PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required

NAME: LaWanda King-Butler DATE: 10/22/2025

ADDRESS: 1447 Huntley Hollow Dr. PHONE: (904)226-5537

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32218

REPRESENTING: Legacy, 3rd Generation Eastsider Campbell's Addition

SIGNATURE: LaWanda King Butler ☑ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: I support the external nonprofit (cultural council model)

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.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required

NAME: Karen Hamilton DATE: 10/22/25

ADDRESS: 11808 Wax Berry Lane PHONE: 904-472-3049

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32218

REPRESENTING: TEC, Inc

SIGNATURE: Karen Hamilton ☑ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: I support the Two Phase model

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SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
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(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT ***Name & Address are required**

NAME: Pamela L. Newbill **DATE:** 10/22/25

ADDRESS: 1111 Mar Del Plata St. So. **PHONE:** _____

CITY: Jax **COUNTY:** _____ **STATE:** FLA **ZIP:** 32256

REPRESENTING: _____

SIGNATURE: Pamela L. Newbill ☐ **I DO NOT WISH TO SPEAK**

COMMENTS FROM THE PUBLIC SUBJECT: Support 2 Phase model

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.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT ***Name & Address are required**

NAME: Dawn Curling **DATE:** 10/22/25

ADDRESS: 822 A. Philip Randolph **PHONE:** _____

CITY: Jax **COUNTY:** Duval **STATE:** Fl **ZIP:** 32206

REPRESENTING: Eastside

SIGNATURE: Dawn Curling ☐ **I DO NOT WISH TO SPEAK**

COMMENTS FROM THE PUBLIC SUBJECT: I support the Hybrid Model

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.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT ***Name & Address are required**

NAME: Daniel Nunn **DATE:** 10/22/25

ADDRESS: 301 E Bay St **PHONE:** 904-434-5952

CITY: Jax **COUNTY:** DUVAL **STATE:** FL **ZIP:** 32202

REPRESENTING: Together Eastside (coalition)

SIGNATURE: [signature] ☐ **I DO NOT WISH TO SPEAK**

COMMENTS FROM THE PUBLIC SUBJECT:

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.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT ***Name & Address are required**

NAME: Dennis Sanchez **DATE:** 10-22-25

ADDRESS: 4525 Saddlehorn Trl **PHONE:** 201-741-1848

CITY: Middleburg **COUNTY:** Clay **STATE:** FL **ZIP:** 32068

REPRESENTING: Together Eastside Coalition Inc

SIGNATURE:  ☐ **I DO NOT WISH TO SPEAK**

COMMENTS FROM THE PUBLIC SUBJECT: presenting 2 phase model Ordinance.

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.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required

NAME: Robyn Cenizal DATE: 10/22/25

ADDRESS: 12539 Reginald Dr PHONE: 804-304-3089

CITY: JAX COUNTY: Dural STATE: FL ZIP: 32246

REPRESENTING: Together Eastside Inc

SIGNATURE: Robyn L Cenizal ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: I support the Community Ordinance Draft

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SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
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(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

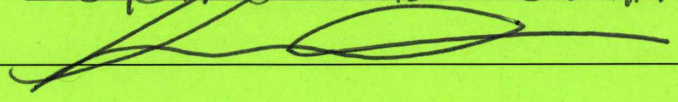
PLEASE PRINT ***Name & Address are required**

NAME: Latana Harris **DATE:** 10/22/2025

ADDRESS: 10896 Lydia Estates dr **PHONE:** 904 993 3188

CITY: Jax **COUNTY:** Duval **STATE:** FL **ZIP:** 32218

REPRESENTING: Together Eastside Coalition INC

SIGNATURE:  ☐ **I DO NOT WISH TO SPEAK**

COMMENTS FROM THE PUBLIC SUBJECT: on 2 Phase Model

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.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required

NAME: Ariane L. Randolph DATE: 22 October 2024

ADDRESS: 620 Odessa St. PHONE: 786·393·0091

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32206

REPRESENTING: Historic Eastside Resident

SIGNATURE: Ariane L. Randolph ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Support of the Seperate Non Profit Org., TIF Support,

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SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
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(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT ***Name & Address are required**

NAME: Maya Francis **DATE:** 10/22/25

ADDRESS: ~~36~~ 1414 Florida Ave **PHONE:** 904 415 3906

CITY: Jax **COUNTY:** Duval **STATE:** FL **ZIP:** 32206

REPRESENTING: pulse east

SIGNATURE: Maya Francis ☐ **I DO NOT WISH TO SPEAK**

COMMENTS FROM THE PUBLIC SUBJECT: _____

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
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(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT ***Name & Address are required**

NAME: Alice Nelson **DATE:** 10/22/25

ADDRESS: 1138 Odessa St. **PHONE:** 904-517-7116

CITY: Jax **COUNTY:** Duval **STATE:** FL **ZIP:** 32205

REPRESENTING: Myself

SIGNATURE: Alice Nelson ☐ **I DO NOT WISH TO SPEAK**

COMMENTS FROM THE PUBLIC SUBJECT:

To support the 3 phase model

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.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT ***Name & Address are required**

NAME: Michelle Braun **DATE:** _____

ADDRESS: 700 E Union St. - UTW, LIFT **PHONE:** _____

CITY: Jax **COUNTY:** Duval **STATE:** FL **ZIP:** 32206

REPRESENTING: LIFT JAX

SIGNATURE: _____ ☐ **I DO NOT WISH TO SPEAK**

COMMENTS FROM THE PUBLIC SUBJECT: CBA

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
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(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT ***Name & Address are required**

NAME: James Matchett **DATE:** _____

ADDRESS: 12531 Angel Lakes DR **PHONE:** _____

CITY: Jax **COUNTY:** Duval **STATE:** FL **ZIP:** 32218

REPRESENTING: _____

SIGNATURE: D. Matchett ☐ **I DO NOT WISH TO SPEAK**

COMMENTS FROM THE PUBLIC SUBJECT: I support the 2 phase model.

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.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required

NAME: Leslie Jean Bart DATE: 10-22-2025

ADDRESS: 12354 Deersong Dr. PHONE:

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32218

REPRESENTING: Together Eastside Coalition, Inc.

SIGNATURE: ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 2 Phase Ordinance

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.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT ***Name & Address are required**

NAME: Denise Hunt **DATE:** _____

ADDRESS: 434 Bausden Rd **PHONE:** _____

CITY: Jax **COUNTY:** Duval **STATE:** FL **ZIP:** 32218

REPRESENTING: Westside Coalition Inc

SIGNATURE: Denise Hunt ☐ **I DO NOT WISH TO SPEAK**

COMMENTS FROM THE PUBLIC SUBJECT: Support 2 Phase model

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
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(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required

NAME: Avery McKnight DATE: 10/22/25

ADDRESS: 1007 E. 5th St PHONE: (904) 219-8439

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32206

REPRESENTING: Concrete Renovations

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

COMMENTS FROM THE PUBLIC SUBJECT: _____

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PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT ***Name & Address are required**

NAME: Nigelle Kohn **DATE:** 10/22/25

ADDRESS: 320 A Philip Randolph Blvd **PHONE:** (614) 946-8542

CITY: Jax **COUNTY:** Duval **STATE:** FL **ZIP:** 32206

REPRESENTING: Florida Avenue Main Street, Inc

SIGNATURE: Nigelle Kohn ☐ **I DO NOT WISH TO SPEAK**

COMMENTS FROM THE PUBLIC SUBJECT:

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
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(PLEASE READ THE REVERSE SIDE FOR INSTRUCTIONS ON SPEAKING BEFORE THE CITY COUNCIL.)

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT ***Name & Address are required**

NAME: Suzanne Pickett **DATE:** 10-28 2025

ADDRESS: 1105 Phelps St **PHONE:** 904 537-3364

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

REPRESENTING: Historic Eastside CDC

SIGNATURE: SP ☐ **I DO NOT WISH TO SPEAK**

COMMENTS FROM THE PUBLIC SUBJECT: _____

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PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required

NAME: Kim PRYOR DATE: 10/22/2025

ADDRESS: 245 W 5th Street PHONE: 904-465-1555

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32206

REPRESENTING:

SIGNATURE: Kim Pryor ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT:

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
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PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT ***Name & Address are required**

NAME: Tina With (Christina) **DATE:** 10/22/25

ADDRESS: 3967 Brampton Island Ct S **PHONE:** (904) 349-2036

CITY: Jax **COUNTY:** _____ **STATE:** FL **ZIP:** 32224

REPRESENTING: Nonprofits for Eastside

SIGNATURE: _____ ☐ **I DO NOT WISH TO SPEAK**

COMMENTS FROM THE PUBLIC SUBJECT: _____

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PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT ***Name & Address are required**

NAME: Martina Adams 4th gen eastsider family ties over a century. **DATE:** 10/22/2025

ADDRESS: on file **PHONE:**

CITY: Jax **COUNTY:** **STATE:** FL **ZIP:**

REPRESENTING: Original Together Eastside Coalition est 2024

SIGNATURE: ☒ **I DO NOT WISH TO SPEAK**

COMMENTS FROM THE PUBLIC SUBJECT: I've printed my speech (provided)
Support the cultural council model.
I support the coalition/group who has been collaborative

SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
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