Pub. Commen SPEAKER'S CARD (Please Print)	Agenda#
NAME Rubert Burns	(U)
ADDRESS 5829 Dus kywing Du	
Vilva	
CITY STATE ZIP CODE	
ORGANIZATION YOU REPRESENT / SELE	
SUBJECT / Agenda # PU blic Comm.	
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CAI	UNDERSTAND THE RD.
	.//.
Signature	1/11/7 Date
New Business SPEAKER'S CARD (Place Print)	1.5
SPEAKER'S CARD (Please Print)	Agenda# J, 5
SPEAKER'S CARD (Please Print) NAME JUS AN MEHLEL	Agenda# J, 5
SPEAKER'S CARD (Please Print)	Agenda# J, 5
ADDRESS 1370 St. Catherins Corrections (Street 32)	967
ADDRESS 370 St. Catholics Carpender Street Ware Beach F. 32 CITY STATE ZIP CODE ORGANIZATION YOU REPRESENT /	967
ADDRESS 1370 St. Catherins Correctly STREET CITY STATE ZIP CODE	967
ADDRESS 370 St. Catholics Carp Street Ward Beach F. STREET ORGANIZATION YOU REPRESENT / SELF	967
ADDRESS 370 St. Catholics Carp Street Ward Beach F. STREET ORGANIZATION YOU REPRESENT / SELF	2 967 L Endorse Mut UNDERSTAND THE
ADDRESS 370 St. Cathering CARD (Please Print) ADDRESS 370 St. Cathering CARD (Please Print) # STREET 32 CITY STATE ZIP CODE ORGANIZATION YOU REPRESENT / SELF SUBJECT / Agenda # STREET I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND IT	2 967 L Endorse Mut UNDERSTAND THE

VEW DIGINESS
SPEAKER'S CARD (Please Print) Agenda# J.5
NAME KUSIY KOBERIS
ADDRESS 10705 Test Figur Blvd #4114
Orlando FC 33837
ORGANIZATION YOU REPRESENT / SELF
SUBJECT / Agenda # J 5 Sep May Field 78-esc
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD. 4/9/19 Signature Application of the property of
SDEAKEDIS CARD (PL. D.)
NAME Adrienne Cronebaugh Agenda# 3 NAME
ADDRESS 900 E strawbridge Ave
Melbarne # STREET
ORGANIZATION YOU REPRESENT! SELF_Senator Debae Mayhelds office
SUBJECT/Agenda # E-Z: Resolution re: passenger rail systems
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.
Adrieure Carrell 4/9/19 Signature Date

Mewass SPEAKER'S CARD (Please Print) Agenda# 13
NAME RAY POSS
ADDRESS 1352 OLD MILLPOND ROLL # STREET
CITY STATE ZIP CODE
ORGANIZATION YOU REPRESENT /
SUBJECT / Agenda #
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.
SPEAKER'S CARD (Please Print) Agenda# 13
NAME Barbar John. 6
NAME Barbar John. 6 ADDRESS 3923 Parambola Cur # STREET
NAME Barbar John. 6 ADDRESS 3923 Parambola Cur * STREET
NAME Barbar Sola Cur ADDRESS 3923 Parambela Cur # STREET 32940 CITY STATE ZIP CODE ORGANIZATION YOU REPRESENT/
NAME Barbar Specific Cur ADDRESS 3423 Parambola Cur # STREET 32940 CITY STATE ZIP CODE ORGANIZATION YOU REPRESENT / SELE

	Hew Dusiness	
	SPEAKER'S CARD (Please Print) Agendar	72
	NAME BILL HOBSON	5)
	ADDRESS 919 DOCTA WAY	
	MOL = STREET 3 29 40	
	CITY STATE ZIP CODE	
	ORGANIZATION YOU REPRESENT / SELF	
	SUBJECT / Agenda # J 3	
12	· · · · · · · · · · · · · · · · · · ·	
	I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERS PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.	TAND TH
	Signature	<u>R</u> 9 /,
	11. Brists	
	New Business SPEAKER'S CARD (Please Print) Agendar	J-3
	NAME Tanja Fec	4
	ADDRESS 945 Shaw Circle	
	Pelpourne FC # STREET 320140 CITY STATE ZIP CODE	
	ORGANIZATION YOU REPRESENT / SELF	
	SUBJECT / Agenda #	
	I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERS PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.	TAND TH
	Tay-12	
	Signáture	Date

SPEAKER'S CARD (Please Print) Agenda# 3 Ame Linda Salick
ADDRESS 1415 FLJI Dr. Melbeurne FL 32940 CITY STATE ZIP CODE
ORGANIZATION YOU REPRESENT / SELF_Self
SUBJECT/Agenda # Golf Cart Use + explain LSV Laws for all 30 mph roads
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND TH PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.
Funda E. Schick 4-9-19 Signature Date
New Business SPEAKER'S CARD (Please Print) Agenda# J3
NAME And Maria Tea ADDRESS 945 Shaw Circle
Melbourne FL 32940 CITY STATE ZIP CODE
ORGANIZATION YOU REPRESENT / SELF_SELF
SUBJECT / Agenda #
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Clu Mar Te

 $\frac{4-9-19}{\text{Date}}$

New Dusines > SPEAKER'S CARD (Please Print) Agenda# 13	
MAME JOHN FANTOLI	_
	-
ADDRESS 875 DEER RUN ** STREET	
MelBourne # STREET MelBourne FL 32940 CITY STATE ZIP CODE	
ORGANIZATION YOU REPRESENT / SELF	
SUBJECT / Agenda #	_
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD. Signature Signature	-HE
NAME George H. Rosenfield Agenda# 1.3	5
ADDRESS 1289 Bondventere Dr. Melbourne EL 32940	
Melbourne = # STREET 32940	
CITY STATE ZIP CODE	
CITY STATE ZIP CODE	
ORGANIZATION YOU REPRESENT / SELF	
ORGANIZATION YOU REPRESENT /	
ORGANIZATION YOU REPRESENT / SELF	— — — Œ

	NAME SPEAKER'S CARD (Please Print) Agenda# 73 NAME SOLD Whit mye bo ADDRESS 844 W White STREET ORGANIZATION YOU REPRESENT / SELF TSEVAL SUBJECT / Agenda # 13 - Sale Our IRL Plan SUBJECT / Agenda # 13 - Sale Our IRL Plan SUBJECT / Agenda # 13 - Sale Our IRL Plan SUBJECT / Agenda # 13 - Sale Our IRL Plan SUBJECT / Agenda # 13 - Sale Our IRL Plan SUBJECT / Agenda # 13 - Sale Our IRL Plan SUBJECT / Agenda # 13 - Sale Our IRL Plan SUBJECT / Agenda # 14 - Sale Our IRL Plan SUBJECT / Agenda # 14 - Sale Our IRL Plan SUBJECT / Agenda # 14 - Sale Our IRL Plan SUBJECT / Agenda # 14 - Sale Our IRL Plan SUBJECT / Agenda # 14 - Sale Our IRL Plan SUBJECT / Agenda # 14 - Sale Our IRL Plan SUBJECT / Agenda # 14 - Sale Our IRL Plan SUBJECT / Agenda # 15 - Sale Our IRL Plan SUBJECT / Age
	I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD. 4-9-209 Signature Date
	SPEAKER'S CARD (Please Print) Agenda# 1,3 NAME Lewis Kontnik 3
•	ADDRESS 3208 Bird Sons Court # STREET 32934 CITY STATE ZIP CODE ORGANIZATION YOU REPRESENT /
	SELF SUBJECT / Agenda #
	I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD. Signature Signature

unt c	hus iness	SPEAKI	ER'S CARD	(Please Print)	Agendar Z.33
NAME	- M	JW	ATERS		2
ADDRI	ESS_30	40 L	e Conte		
	Melt)	FL#	STREET 329	40
ORGA	CITY NIZATION Y	OU REPRES	STATE ENT /	ZIP CODI	E
SELF_			(- 1 -	<u> </u>	
SUBJE	CT / Agenda	# <u>15</u>			
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WF.	Busine Caura	SPEAKI	ER'S CARD	(Please Print)	Agenda#
ADDRI	Ess	es Cal	ssia Bu	STREET	
	CITY	12h	STATE	ZIP COD	137 E
SELF_	NIZATION Y CT / Agenda	of Sate	ent beach 3		
				IAVE READ AND ACK OF THIS CA	UNDERSTAND THE

SPEAKER'S CARD (Please Print)	Agenda# II
NAME Linden Campbell	2
ADDRESS 5005 Fishtail falm Ave	
COCCC FL 32°C	
ORGANIZATION YOU REPRESENT /	5
SUBJECT / Agenda # I. 1. Shipping Containers	
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CASSISTENCY.	
SPEAKER'S CARD (Please Print) NAME Jeff Atwe V	Agenda# //
ADDRESS 3775 Foldy	30.37
COCOA F1. 3292	4
ORGANIZATION YOU REPRESENT / SELF	E
SUBJECT / Agenda #	
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CA	

Pub Hag. NAME_JOHN	SPEAKER'S (CARD (Pleas	e Print) A	genda# H - 2
ADDRESS <u>238</u>		CIR.	STREET	
MELBOURN	E FI	TATE	3294 ZIP CODE	-D
ORGANIZATION YO	_			
I THE UNDERSIGNED PUBLIC COMMENT F				DERSTAND THE 4-9-2019 Date
NAME RIC ADDRESS 23	SPEAKER'S O NARCI (5 85 BA	CARD (Please TARM) 4 Mill	e Print) A A CACCE STREET	genda# 4.2
CITY	5'	TATE	ZIP CODE	
ORGANIZATION YO	OU REPRESENT /		ZIF CODE	
SUBJECT / Agenda #				
I THE UNDERSIGNED PUBLIC COMMENT F	D, HEREBY ATTEST TO RULES APPENDED TO	HAT I HAVE RI THE BACK OF	EAD AND UNI F THIS CARD.	DERSTAND THE

SPEAKER'S CARD (Please Print)	Agenda# #
NAME ALEXANDRIA JULIAN	(13)
ADDRESS 2124. W. BRANDON	BLUD.
BRANKON PL. 335 CITY STATE ZIP CODE	
ORGANIZATION YOU REPRESENT /	
SUBJECT / Agenda # ++ Q.	
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CAN	
	HICHY
Signature	Date
NAME Natalia Sanabria	Agenda# HZ
ADDRESS 13705 N Dale Mabry HWU	
Tanipa # OSTREET 33618 CITY STATE ZIP CODE	
ORGANIZATION YOU REPRESENT / SELF	£.
SUBJECT / Agenda # #2	
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND U	INDERSTAND THE

PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

SPEAKER'S CARD (Please Print)	Agenda# 4.2
NAME Theresa Clifton	
ADDRESS 4990 Scorlett Ave. Cacaa FL 32926 CITY STATE ZIP CODE	
COCOA FL 32926 CITY STATE ZIP CODE	
ORGANIZATION YOU REPRESENT! SELF_Breward Humane Society	
SUBJECT / Agenda # # H Z	
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UPUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CAR Signature	
SPEAKER'S CARD (Please Print)	Agenda# \$\frac{1}{2}
NAME Duriel Willemin	
ADDRESS 460 Wirchester Rd	
Satellite Beach FL 3793 CITY STATE ZIP CODE	7
ORGANIZATION YOU REPRESENT / SELF	8
SUBJECT / Agenda #	
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UPUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD	
Fund William	
Signature	Date

Mub Now SPEAKER'S CARD (Please Print) Agenda# H)
NAME Greg Stackles (9)
ADDRESS 2273 Licillo Carse
Melhourpe FL 30925
CITY STATE ZIP CODÉ
ORGANIZATION YOU REPRESENT
SUBJECT / Agenda # Pupies
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.
Signature TI9119 Date
Pub. LEARING SPEAKER'S CARD (Please Print) Agenda# 42
NAME That & Reep
ADDRESS 728 JOHN CARROLL LAND
W. Melbourne FL 32904
CITY STATE ZIP CODE
ORGANIZATION YOU REPRESENT / SELF
SUBJECT / Agenda # 4 Z
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

SPEAKER'S CARD (Please Print) Agenda# 2
NAME Chenla Stephenson 0
ADDRESS anelesson ave
Talin Bay FL 32907
ORGANIZATION YOU REPRESENT THE COAST KENNER
SELF
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.
SPEAKER'S CARD (Please Print) Agenda# 12 NAME NAME SPEAKER'S CARD (Please Print) Agenda# 12
SPEAKER'S CARD (Please Print) Agenda# 12 NAME and Shackles ADDRESS 2273 Lucille Lane
NAME Undrea Shackles (8) ADDRESS 2273 Lucille Lane Mel Dourne FL # 329355
NAME andrea Shackles (8) ADDRESS 2273 Lucille Lane
NAME Undrea Shackles ADDRESS 2273 Luci le Lane Mel Dourne FL # 32955 CITY STATE ZIP CODE ORGANIZATION YOU REPRESENT!
ADDRESS 2273 LUCI 1/e Lane Mel Dourne FL # 329 STREET CITY STATE ZIP CODE ORGANIZATION YOU REPRESENT!

SPEAKER'S CARD (Please Print)	Agenda# <u>W, 2</u>
NAME Barbara Nover	3
ADDRESS 3423 Carambole En STREET Cura Ft 329 CITY STATE ZIP CODE	40
ORGANIZATION YOU REPRESENT / SELF	
SUBJECT / Agenda # 1095	
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UPUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CAR	
Barbara Sora- Signature	4/9/201 Date
SPEAKER'S CARD (Please Print)	Agenda# 📈 🌊
NAME Rosa Bennett	6
ADDRESS 6885 WORD PKWY Mellowne Village Fix 320 CITY STATE ZIPCODE	704
ORGANIZATION YOU REPRESENT / SELF	
SUBJECT / Agenda # # 2	
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UPUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CAR	
Signature	49-19 Date

SPEAKER'S CARD (Please Print) Agenda# 43
NAME DICENA WILDD 3
ADDRESS 309 N RISKE STREET
CITY STATE ZIP CODE
ORGANIZATION YOU REPRESENT / SELF
SUBJECT / Agenda # PON OF RELIGIO SOLO I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE
PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.
Signature Hala
Public Learing SPEAKER'S CARD (Please Print) NAME Michelle Chappen
ADDRESS 222 S. High land Ave
Winter Garden F STREET STREET 3487 CITY STATE ZIP CODE
ORGANIZATION YOU REPRESENT / SELF
SUBJECT / Agenda #
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.
ma Rocle

MCLECLE Signature

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<u>H</u>9/15

Date

Public WEAT SPEAKER'S CARD (Please Print)	Agenda# H 2
NAME PAIN LA SALLE	2
ADDRESS 2380 CAMBERLY CIR # STREET	
# STREET MELBOURNE FL 32940 CITY STATE ZIP CODE	
ORGANIZATION YOU REPRESENT /	
SUBJECT / Agenda # BAN OF RETAIL SALE OF DOGS	H2
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UPUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CAR	
Yam La Salls Signature	4 -9-2019 Date
Public LEAring SPEAKER'S CARD (Please Print)	Agenda# 4-2
NAME BILL DACEDSON	
ADDRESS 3812 ST. ARMENS CI.	(
Melbourie P2 329	34
ORGANIZATION YOU REPRESENT / SELF	
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UPUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CAR	
Nella Signature	19/19 Daye

Wht. Busine Speaker's CARD (Please Print) Agenda# I. 2
NAME REV. EXEC. B. MEDLER
ADDRESS 902 Midway 57, BAY FL 32976-7802 CITY STATE ZIP CODE
ORGANIZATION YOU REPRESENT / SELF
SUBJECT / Agenda # I, 2 BAREFOOT BAY COLLECTION OF FRES + TAX A SSESSMOTS
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.
Rev. En B. Medln Signature Date
kenf. Business SPEAKER'S CARD (Please Print) Agenda# I 2
NAME CIFFORD Representation Agendar 3
ADDRESS 1901 Hurbor C.F, Blvd. Suite 500
Melbourne Fr. 32901 CITY STATE ZIP CODE
organization you represent Barefoot Buy Recreation District
SELF CONTROL
SUBJECT / Agenda # Barefort Bay Recrection District Utilization of Uniform Tax Assessments
SUBJECT / Agenda # Bareful Bay Recrection District

SPEAKER'S CARD (Please Print) Agenda#
NAME Kobert Durns
ADDRESS 5829 DUSKywing Dr
Value 1 32953
CITY STATE ZIP CODE ORGANIZATION YOU REPRESENT / SELF
SUBJECT / Agenda # Fully Ceruit
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD. Signature
New Business SPEAKER'S CARD (Please Print) Agenda# J
Agenda#
NAME
NAME LUKE MISSIELLE ADDRESS 7607 COMM DRIVE Woss Morpany # Fil Street Stree
NAME LUKE MISSIELLE 7/37 CMW DRIVE
NAME
NAME
NAME

Public Comment SPEAKER'S CARD (Please Print) Agenda# 5
NAME CHARLES A TOVEY JR
ADDRESS 2555 POBERTS Rel. Mel Bul We F1 32948 CITY STATE ZIP CODE
ORGANIZATION YOU REPRESENT / SELF SUBJECT / Agenda # Topical Market To
I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.
Orelice 3-9-19 Signature Date
Public Comment
SPEAKER'S CARD (Please Print) Agenda#
NAME CLET ELLS WORTH Agenda#
SPEAKER'S CARD (Please Print) Agenda#
NAME CLESWORTH Agenda# ADDRESS 989 N. HWY AIA #2 INDIA COXFIC # FL 32903
NAME TELLS WORTH Agenda# ADDRESS 989 N. HWY AJA #2 ADDRESS STREET 32903 CITY STATE ZIP CODE ORGANIZATION YOU REPRESENT / SELF