

PUBLIC COMMENT - REQUEST TO SPEAK / REGISTER

PLEASE PRINT


*Name & Address are required

NAME: Kelly Waters DATE: 12/3/25

ADDRESS: 50 N. Laura St. PHONE: 904.665.3617

CITY: Jacksonville COUNTY: Duval STATE: FL ZIP: 32202

REPRESENTING: The AG Coalition

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: DANIEL NUNN DATE: 12/3/25
ADDRESS: 301 E. Dwyer St PHONE: 904-665-3601
CITY: Jax COUNTY: Duval STATE: FL ZIP: 32202
REPRESENTING: The OG Coalition
SIGNATURE: [Signature] ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____


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NAME: Lataria Harris DATE: 12-8-25
ADDRESS: 10896 Lydia Estates drive PHONE: 904 9933188
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: Reopening, and by laws TSC
Expectations - None

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NAME: Dr. Omega Allen DATE: 12/3/25

ADDRESS: 13825 VICTORIA LAKES DR. PHONE: 904 465-4660

CITY: Jax COUNTY: Duval STATE: FL ZIP: 32226

REPRESENTING: The Goodly Group of Northeast FL Inc.

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

COMMENTS FROM THE PUBLIC SUBJECT: Maybe the Scoring Matrix should be addressed to provide opportunity for smaller entities to be fairly considered - Eastside Business & Community members = scoring preference.

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NAME: Travis Williams DATE: 12/3/25

ADDRESS: ~~1000 700 E Adams St~~ 700 E Adams St 153 PHONE: _____

CITY: Jax COUNTY: _____ STATE: FL ZIP: 32204

REPRESENTING: _____

SIGNATURE: J. Williams ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Dennis Sanchez DATE: 12-3-25

ADDRESS: 4525 saddlehorn tr 1 PHONE: _____

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: CBA ordinance - bylaws
irregularities

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*Name & Address are required

NAME: Matchett, James DATE: 12/3/2025

ADDRESS: 12531 Angel Lake PHONE: _____

CITY: JAX COUNTY: DUVAL STATE: FL ZIP: 32210

REPRESENTING: _____

SIGNATURE:  ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: _____

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*Name & Address are required

NAME: Leslie Jean-Bart DATE: 12/3/2025

ADDRESS: 12354 Deersong Dr. PHONE: _____

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

REPRESENTING: TEC, Inc.

SIGNATURE: Leslie Jean Bart ☐ I DO NOT WISH TO SPEAK

COMMENTS FROM THE PUBLIC SUBJECT: The importance of having
safeguards in the ordinance to provide key
parameters to maintain accountability.

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*Name & Address are required

NAME: Kim Pryor DATE: 12-3-2025

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: The Eastside CBA should be either a City-nonprofit, or administered by COJ like the Opioid model.

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