

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

*Name & Address are required

NAME: Julius Richardson DATE: April

ADDRESS: 10538 Rocky Garden Lane PHONE: 904.923.4583

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32257

REPRESENTING: ICATT

SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: BidMore ICATT advocacy

**SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.**

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NAME: Shereline Redden DATE: 4-3-24
ADDRESS: on file PHONE: 904-525-2369
CITY: Jax COUNTY: Duval STATE: _____ ZIP: 32208
REPRESENTING: Bid More
SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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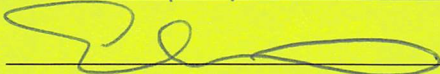
*Name & Address are required

NAME: E.C. WESTON DATE: 4.3.24

ADDRESS: 7901 BAYMEADOWS WAY SUITE 2 PHONE: 407.619.3171

CITY: JACKSONVILLE COUNTY: DUVAL STATE: FL ZIP: 32256

REPRESENTING: LIT TV NETWORK

SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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NAME: Tellisa Robinson DATE: April 3rd 2024
ADDRESS: 1230 Florida Ave PHONE: 904 568-4035
CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32206
REPRESENTING: Eastcoast Striping and Painting, Inc
SIGNATURE: Tru R. [Signature] I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Equal opportunity

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NAME: Carnell Oliver DATE: 04 23 - 2021
ADDRESS: 611 E Adam St PHONE: _____
CITY: Jax COUNTY: Duval STATE: FL ZIP: 32202
REPRESENTING: Jax Social Justice Dept.
SIGNATURE: [Signature] I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: JSEB

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NAME: Ms. Alie Baldwin DATE: Apr 3

ADDRESS: Homeless PHONE: _____

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

REPRESENTING: Whoc Production

SIGNATURE: Ms. Alie Baldwin I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Laser Tag Arena called
Laser Quest & Life coaching Agency Acromedy
called At retreat 3 properties 31 west Adam St

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER. Thunderbird Hotel
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

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Any Riverside
or Mayfest Apt

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*Name & Address are required

NAME: Sharon Collins DATE: 4/3/2024

ADDRESS: 6564 Larne Ave PHONE: 904-962-9731

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32244

REPRESENTING: M Power ment U Turning Pain into Power

SIGNATURE: ~~Sharon Collins~~ I DO NOT WISH TO SPEAK

to provide a avenue to participate in the programs

COMMENTS FROM THE PUBLIC SUBJECT: Funding for small business owners
for marketing staff to grow my business. To bring self-awareness
and reestablish boundaries while also empowering our communities by

*writing children's
that his
self awareness*

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
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*creating speaking
engagements with
our communities to*

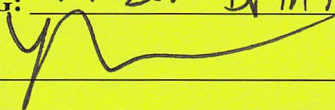
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*Empower them selves by
creating a safe place to
speak about pain's within their lives and
turn that pain into power.*

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NAME: Luigi DiFranco DATE: 4/3/24
ADDRESS: ~~5114 Alamo~~ 147 Catesby Ln PHONE: 566-4243
CITY: St Aug COUNTY: St Johns STATE: FL ZIP: 32095
REPRESENTING: Frozen Drinks Etc of FL Inc
SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: USE B - how its handled

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*Name & Address are required

NAME: Ms. Preston, Starr. DATE: 4/3/24

ADDRESS: 3100 University Blvd S. PHONE: 904-8462160

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32214

REPRESENTING: SEB

SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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NAME: Latasha Phinnessee DATE: 4/3/2024

ADDRESS: 4651 Salisbury Rd St 400 PHONE: 504-206-2200

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

REPRESENTING: Phinnessee Board Services

SIGNATURE: L Phinnessee I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: JSBB, ICA77

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