REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required.

NAME: Latavia Harris DATE: 10-8-2025

ADDRESS: 10896 Lydia Estates dr PHONE: 9049933188

CITY: Jax ZIP: 32218 COUNCIL DISTRICT:

EMAIL ADDRESS: Together Eastside Coalition@gmail.com

REPRESENTING: Eastside community

PUBLIC COMMENT SUBJECT: the misunderstanding still happen

REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required.

NAME: Daniel Nunn DATE: 10/8/2025

ADDRESS: 301 E. Bay Street PHONE: 904-665-3601

CITY: Jacksonville ZIP: FL COUNCIL DISTRICT:

EMAIL ADDRESS: daniel.nunn@nelsonmullins.com

REPRESENTING: Together Eastside Coalition / Historic Eastside CDA Organization, Inc.

PUBLIC COMMENT SUBJECT: Historic Eastside

REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required.

NAME: Dennis Sanchez DATE: 10-8-25

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

CITY: Middleburg ZIP: 32068 COUNCIL DISTRICT:

EMAIL ADDRESS: dennissanchez82@gmail.com

REPRESENTING: Together Eastside Coalition

PUBLIC COMMENT SUBJECT: CBA

REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required.

NAME: Leslie Jean Bart DATE: 10/8/2025

ADDRESS: 233 E. Bay St. PHONE: 904 307 9758

CITY: Jax ZIP: 32202 COUNCIL DISTRICT: _____

EMAIL ADDRESS: jean-bart@terrellhogan.com

REPRESENTING: Together Eastside Coalition, Inc.

PUBLIC COMMENT SUBJECT: _____

REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required.

NAME: Kim PRYOR DATE: 10-8-2025

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

CITY: Jax ZIP: 32206 COUNCIL DISTRICT: 7

EMAIL ADDRESS: JaxUnicorn@gmail.com

REPRESENTING:

PUBLIC COMMENT SUBJECT:

REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required.

NAME: JAKUMI RANDOLPH DATE: 10/8/2025

ADDRESS: 620 ODESSA ST PHONE: 786-553-1893

CITY: JACKSONVILLE ZIP: 32206 COUNCIL DISTRICT: 7

EMAIL ADDRESS: jekumir@yahoo.com

REPRESENTING: RANDOLPH FAMILY, Residents

PUBLIC COMMENT SUBJECT: Support for proposed amendments

REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required.

NAME: Ariane L. Randolph DATE: 8 Wednesday, October 2025

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

CITY: Jacksonville ZIP: 32206 COUNCIL DISTRICT: 7

EMAIL ADDRESS: arianerandolph@me.com

REPRESENTING: Randolph Family, residents of Historic Eastside.

PUBLIC COMMENT SUBJECT: Support, Overall Gratitude, TIF Support.

REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required.

NAME: Suzanne Nickell DATE: 10 - 2025

ADDRESS: 925 Spearing Street PHONE: 904 537-3362

CITY: JAX FL ZIP: 32206 COUNCIL DISTRICT: 7

EMAIL ADDRESS: eastside@nefdc.org

REPRESENTING: Historic Eastside Coalition

PUBLIC COMMENT SUBJECT: Thank you

REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required.

NAME: JAMES matcleth DATE: OCT 8 2025

ADDRESS: 12531 Angel lake Dr PHONE:

CITY: Jacksonville ZIP: 32218 COUNCIL DISTRICT: 8

EMAIL ADDRESS: Smokemaster 87 @ yahoo. Com

REPRESENTING:

PUBLIC COMMENT SUBJECT: TO ORDINANCE 2025

REQUEST TO SPEAK / REGISTER

PLEASE PRINT *Name & Address are required.

NAME: Travis Williams DATE: 9/8/25

ADDRESS: 10690 Grayson Ct PHONE: 904-524-3155

CITY: Jax FL ZIP: 32220 COUNCIL DISTRICT: _____

EMAIL ADDRESS: travis@liftjax.org

REPRESENTING: Together Eastside Coalition

PUBLIC COMMENT SUBJECT: _____