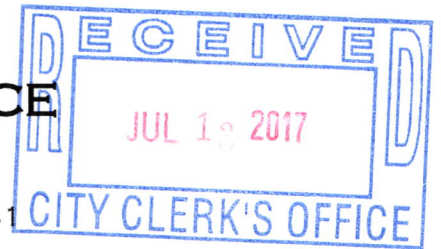




CITY OF FORT PIERCE

100 NORTH US HWY 1
FORT PIERCE, FLORIDA 34950
(772) 467-3066 FAX (772) 467-3841



APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying:

Sunrise Theatre Advisory Board

Name: <i>KeAndrea Davis</i>	Phone: <i>772-708-6128</i>
Home Address: <i>2514 Mohawk Ave</i> City/Zip Code: <i>Ft. Pierce FL 34946</i>	How long at this address? <i>18 years</i>
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: <i>Educator; Attorney</i>	
Do you own a business that operates within the City of Fort Pierce? If yes, list the address and nature of said business:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you now or in the future plan to do business with the City of Fort Pierce? If yes, in what capacity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are you employed by a business that is located within the City of Fort Pierce? If yes, state the business and location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input type="checkbox"/> No Engineering: <input type="checkbox"/> Yes <input type="checkbox"/> No Real Estate Brokering: <input type="checkbox"/> Yes <input type="checkbox"/> No Contracting: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Land Development: <input type="checkbox"/> Yes <input type="checkbox"/> No Other: Describe your education, background, training and knowledge in the above area(s):	
<i>Juris Doctor, Florida Coastal School of Law, May 2015</i>	
Are you currently a member of a Commission-appointed board/committee? If yes, please specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you ever been convicted of a felony? If yes, what was the nature of the crime(s) you were convicted of:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Referred by: <i>Website</i>	Applicant Email Address: <i>davisk711@gmail.com</i>
Date: <i>7/14/17</i>	Applicant's Signature: <i>KeAndrea Davis</i>

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.

Please return form to: City Clerk's Office – 100 North US Hwy 1, Fort Pierce, Florida 34950
fax (772) 467-3841 or via email at lcox@city-ftpierce.com

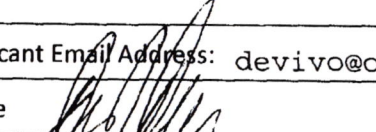


CITY OF FORT PIERCE

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APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying: Sunrise Theatre Advisory Board

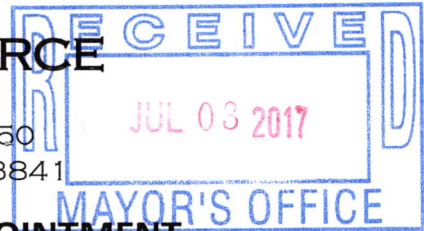
Name: Dennis J. DeVivo	Phone: 631-831-8192
Home Address: 4 Harbour Isle Drive East, City/Zip Code: Unit 106, Fort Pierce, FL 34949	How long at this address? 12 years
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: Insurance agency owner	
Do you own a business that operates within the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the address and nature of said business:	
Do you now or in the future plan to do business with the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what capacity? Insurance - Niche Market for Boats & Yacht with Surveying	
Are you employed by a business that is located within the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, state the business and location:	
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input type="checkbox"/> No Engineering: <input type="checkbox"/> Yes <input type="checkbox"/> No Real Estate Brokering: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Contracting: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Land Development: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Other: Describe your education, background, training and knowledge in the above area(s): B.A 1973, Licensed Agent Broker in NY, PA, NJ, CT, NC, SC, & FL LUTC & CLCS Insurance designations, Flood Specialist for Constuction Building experience in the past.	
Are you currently a member of a Commission-appointed board/committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what was the nature of the crime(s) you were convicted of:	
Referred by:	Applicant Email Address: devivo@optonline.net
Date: 07/15/2017	Applicant's Signature 

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CITY OF FORT PIERCE

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FORT PIERCE, FLORIDA 34950
(772) 467-3066 FAX (772) 467-3841



APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying: Sunrise Theatre Board

Name: <u>Joanne A. Driscoll</u>	Phone: <u>772-468-1832</u>
Home Address: <u>4003 GATOR TRACE ROAD</u> City/Zip Code: <u>FT. PIERCE FL. 34982</u>	How long at this address? <u>11 years</u>
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: <u>Retired - Purchasing Manager Sbarro Inc.</u>	
Do you own a business that operates within the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, list the address and nature of said business: <u>N/A</u>	
Do you now or in the future plan to do business with the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, in what capacity?	
Are you employed by a business that is located within the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, state the business and location:	
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input type="checkbox"/> No Engineering: <input type="checkbox"/> Yes <input type="checkbox"/> No Real Estate Brokering: <input type="checkbox"/> Yes <input type="checkbox"/> No Contracting: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Land Development: <input type="checkbox"/> Yes <input type="checkbox"/> No Other: Describe your education, background, training and knowledge in the above area(s): <u>Retired 14 years Purchasing manager w/ Sbarro Corporate, Melville, N.Y. Implemented Marketing Programs to benefit Corporate Annual bottom line by \$ million dollars; Vendor/VP recommendations supplied upon request.</u>	
Are you currently a member of a Commission-appointed board/committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, please specify:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, what was the nature of the crime(s) you were convicted of:	
Referred by:	Applicant Email Address: <u>LadyJ2840@att.net</u>
Date: <u>June 30, 2017</u>	Applicant's Signature: <u>Joanne A. Driscoll</u>

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.

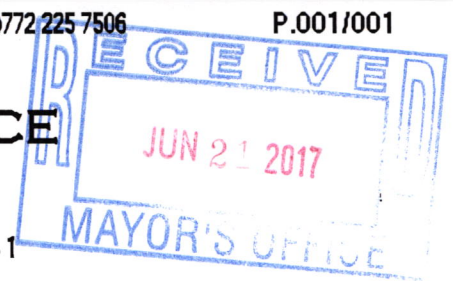
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Thank you for honoring this Application.



CITY OF FORT PIERCE

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APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying: Sunrise Advisory

Name: <u>Mel Echazabal</u>	Phone: <u>772-267-1525</u>
Home Address: <u>710 Boston Ave</u> City/Zip Code: <u>Fort Pierce 34950</u>	How long at this address? <u>3+ yrs</u>
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: <u>Database Manager & Gift Officer @ The Children's Museum</u>	
Do you own a business that operates within the City of Fort Pierce? If yes, list the address and nature of said business: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you now or in the future plan to do business with the City of Fort Pierce? If yes, in what capacity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are you employed by a business that is located within the City of Fort Pierce? If yes, state the business and location: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Engineering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Real Estate Brokering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Contracting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Land Development: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other: Describe your education, background, training and knowledge in the above area(s): <u>Background in event planning, performing Arts management, non profit work, fundraising etc</u>	
Are you currently a member of a Commission-appointed board/committee? If yes, please specify: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you ever been convicted of a felony? If yes, what was the nature of the crime(s) you were convicted of: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Referred by: <u>Facebook</u>	Applicant Email Address: <u>MelEchazabal@gmail.com</u>
Date: <u>6/21/17</u>	Applicant's Signature: <u>Mel Echazabal</u>

APPLICATIONS EXPIRE 6-MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.

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CITY OF FORT PIERCE

100 NORTH US HWY 1
FORT PIERCE, FLORIDA 34950
(772) 467-3066 FAX (772) 467-3841

APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying: JANET B. ENGSTROM

Name: <u>Sunrise Theatre Advisory Board</u>	Phone: <u>772-577-6802</u>
Home Address: City/Zip Code: <u>4190 GARDEN GREENS WAY #33 FT PIERCE, FL 34982</u>	How long at this address? <u>2 1/2 yrs</u>
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: <u>RETIRED CITY CLERK</u>	
Do you own a business that operates within the City of Fort Pierce? If yes, list the address and nature of said business:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you now or in the future plan to do business with the City of Fort Pierce? If yes, in what capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you employed by a business that is located within the City of Fort Pierce? If yes, state the business and location:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input type="checkbox"/> No Engineering: <input type="checkbox"/> Yes <input type="checkbox"/> No Real Estate Brokering: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Contracting: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Land Development: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Other: Describe your education, background, training and knowledge in the above area(s): <u>REAL ESTATE AGENT - DISCOUNT BUSINESS OWNER</u> <u>CITY CLERK - ZONING BOARD LEGAL EXPERIENCE/PARALEGAL</u> <u>ASST COUNTY CLERK</u>	
Are you currently a member of a Commission-appointed board/committee? If yes, please specify:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>BEACHFRAS CONDOMINIUM ASSOCIATION</u>
Have you ever been convicted of a felony? If yes, what was the nature of the crime(s) you were convicted of:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Referred by:	Applicant Email Address: <u>engstromjanet1@gmail.com</u>
Date: <u>7-5-17</u>	Applicant's Signature: <u>Janet B. Engstrom</u>

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.

Please return form to: City Clerk's Office – 100 North US Hwy 1, Fort Pierce, Florida 34950

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CITY OF FORT PIERCE

100 NORTH US HWY 1
FORT PIERCE, FLORIDA 34950
(772) 467-3066 FAX (772) 467-3841

APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying: Sunrise Theatre Advisory Board

Name: <u>Melanie George</u>	Phone: <u>863-669-8649</u>
Home Address: City/Zip Code: <u>786 Bent Creek Dr Ft. Pierce, FL 34947</u>	How long at this address? <u>1 yr</u>
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation:	
Do you own a business that operates within the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the address and nature of said business: <u>Melita Provisions</u> <u>Home Goods / Fine Linens /</u> <u>100 South 2nd St. Shop 101</u> <u>Body Spa Products</u> <u>Fort Pierce, FL 34950</u>	
Do you now or in the future plan to do business with the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, in what capacity?	
Are you employed by a business that is located within the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the business and location: <u>St. Lucie County School Board / Melita Provisions Inc</u> <u>fort pierce, FL</u> <u>(see above)</u>	
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Engineering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Real Estate Brokering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Contracting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Land Development: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other: Describe your education, background, training and knowledge in the above area(s):	
Are you currently a member of a Commission-appointed board/committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what was the nature of the crime(s) you were convicted of:	
Referred by:	Applicant Email Address:
Date: <u>8/23/17</u>	Applicant's Signature: <u>Melanie George</u>

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.

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CITY OF FORT PIERCE

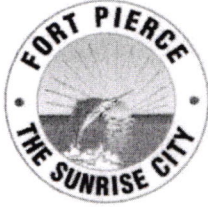
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 FORT PIERCE, FLORIDA 34950
 (772) 467-3066 FAX (772) 467-3841

APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying: Sunrise Theatre Advisory Board

Name: Erick Gill	Phone: 772-342-6014
Home Address: 1301 Bonefish Ct. City/Zip Code: Fort Pierce, 34949	How long at this address? 18 years
Are you a citizen of the United States?	<input checked="" type="checkbox"/> Yes
Occupation: Communications Director for St. Lucie County	
Do you own a business that operates within the City of Fort Pierce? If yes, list the address and nature of said business:	<input checked="" type="checkbox"/> No
Do you now or in the future plan to do business with the City of Fort Pierce? If yes, in what capacity?	<input checked="" type="checkbox"/> No
Are you employed by a business that is located within the City of Fort Pierce? If yes, state the business and location: Technically – the main offices for the Board of County Commissioners is located in the city limits.	<input type="checkbox"/> Yes
Do you have special training or knowledge in the area of: Architecture: <input checked="" type="checkbox"/> No Engineering: <input checked="" type="checkbox"/> No Real Estate Brokering: <input checked="" type="checkbox"/> No Contracting: <input checked="" type="checkbox"/> Yes Land Development: <input checked="" type="checkbox"/> No Other: Marketing/PR/Communications Describe your education, background, training and knowledge in the above area(s): Prior to working in public relations for St. Lucie County, I served as the Marketing Director for six years for Riverside Theatre in Vero Beach, Fla.	
Are you currently a member of a Commission-appointed board/committee? If yes, please specify:	<input checked="" type="checkbox"/> No
Have you ever been convicted of a felony? If yes, what was the nature of the crime(s) you were convicted of:	<input checked="" type="checkbox"/> No
Referred by: email notice from the city	Applicant Email Address: <u>bonefishstudios@hotmail.com</u>
Date: 6-20-17	Applicant's Signature

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.
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CITY OF FORT PIERCE

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APPLICATION FOR APPOINTMENT/REAPPOINTMENT

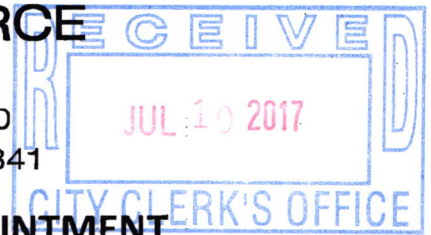
Name of Board or Boards for which you are applying: Sunrise Theater Advisory Board

Name: Robert P. Oliveri	Phone: 561-714-6324
Home Address: 1703 Coconut Drive City/Zip Code: Fort Pierce, FL 34949-3439	How long at this address? 11 years
Are you a citizen of the United States?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Occupation: Retired Social Worker and Prof. of Sociology.	
Do you own a business that operates within the City of Fort Pierce?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list the address and nature of said business: 1703 Coconut Drive, Fort Pierce, FL 34949 Custom Designed Jewelry by Anne Oliveri, Artistically designed and handcrafted jewelry, designed and fabricated by my wife Anne Oliveri, in her home studio.	
Do you now or in the future plan to do business with the City of Fort Pierce?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, in what capacity?	
Are you employed by a business that is located within the City of Fort Pierce?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, state the business and location:	
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Engineering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Real Estate Brokering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Contracting: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Land Development: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other: Describe your education, background, training and knowledge in the above area(s): I have attached a resume that details my education and skill areas as well as my employment history.	
Are you currently a member of a Commission-appointed board/committee?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please specify:	
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, what was the nature of the crime(s) you were convicted of:	
Referred by:	Applicant Email Address: bob@oliverifamily.net
Date: 07/04/2017	Applicant's Signature <i>Robert P. Oliveri</i>



CITY OF FORT PIERCE

100 NORTH US HWY 1
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APPLICATION FOR APPOINTMENT/REAPPOINTMENT

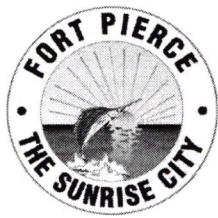
Name of Board or Boards for which you are applying:

Sunrise Theatre Advisory Board

Name: <i>Julie Serra</i>	Phone: <i>772 293-1789</i>
Home Address: <i>2919 Admiral St</i> City/Zip Code: <i>Fort Pierce, FL 34982</i>	How long at this address? <i>20 years</i>
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: <i>Business Manager</i>	
Do you own a business that operates within the City of Fort Pierce? If yes, list the address and nature of said business: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you now or in the future plan to do business with the City of Fort Pierce? If yes, in what capacity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are you employed by a business that is located within the City of Fort Pierce? If yes, state the business and location: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Engineering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Real Estate Brokering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Contracting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Land Development: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other: Describe your education, background, training and knowledge in the above area(s): <i>JCHS 1988 Local, lover of local entertainment + the community</i> <i>FRSC Business Manager of dental practice</i>	
Are you currently a member of a Commission-appointed board/committee? If yes, please specify: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you ever been convicted of a felony? If yes, what was the nature of the crime(s) you were convicted of: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Referred by: <i>Cindi O'Connell</i>	Applicant Email Address: <i>mattjulieserra@yahoo.com</i>
Date: <i>6/27/17</i>	Applicant's Signature: <i>Julie Serra</i>

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.

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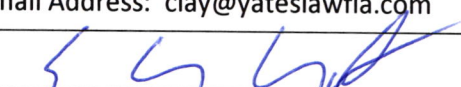


CITY OF FORT PIERCE

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FORT PIERCE, FLORIDA 34950
(772) 467-3066 FAX (772) 467-3841

APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying: **Sunrise Theatre Advisory Board**

Name: E. Clayton "Clay" Yates	Phone: 772-465-7990
Home Address: 719 Georgia Ave, City/Zip Code: Fort Pierce, 34950	How long at this address? 16 years
Are you a citizen of the United States <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: attorney	
Do you own a business that operates within the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the address and nature of said business: 201 S. 2d St., Suite 208 – law office	
Do you now or in the future plan to do business with the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, in what capacity? Caveat: I am counsel for the City Of Fort Pierce Housing Authority, a legal entity separate and apart from the City Of Fort Pierce.	
Are you employed by a business that is located within the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the business and location: E. Clayton Yates, P.A. 201 S. 2d St. Suite 208	
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Engineering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Real Estate Brokering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Contracting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Land Development: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other: Describe your education, background, training and knowledge in the above area(s): N/A	
Are you currently a member of a Commission-appointed board/committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what was the nature of the crime(s) you were convicted of:	
Referred by:	Applicant Email Address: clay@yateslawfla.com
Date: 7/14/17	Applicant's Signature 

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