   |
| ADDRESS: 1752 Clemson Rd ZIP: 32217 PHONE: 904-200-9760   |
| E-MAIL ADDRESS: <u>erindupristle</u> 6 gmail. com   |
| Are you a Lobbyist/Agent?   |
| f you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary? Yes No 2024 MAR 5 PM 4:58  |
| SUPPORT (or) I OPPOSE THIS LEGISLATION  |
| $\Box$ Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.  |
| f you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, he whole truth and nothing but the truth |

| DATE: 3/5/24  ADDRESS: 4732 W. Ca SHEWOOZIP: 37206 PHONE: 9044729-0834  E-MAIL ADDRESS:  Are you a Lobbyist/Agent?  Yes No If yes, who do you represent?  If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?  Yes No  PUBLIC HEARING BILL NUMBER: 4 - 0/00  I SUPPORT (or) I OPPOSE THIS LEGISLATION  Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.  If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth | PLEASE PRINT *Name and Address are required   |
|---|---|
| E-MAIL ADDRESS:  Are you a Lobbyist/Agent?  Yes No If yes, who do you represent?  If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?  Yes No  PUBLIC HEARING BILL NUMBER:  Yes THIS LEGISLATION  I SUPPORT  (or) I OPPOSE THIS LEGISLATION  Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.  If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth,   |   |
| Are you a Lobbyist/Agent?    Yes    No    If yes, who do you represent?   | ADDRESS: 4732 W. Castleworth: 32206 PHONE: 9049729-0834   |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?   Yes No PUBLIC HEARING BILL NUMBER:  I SUPPORT   | E-MAIL ADDRESS:   |
| PUBLIC HEARING BILL NUMBER:   | Are you a Lobbyist/Agent?  Yes No If yes, who do you represent?   |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.  If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth,  | If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?  Yes No                   |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.  If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth,  |   |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth,   |   |
|   | Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing. |
| the whole truth and nothing but the truth ANESTS LAD MORSE  |   |
|   | the whole truth and nothing but the truth $4016543$ Lab / 1101906   |

| PLEASE PRINT *Name and Address are required  |   |
|--|---|
| NAME: KATNINA JACOL  | DATE: MANCH 5,262                           |
| ADDRESS: 15 19 WANDEN ING PINCTHAIL WEST 3228  | PHONE: 904 318-0019                         |
| E-MAIL ADDRESS: Katrina, acda 37 Q graili co.  |   |
| Are you a Lobbyist/Agent?    Yes    No    If yes, who do you represent?  |   |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council PUBLIC HEARING BILL NUMBER:                 |   |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION   | 20 MAR 5 '24 Pr                             |
| ☐ Please check this box if you are here to answer questions only, or if you DO NOT   | wish to speak during the Public Hearing.    |
| If you intend to speak, please sign below to indicate that you affirm that the testimo the whole truth and nothing but the truth | ny you are about to give will be the truth, |

## LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required   |
|---|
| NAME: JOE KOSS, SR DATE: 03/05/2024   |
| ADDRESS: 7361 JF.16. Dr. FIP: 327/9 PHONE:  |
| E-MAIL ADDRESS:   |
| Are you a Lobbyist/Agent? Yes No If yes, who do you represent?  |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?  Yes                                |
| PUBLIC HEARING BILL NUMBER: 2024-0100   |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |
| $\square$ Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing. |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth,   |
| the whole truth and nothing but the truth   |
|   |

## LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required   |
|---|
| NAME: Joseph Fobinson DATE: 3-5-24  |
| ADDRESS: 977/ Ne/30n Forts D+ ZIP: 32222 PHONE: 904-705-7517  |
| E-MAIL ADDRESS:   |
| Are you a Lobbyist/Agent?  Yes No If yes, who do you represent?   |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?   Yes   No                        |
| PUBLIC HEARING BILL NUMBER: 2024-0100 MAR 5'24 PM   |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |
| ☐ Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.       |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, |
| the whole truth and nothing but the truth   |
|   |

### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER

| PLEASE PRINT *Name and Address are required   |
|---|
| NAME: Sydit Bell DATE: 3-5-24   |
| ADDRESS: 530 LINWOOD AVE ZIP: 32204 PHONE: 904. 428-6556  |
| E-MAIL ADDRESS: faida 7773336 gmail. com  |
| Are you a Lobbyist/Agent?  Yes No If yes, who do you represent?   |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?   Yes No. 5 24 PM  PUBLIC HEARING BILL NUMBER: 24 - 100                     |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |
| ☐ Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.   |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth |

| PLEASE PRINT *Name and Address are required   |  |  |
|---|--|--|
| NAME: Vanessa Culling Hopkins DATE: 3-5-29 ADDRESS: 3283 EdgewoodAvezip: 32209 PHONE: 904-859-4959                                  |  |  |
| ADDRESS: 3283 Edge Wood Avezip: 32209 PHONE: 904-859-4959   |  |  |
| 1000111111111   |  |  |
| Are you a Lobbyist/Agent?  Yes No If yes, who do you represent?   |  |  |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary?                                     |  |  |
| PUBLIC HEARING BILL NUMBER: 34-100  |  |  |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |  |  |
| $\square$ Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing. |  |  |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth,   |  |  |
| the whole truth and nothing but the truth   |  |  |

| PLEASE PRINT *Name and Address are required   | ,   |  |
|---|---|--|
| NAME: TOKOLE EDWARD   | DATE: 3=5-24                                |  |
| ADDRESS: 4/38 UCBSTLEWOOD ZIP: 32204  | PHONE: 901/. 4001949                        |  |
| NAME: TOke & ED WHIP  ADDRESS: 4/38 W Choffewood ZIP: 32204  E-MAIL ADDRESS: 4/4 C, e. Idw 4/4s  Are you a Lobbyist/Agent? Yes No. If yes who do you represent? |   |  |
| Are you a Lobbyist/Agent?    Yes    No    If yes, who do you represent?   |   |  |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council PUBLIC HEARING BILL NUMBER:  | Secretary?                                  |  |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION  |   |  |
| $\square$ Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing.                             |   |  |
| If you intend to speak, please sign below to indicate that you affirm that the testimo the whole truth and nothing but the truth                                | ny you are about to give will be the truth, |  |

#### LAND USE & ZONING COMMITTEE PUBLIC HEARING REQUEST TO SPEAK/REGISTER