

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT

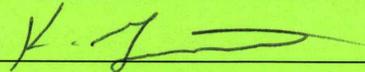
*Name & Address are required

NAME: Kacheryl "Cookie" Gantt DATE: NOV 13. 2025

ADDRESS: 818 A-Philip Randolph Blvd PHONE: 904-329-2282

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

REPRESENTING: _____

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.)

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*Name & Address are required

NAME: Dawn Curling DATE: 10/13
ADDRESS: 8221 A. Philips PHONE: _____
CITY: JAX COUNTY: _____ STATE: FL ZIP: 32206
REPRESENTING: _____
SIGNATURE: Dawn Curly I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: Supporting 2 phase
model

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*Name & Address are required

NAME: Alice Nelson DATE: 1/15/2015

ADDRESS: 1138 Odessa St PHONE: _____

CITY: DAV COUNTY: David STATE: _____ ZIP: _____

REPRESENTING: _____

SIGNATURE: _____ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: KIM PRYOR DATE: 11/13/2025

ADDRESS: 245 W 5th St. PHONE: 904-465-1555

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

REPRESENTING: _____

SIGNATURE: Kim Pryor I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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***Name & Address are required**

NAME: Nvette Baker DATE: 11-13-2025
ADDRESS: 1230 E. 7th St Apt. 34 PHONE: 904 258-2787
CITY: Jacksonville COUNTY: Duval STATE: Fl. ZIP: 32206

REPRESENTING: _____

SIGNATURE: Nvette Baker I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: CBA 2 phrase

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*Name & Address are required

NAME: Dennis Sanchez DATE: 11-13-25

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: Eastside eBA

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*Name & Address are required

NAME: Leticia Harris DATE: 11-13-2025

ADDRESS: 10896 Lydia Estates dr PHONE: 904 993 3188

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

REPRESENTING: Eastside CBA

SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 2-phase model
together Eastside Communities

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*Name & Address are required

NAME: Denise Hunt DATE: 11-13-2025

ADDRESS: 434 Bausden Rd PHONE: ~~904~~

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

REPRESENTING: Together East side Coalition CRTA

SIGNATURE: Denise Hunt I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Two Phase Plan

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*Name & Address are required

NAME: JAMES MATCHETT DATE: 11/13/2025
ADDRESS: 12531 Angel Lake PHONE: 909-701-4740
CITY: SAX COUNTY: DUVALE STATE: FL ZIP: 32259

REPRESENTING: _____

SIGNATURE: _____

I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Michelle Brauen DATE: 11/13/25

ADDRESS: 700 E Union St. PHONE: 904-006-3916

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

REPRESENTING: Left Jan

SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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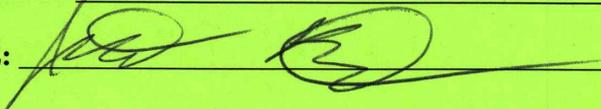
*Name & Address are required

NAME: JAKUMI RANDOLPH DATE: _____

ADDRESS: 620 ODESSA ST PHONE: _____

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

REPRESENTING: _____

SIGNATURE:  _____ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Cornell Oliver DATE: 11-13-25
ADDRESS: 611 E Adam St PHONE: _____
CITY: Jax COUNTY: Duval STATE: FL ZIP: 32202
REPRESENTING: _____
SIGNATURE: C Oliver I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Telisa Robinson DATE: 11-13-2025

ADDRESS: _____ PHONE: _____

CITY: Jaco COUNTY: Duval STATE: FL ZIP: 3

REPRESENTING: East coast striping

SIGNATURE: Selva Robin I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: 2-phase model

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*Name & Address are required

NAME: Laklinda King-Butler DATE: Nov. 13, 2025

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

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

REPRESENTING: Legacy Eastside Resident

SIGNATURE: Laklinda King-Butler I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: With proper internal controls any entity can implement structure with oversight by the city, and blanket bond the board members, to allay community concerns.

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NAME: Rose Pierre DATE: Aug 13

ADDRESS: 1318 Van Buren PHONE: _____

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

REPRESENTING: Eastcoast

SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____
2 Phase model

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*Name & Address are required

NAME: Bill Hickey DATE: 11-13-2025
ADDRESS: 1541 Boulevard PHONE: 904 234 5022
CITY: JAX COUNTY: DUVAL STATE: FL ZIP: 32206
REPRESENTING: TEA
SIGNATURE: [Signature] I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: Require firms to
be TSEBs, guardrails are
already established for eligibility

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*Name & Address are required

NAME: Leslie Jean BAA DATE: 11-13-2025

ADDRESS: 12354 Deersong Dr. PHONE: 9043079758

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

REPRESENTING: TEC, Inc.

SIGNATURE:  I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: CBA

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