

Attendee Name: Lisa Spencer Company: Chandler + Campbell Investment Group
 Address: 310 Vizcaya Dr, PBG 33418 Telephone: 561-461-6770
 E-mail (list more than one if desired): lisa@chandlercampbelle.com ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Elle Wood Company: Unite Here Local 355
 Address: 871 NW 167th St Miami Gardens Telephone: 505 234 5131
 E-mail (list more than one if desired): ewood@unitehere.org ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Cristina Pulley Company: Master Concession Air
 Address: 1200 NW 78th Ave, Doral, FL 33126 Telephone: 786-489-6259
Suite 400
 E-mail (list more than one if desired): cpulley@mcga-airports.com ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Mary McNicholas Company: Geoffrey B. Sluggett + Assoc.
 Address: 500 S Australian Ave Ste 710 Telephone: 561-662-1805
 E-mail (list more than one if desired): mem@sluggett.com ACDBE Firm: (YES or NO)

Indicholas + Associates
Deborah
Abate

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: KATHRYN DOHERTY

Company: Paradies

Address: 2849 Paces Ferry Road

Telephone: 416 702 4773

E-mail (list more than one if desired): Kathryn.doherty@paradies.com ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Denesha O'Connor

Company: DemNative

Address: 318 Canterbury dr w WPB FL 32407

Telephone: 561-722-2427

E-mail (list more than one if desired): ~~denesha@demnative.com~~
dcn@snative.com.org ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age <u>35</u>	Race <u>Black</u>	National Origin <u>American</u>
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Ana Sotorrio

Company: ASTS, Inc

Address: 1200 Anastasia Ave #200

Telephone: 305-632-8281

E-mail (list more than one if desired): asotorrio@asts-inc.com ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race <u>W</u>	National Origin <u>H</u>
Sexual Orientation <u>F</u>	Gender Identity <u>F</u>	Creed _____
Language(s) Spoken <u>English/Spanish</u>	Community Membership _____	Disability _____

Attendee Name: Jenny Galante

Company: Prepango LLC

Address: 806 Starboard St.

Telephone: 619.654.6469

E-mail (list more than one if desired): Chula Vista CA 91914
jennygalante@me.com

ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Jared Benton

Company: TRANSIGLOBAL CONCESSIONS/OLSEN PARTNERS

Address: 1007 Golden Oak Court

Telephone: 407 456 2675

E-mail (list more than one if desired): jbenton@tgibalconcessions.com

ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: DANE MACK

Company: Paradies LAGARDERE

Address: 2849 Paces Ferry Rd.

Telephone: 404-247-3812

E-mail (list more than one if desired): Atlanta GA. 30339

ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional): david.mack@paradies-na.com

Age <u>54</u>	Race <u>white</u>	National Origin <u>USA</u>
Sexual Orientation <u>Male</u>	Gender Identity <u>Male</u>	Creed <u>Christian</u>
Language(s) Spoken <u>English</u>	Community Membership _____	Disability <u>NO</u>

Attendee Name: Bruce R. Feuer

Company: Paradies Lagerie

Address: 2849 Paces Ferry Rd. Overlook

Telephone: 404-819-6248

E-mail (list more than one if desired): bruce-feuerRBF@gmail.com ACD BE Firm: (YES or **NO**)

Community Participation Plans (CPP) Demographic Information (optional):

Age <u>76</u>	Race <u>White</u>	National Origin <u>USA</u>
Sexual Orientation <u>M</u>	Gender Identity <u>M</u>	Creed _____
Language(s) Spoken <u>English</u>	Community Membership _____	Disability <u>NO</u>

Attendee Name: Alexander Venkraj

Company: Venraj Family Sol LLC

Address: 3201 E Meridian Way S D

Telephone: 561-281-9110

E-mail (list more than one if desired): ADVenkraj@BellSouth.net ACD BE Firm: (YES or **NO**)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Bryan Barnett

Company: HMS Host

Address: 1000 James L. Turnage

Telephone: _____

E-mail (list more than one if desired): Bryan.Barnett@HMSHost.com ACD BE Firm: (YES or **NO**)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Jose Galante

Company: JGM Automation LLC

Address: 501 SW 21st Ter, Fort Lauderdale, FL

Telephone: (619) 850-5802

E-mail (list more than one if desired): jgmautomation@outlook.com ACD BE Firm: (**YES** or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Chelsea Wax Company: APW Brands
Address: 14115 73rd St N Lox FL 33470 Telephone: 561 801 0848
E-mail (list more than one if desired): Chelsea.Wax@apwbrands.com ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Company
13750 Double tree trail
Wellington FL 33414

Attendee Name: Sergio DA SILVA

Company: TRANSGLOBAL/OLSEN

Address: 1007 Golden Oak

Telephone: 867-414-8023

E-mail (list more than one if desired): sdasilva@TglobalCONCESSIONS ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age <u>63</u>	Race <u>White</u>	National Origin _____
Sexual Orientation <u>Heterosexual</u>	Gender Identity <u>male</u>	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Berd Olsen

Company: Olsen Partners

Address: ATLANTA GA

Telephone: 404-228-2201

E-mail (list more than one if desired): Berd@OLSENVA ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: MICHAEL PRICE

Company: HOSS

Address: 6905 ROCKS DR, DE BESSIERES (M) Telephone: 240 4609819

E-mail (list more than one if desired): michael.price@hoss.com ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Dina Lawro

Company: Dinas Vegan Deli

Address: 1880 W 10th Street River View Park Telephone: 606-574-3367

E-mail (list more than one if desired): dina@dinasvegandeli.com ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: CHARLES GRÖPPER Company: FABER COE & O'KEEFE
 Address: 550 MEADOWLAND PKWY Telephone: 501-655-6574
324 ROTAL PARK UNIT
 E-mail (list more than one if desired): Charles.david21@gmail.com ACDBE Firm: (YES or **NO**)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Tarra Pressey Company: Tarra Enterprises, Inc
 Address: 1000 P.B.I.A. Suite 127 Telephone: 561-379-6537
West Palm Beach, FL 33406
 E-mail (list more than one if desired): tarra@tarraenterprises.com ACDBE Firm: (**YES** or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: NEAL SIMS Company: SMARTDESIGN GROUP
 Address: 102-1150 St Spier, Vancouver BC Telephone: +1 778 987 5753
V6A 4L2
 E-mail (list more than one if desired): nsims@smartdesigngroup.com ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Michael Parky Company: HMS Hart
 Address: 6905 Rickleso Drive Bethesda MD 20817 Telephone: 443-569-1923
 E-mail (list more than one if desired): Michael.Parky@HMSHart.com ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Wally Jaworski Company: FABER
 Address: 550 Mendocino Road Ray Telephone: 201-401-8388
Seamless NJ 07091
 E-mail (list more than one if desired): w.jaworski@faber.com ACDBE Firm: (YES or NO) (YES)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Erika Sivica Company: VAMOS VOICAR LLC
 Address: 410 S Elliot Ave Sanford FL Telephone: 407-212-6256
 E-mail (list more than one if desired): erika.a.sivica@gmail.com ACDBE Firm: (YES or NO) (YES)

Community Participation Plans (CPP) Demographic Information (optional):

Age <u>27</u>	Race <u>Hispanic</u>	National Origin _____
Sexual Orientation _____	Gender Identity <u>Female</u>	Creed _____
Language(s) Spoken <u>English/Spanish</u>	Community Membership _____	Disability _____

Attendee Name: Ken Kennerly Company: PopStroke / Dune Dog
 Address: 1001 US Highway 1 N 500 Telephone: 561-758-3582
33477
 E-mail (list more than one if desired): Ken.Kennerly@popstroke.com ACDBE Firm: (YES or NO) (YES)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Alex Cardetti Company: Perez of Florida
 Address: 601 N. New York Ave, West Park, FL Telephone: 321-434-4534
 E-mail (list more than one if desired): alexcardetti@zazec.com ACDBE Firm: (YES or NO) (YES)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: CRUIE FOX

Company: Superior Hospitality Group

Address: 9168 Bismarck Hwy, Okmulgee

Telephone: 321-745-7102

E-mail (list more than one if desired): cfox@superior-hospitality.com
fnabbie@superior-hospitality.com

402-406-2895 - Tyone Nabbie
ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Frederic ESTES

Company: ESTES Joint Ventures, LLC

Address: 1650 West End Blvd, Suite 100
St. Louis Park, MN 55416

Telephone: 612-333-8700

E-mail (list more than one if desired): FNE@estesinc.net ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: JAIME Ambrosio

Company: Plum Market

Address: 30777 Montrossen Hwy #301
Calumet Mills, ME, 48834

Telephone: (443)632-8488

E-mail (list more than one if desired): JAIME.Ambrosio@PlumMarket.com ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: John Smith

Company: Popstake

Address: 1001 NUS Hwy 1, Lupton, FL

Telephone: 561-371-4970

E-mail (list more than one if desired): _____ ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Rose Gabriel DENIS Company: UNITED HERE Local 355
 Address: 871 NW 167 St Miami Gardens Telephone: 561-853 6241
 E-mail (list more than one if desired): Rgdenis@unitehere.org ACD BE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: IAN BENSON Company: SWYFT
 Address: 166 Geary ST San Francisco Telephone: _____
 E-mail (list more than one if desired): IAN@SWYFT.COM 94108 ACD BE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: STEVE DURKIN Company: GROUND BAY CONFESSIONS
 Address: 2665 S. RAYSHORE DR. SUITE 101 Telephone: 786-888-9854
 E-mail (list more than one if desired): STEVEN@GROUND BAY GROUND COM ACD BE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Alex Sirica Company: Air Panchos
 Address: 401 E First St #4096 Sanford FL Telephone: 407 617 1212
 E-mail (list more than one if desired): ASIRICA45@live.com ACD BE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race <u>Hispanic</u>	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: YASMIN SHERIFF

Company: WH SMITH (MR6)

Address: _____

Telephone: 301 204 7266

E-mail (list more than one if desired): yasmin.sheriff@whsmith.com

ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

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Attendee Name: Paul Browne / John Clark / Jennifer Jul

Company: SSP America

Address: 20408 Basher Dr, Ashburn, VA

Telephone: 206-913-9271

E-mail (list more than one if desired): paul.browne@foodtravelexperts.com

ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: John Clark

Company: SSP

Address: _____

Telephone: 980 408 0466

E-mail (list more than one if desired): John.clark@foodtravelexperts.com

ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Jen Jul

Company: SSP America

Address: 101 Quail Creek Dr.

Telephone: 980-408-0466

E-mail (list more than one if desired): jen@foodtravelexperts.com

ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Shari Christiansen ^{F. Worth} Company: GTMS
 Address: 2401 Scotts Ave Ste 106 TX Telephone: 561-222-8078
 E-mail (list more than one if desired): schristiansen@gideonhall-ms.com ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Laurie Perotti Company: GTMS
 Address: 2401 Scotts Ave Ste 106 Telephone: 561-635-9127
 E-mail (list more than one if desired): lperotti@gideonhall-ms.com ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Brian Holtman Company: AEAS
 Address: 5531 Blue-Lagoon Miami FL Telephone: 443 691 3906
 E-mail (list more than one if desired): Brian.Holtman@AEAS.com ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Minaki Almutiles Company: flowered
 Address: 2201 Whit Pine Cir (unit B) Telephone: 561 480 5607
 E-mail (list more than one if desired): minaki@flowered.com ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Ricky Berrios

Company: Dune Dog Cafe

Address: 1171 162nd place N

Telephone: (561) 317-9346

E-mail (list more than one if desired): Ricky.Berrios@Popsruice.com ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Nina Terjesen

Company: WH Smith

Address: 3755 W Sunset LV, NV 89118

Telephone: 516-840-3425

E-mail (list more than one if desired): nina.terjesen@whsmith.com ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: DAVID STRONG

Company: Hms H&R

Address: 6905 DICKENS DR, DANVILLE, VA 22019

Telephone: 202 680 2467

E-mail (list more than one if desired): dauidstrong@hms-hr.com ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Sergio Da SILVA

Company: Alsen Hospitality

Address: 50 Club house Road UNIT 53

Telephone: 863-414-8023

E-mail (list more than one if desired): Ser.dasilva46@gmail.com ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Patrick Price

Company: Ackan Imports

Address: 6805 Eastview Dr Lake View

Telephone: 561-703-3279

E-mail (list more than one if desired): patrickprice@ackan.net ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Le Monica Hakeem Company: Conect Hospitality
Address: 2020 Howell Hill Rd D-181 Telephone: 404-862-8526
E-mail (list more than one if desired): Lhakeemconecthospitality.com ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Shedrick Lang Company: SPLANG Enterprises LLC
Address: 1533 W Blue Heron Blvd Telephone: 561-603-8889
E-mail (list more than one if desired): splang@msn.com ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Jeffrey Alexander Washington Company: Akan Imports LLC
Address: 26785 Military Trail A Telephone: 561-729-3588
E-mail (list more than one if desired): ewashington9623@gmail.com ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: MARIA SIRICA Company: AIRPANCHOS LLC
Address: 401 E 18th STREET SANFORD FL Telephone: 407-927-1819
E-mail (list more than one if desired): MSIRICA@YAHOO.COM ACDBE Firm: (YES or NO)

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Jose Rodriguez Company: Ackan
 Address: 6805 Eastview Dr. Lake Worth FL Telephone: 561-577-3057
 E-mail (list more than one if desired): LAmont@Ackan.net ACDBE Firm: YES or NO

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Neil Schiller Company: Government Law Group
 Address: 131 NW First Ave Telephone: 9542243666
 E-mail (list more than one if desired): nschiller@govlawgroup.com ACDBE Firm: YES or NO

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Ashley Walker Company: Top Shelf Events LLC (F+B)
 Address: 2635 Broadway RB FL 33404 Telephone: 5613189048
 E-mail (list more than one if desired): info@smoothieplease.com ACDBE Firm: YES or NO

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____

Attendee Name: Lamont Dyan Artis II Company: Ackan Imports, LLC
 Address: 6805 Eastview Dr. Lake Worth Florida Telephone: 561-628-3611
 E-mail (list more than one if desired): lamont.artis@Ackan.net ACDBE Firm: YES or NO

Community Participation Plans (CPP) Demographic Information (optional):

Age _____	Race _____	National Origin _____
Sexual Orientation _____	Gender Identity _____	Creed _____
Language(s) Spoken _____	Community Membership _____	Disability _____