



City of Venice
Request to Speak (print legibly)

Name: Jim Collins Date: 3/2/21
Address: 1001 AVEIDA DEL CIRCO
City: VENICE State FL Zip 34288
City Resident: ☒ Yes ☐ No City Property Owner: ☐ Yes ☐ No
City Business Owner: ☐ Yes ☐ No Telephone No: _____

Organization (if any): BOONE LAW

Please Check One

☐ Audience Participation – Topic: _____
☒ During Agenda Item - Topic: CATALYST

If you are going to present evidence and/or testimony during a public hearing, you are required to complete and sign the following oath. You are not required to sign the oath if you are speaking at Audience Participation or at a workshop.

I swear or affirm, under penalty of perjury, that the evidence or factual representation, which I am about to give or present at the public hearing, held this 2 day of MARCH 2021, is truthful.

Signature: [Signature]

Comments at public hearings and during audience participation are limited to five minutes per speaker for city residents, property owners and business owners, and two minutes for all others, unless otherwise noted.

Toni Cone

From: noreply@formstack.com
Sent: Monday, March 1, 2021 2:38 PM
To: Christophe St. Luce; Lori Stelzer; Mercedes Barcia; Danielle Lewis; Toni Cone
Subject: Virtual Request to Speak for meeting/workshop on Mar 02, 2021

Caution: This email originated from an external source. **Be Suspicious of Attachments, Links and Requests for Login Information**



Formstack Submission For: Request to Speak
Submitted at 03/01/21 2:38 PM

Your name:	Phil Schuck
Address:	40 SE 11TH AVENUE Ocala, FL 34471
Email:	pschuck@catalysthre.com
City Resident:	No
Phone:	(352) 804-0872
City Property Owner:	No
Meeting Date:	Mar 02, 2021
City Business Owner:	No
Organization (If any):	Catalyst HRE

Toni Cone

From: noreply@formstack.com
Sent: Thursday, February 25, 2021 4:18 PM
To: Christophe St. Luce; Lori Stelzer; Mercedes Barcia; Danielle Lewis; Toni Cone
Subject: Virtual Request to Speak for meeting/workshop on Mar 02, 2021

Caution: This email originated from an external source. **Be Suspicious of Attachments, Links and Requests for Login Information**



Formstack Submission For: Request to Speak
Submitted at 02/25/21 4:17 PM

Your name:	Brandon McFarren
Address:	41 N Jefferson St. PENSACOLA, FL 32502
Email:	bmcfarren@catalysthre.com
City Resident:	No
Phone:	(850) 698-6068
City Property Owner:	No
Meeting Date:	Mar 02, 2021
City Business Owner:	No
Organization (If any):	Catalyst Healthcare Real Estate