*Name & Address are required

NAME: La Warda King	-Butter	DATE:10	
ADDRESS: 1447 Huntley H	ollow Dr.	PHONE: (304)226-5537
CITY: Jacksonville	COUNTY: DOVO	STATE: F	L ZIP: 32218
REPRESENTING: Legacy, 3rd	Generation East	sider Camp	obell's Addition
REPRESENTING: Legacy, 3rd signature: Sulanda Sus	Butler		O NOT WISH TO SPEAK
comments from the public sue cultural council mo	BJECT: I SUPPO	irt the exte	mal non-profit
(cultural council mo	del)		

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

PLEASE PRINT *Name & Address, are red	<u>juired</u>	
NAME: Karen Ham	ilde	DATE:
ADDRESS: 1808 WAX Benny	fore	PHONE: 904-472-3049
CITY: TAC	_county: Duva	STATE: FC ZIP: 32218
REPRESENTING: TEGIA	V	
SIGNATURE: <u>Labelu Has</u>	ult	DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUB,	JECT: DSupp	parthe TwoPhose

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

*Name & Address are required

NAME: Pamela L. Newb: 11	DATE: 10/22/25
ADDRESS: 1111 MAR Del PlAtA St. So.	PHONE:
CITY:COUNTY:	STATE: FLA ZIP: 32256
REPRESENTING:	
SIGNATURE: Les J. Works	I DO NOT WISH TO SPEAK
comments from the public subject: Support	2 Pharse
model	

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

PLEASE PRINT *Name & Address are required
NAME: Dawn Curling DATE: 10/22/25
ADDRESS: 822 D. Philip Randelph PHONE:
CITY: Jax county: DUVal STATE: F1 ZIP: 32206
REPRESENTING: + aside
SIGNATURE: I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT:
Hybrid Model

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

PLEASE PRINT *Name & Address are required	
NAME: Danie NUM	DATE: (0/22/25
ADDRESS: 30) E. Bay OF	PHONE: 94-134-5952
CITY: Jos COUNTY DUVAL	STATE: ZIP3DD
REPRESENTING Togetter Earforde (60/1+	The second second
SIGNATURE:	I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT:	

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

PLEASE PRINT *Name & Address are required	
NAME: Dennis Sancher	DATE: 10-22-25
ADDRESS: 4525 Saddlehom Tr	
CITY: Middle burg County: Coun	ay STATE: FL ZIP: 32068
REPRESENTING: Together Eastside	Coalition Inc
SIGNATURE:	
comments from the public subject: Present	ting 2 phase model

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

PLEASE PRINT *Name & Address are required	
NAME: Robyn Central	DATE: 10 22 25
ADDRESS: 12539 Reginald De	PHONE: 904-304-3089
CITY:COUNTY: _	Dural STATE: FL ZIP: 32246
REPRESENTING: Together Eastsid	e Inc
SIGNATURE: Hoby & Caril	☐ I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT:	Support the Community

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

*Name & Address are required	
NAME: Latana Harr	DATE: 10 22 2025
ADDRESS: 10896 Lydig Estates dr	PHONE: 404 993 3188
NAME: Lataura Harre ADDRESS: 10896 Lydig Estates de County: Don	el state: F1 zip: 32218
REPRESENTING: Together Easts de Coust	has INC
SIGNATURE:	☐ I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: 00 2	Thatse Model

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

PLEASE PRINT *Name & Address are required

NAME: Ariane L. Randolph	DAT	TE: 22 Octobe	r 2024
ADDRESS: 620 OdessA St.		_PHONE: 786	393.0091
CITY: Jax	COUNTY: Duval	STATE: FL	ZIP: <u>32206</u>
REPRESENTING: Historic Eastside	Resident		
SIGNATURE: Sime L. Randof	l	_ I DO N	OT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJE		Seperate N	on Profit Org.,

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

PLEASE PRINT	*Name & Address are required	
NAME: Wa	yatronico	DATE: 10 22 25
ADDRESS:	6 1414 Florida Ave	PHONE: 904 415 2904
CITY:	COUNTY: UNA	STATE: F1 ZIP: 32204
REPRESENTING	G: DWEASK,	
SIGNATURE: \(\sigma\)	Mainten	I DO NOT WISH TO SPEAK
COMMENTS FR	ROM THE PUBLIC SUBJECT:	

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

PLEASE PRINT *Name & Address are required	
NAME: Alie Delson	DATE: 10 W 28
ADDRESS: 138 Odessa S.	PHONE: 904-517-111/
CITY:COUNT	TY: Dran STATE: PC ZIP: 32200
REPRESENTING: (D) REPS	
SIGNATURE:	☐ I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT:	have model

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

PLEASE PRINT *Name & Address are required	1	
NAME: Michelle Braun	DA	TE:
ADDRESS: 100 & Union St.		
CITY: JOX C	COUNTY: DUVIL	STATE: FC ZIP: 32204
REPRESENTING: LIFT JAX		
SIGNATURE:		_ I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT	r: CBA	

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

PLEASE PRINT	*Name & Address are required			
NAME: Jan	nes Matchett	DA'	TE:	
ADDRESS: 12	1531 Angel LAKES	DR	PHONE:	
CITY:	COUNTY:	Duval	_STATE: FL	ZIP: 322 1 E
REPRESENTING SIGNATURE:		y de	_ IDON	OT WISH TO SPEAK
COMMENTS FR	OM THE PUBLIC SUBJECT:	SUPPORT	The 2	Phase

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

PLEASE PRINT	*Name & Address are re	quired		
NAME:	eslie Jean	Bart	DATE:	10-22-2025
ADDRESS:	2354 Dee	rsong Dr.	PHON	NE:
CITY:	Jax	county: Duy	astati	NE:
REPRESENTING	: Togethe	· Eastside	Coalition	n,Inc.
SIGNATURE:	5] I DO NOT WISH TO SPEAK
COMMENTS FR	OM THE PUBLIC SUB	вјест: <u>2 pha</u>	se Ordin	nance

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

PLEASE PRINT	*Name & Address are required
NAME:	ruse jturi DATE:
ADDRESS:	+34 Barsden Rd PHONE:
CITY:	COUNTY: STATE: FI ZIP: 3300
REPRESENTING	Réglésestside Chalitien lin
SIGNATURE: _	Denese June 1 DO NOT WISH TO SPEAK
COMMENTS FRO	OM THE PUBLIC SUBJECT: Support 2 Phase

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

PLEASE PRINT *Name & Address are requi	<u>ired</u>	1
NAME: Avery MCKnight		DATE: 10/22/25
ADDRESS: 1007 E. 574	54	PHONE: (904) 219-9439
CITY: 50X	COUNTY: DUVG	STATE: FL ZIP: 32206
REPRESENTING: Concrete	Renovation	<u> </u>
SIGNATURE: A M	-6	I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJE	ECT:	

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

PLEASE PRINT *Name & Address are required	
NAME: Nigelle Kohn	DATE: 10 22 25
ADDRESS: 720 & Philip Rande	Date: 10/22/25 17/ Blod PHONE: (614)946-8542 Dural STATE: FL ZIP: 32206
CITY: <u>Jax</u> county:	Dural STATE: FL ZIP: 32206
REPRESENTING: Florida Avenue Main	
SIGNATURE: Nicologia Nicol	☐ I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT:	

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

PLEASE PRINT	*Name & Address are required	
NAME:	12ann fickell DA	TE: 10 - 08 2025
ADDRESS: //	105 Phelps St	PHONE: 904 537-336
CITY:	COUNTY: DWAL	STATE:ZIP:
REPRESENTING	Stone Clastide CDC	
SIGNATURE: _	81	_ I DO NOT WISH TO SPEAK
COMMENTS FR	ROM THE PUBLIC SUBJECT:	

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

PLEASE PRINT *Name & Address are required	
NAME: Kay PRYOR	DATE: 10 22 2025
ADDRESS: 245 W 5th Street	PHONE: 904-465-1555
CITY: Jacksonville county: Duval	STATE: FL ZIP: 32206
REPRESENTING:	
SIGNATURE: Kini Frigh	I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT:	

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

NAME: J. NA With (Christina) DATE: 10 00 25 ADDRESS: 3967 Brampton Island CHS PHONE: (904) 349-203
ADDRESS: 3967 Reservotor Island CHS PHONE: (904)349-203
ADDRESS:
CITY: STATE: FL ZIP: 3-224
REPRESENTING: Nonprofits for Eastside
SIGNATURE: I DO NOT WISH TO SPEAK
부분들이 1명 시간에 가는 이 경기 전혀 보면 보는 것이 되었다. 이 기본 등에 가장 되었다. 그 그 사람들이 가장 되었다. 그 것이 되었다. 참 되었다. 그 사람들은 사람들이 되었다. 그는 사람들이 되었다. 그는 사람들이 보고 있는 것이 되었다. 그는 사람들이 되었다. 그 그 사람들이 되었다. 그 것이 되었다.
COMMENTS FROM THE PUBLIC SUBJECT:
en e

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

PLEASE PRINT *	Name & Address are required	10th our east sider	a contunt.	
NAME: Mar	Name & Address are required Ana Adams	family fies DATE:	10/22/2025	5
ADDRESS:	on Rile		HONE:	
CITY: Sax	COU	JNTY:ST	TAȚE: <u>FL</u> ZIP:	
REPRESENTING:	Original Togeth	er fastside co	ulition est a	024
SIGNATURE:	me		I DO NOT WISH	A STATE OF THE PARTY OF THE PAR
COMMENTS FROM	M THE PUBLIC SUBJECT: _	Ever printed my conneil moder	speech provid	od)
1 Support	The coulition /	aroup who has b	xeen collabora	tive
	SPEAKING TIME IS LIMITI	ED TO THREE (3) MINUTES	S PER SPEAKER.	agita andrews