

SPEAKER'S CARD (Please Print)

Agenda # 43

NAME Robert Lee

ADDRESS 405 Pine Tree Dr.

CITY Indianapolis STATE IN STREET # 32503

ORGANIZATION YOU REPRESENT / SELF Asst. Assistant for owner

SUBJECT / Agenda # BMC Fresh ethnic

And BMC Pub zoning

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature [Signature] Date _____

APPLICANT SPEAKER'S CARD (Please Print) Agenda # 41

NAME Michael Maguire

ADDRESS 330 N. Babcock St

CITY Mpls STATE TX STREET # 32955

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] Date 10-1-20

SPEAKER'S CARD (Please Print)

Agenda# H-1

NAME Scott Price

ADDRESS 1262 Avery Park Ln

CITY West Isl STATE FL STREET # 32957 ZIP CODE

ORGANIZATION YOU REPRESENT / SELF Kokanee Ranch HOA

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] Date 10/1/20

SPEAKER'S CARD (Please Print)

Agenda# H-1

NAME Robin Albee

ADDRESS 3800 S Country Clubway

CITY Fort Worth STATE TX STREET # 32957 ZIP CODE

ORGANIZATION YOU REPRESENT / SELF _____

SUBJECT / Agenda # Logan's Canyon Trail

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature [Signature] Date 10/1/20

SPEAKER'S CARD (Please Print)

Agenda# H1

NAME Bill Jefferson

ADDRESS 3750 South Tropical Trail

CITY North Ft. Lauderdale STATE FL ZIP CODE 33452

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

Date

SPEAKER'S CARD (Please Print)

Agenda# H1

NAME Kevin McLean

ADDRESS 137 S. Courtenay Blvd

CITY North Ft. Lauderdale STATE FL ZIP CODE 33452

ORGANIZATION YOU REPRESENT /
SELF Retired South Homeowners Assoc

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

Date

SPEAKER'S CARD (Please Print)

Agenda# K

NAME

Kristine Jackson

ADDRESS

205 Westchester

CITY

FL

STATE

ZIP CODE 32926

ORGANIZATION YOU REPRESENT /

SELF

SUBJECT / Agenda #

Brevard Covid

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

K Jackson

Date

10-01-2020

SPEAKER'S CARD (Please Print)

Agenda# K

NAME

Sandra Sullivan

ADDRESS

165 Dorset Lane

CITY

FL

STATE

ZIP CODE 32937

ORGANIZATION YOU REPRESENT /

SELF

SUBJECT / Agenda #

Public Speaking

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

S Sullivan

Date

10-01-20

SPEAKER'S CARD (Please Print)

Agenda# 51

NAME

Kristina Jackson

ADDRESS

805 Westchester Dr

Cocoa

FL

32906

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

K Jackson

Date

10-01-2022

SPEAKER'S CARD (Please Print)

Agenda# 51

NAME

Barbara Brown

ADDRESS

3453 Cambridge Ave

Cocoa

FL

32906

ORGANIZATION YOU REPRESENT /

SELF

SUBJECT / Agenda #

What in your

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.

Signature

Barbara Brown

Date

10/1/2022

SPEAKER'S CARD (Please Print)Agenda # J1

NAME

DINA REIDER-HICKS

ADDRESS

7382 TALONIA DR.WEST MELBOURNE

CITY

FL

STATE

STREET

32904

ZIP CODE

ORGANIZATION YOU REPRESENT /

SELF

WASTE MANAGEMENT

SUBJECT / Agenda #

WASTE MANAGEMENT J1

I THE UNDERSIGNED, HEREBY ATTEST THAT I HAVE READ AND UNDERSTAND THE
PUBLIC COMMENT RULES APPENDED TO THE BACK OF THIS CARD.



Signature

10/1/20

Date