

## FORM 1

## STATEMENT OF

2003

## FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

CRISTALDI STEVEN CHARLES

MAILING ADDRESS:

2023 SE 28<sup>th</sup> TERRACE

CITY:

CAPE CORAL

ZIP:

FL 33904

COUNTY:

LEE

NAME OF AGENCY:

CITY OF CAPE CORAL PLANNING AND ZONING

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

ALTERNATE

CHECK IF ☐ CANDIDATE OR ☒ NEW EMPLOYEE OR APPOINTEEFOR OFFICE  
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

## \*\*THIS SECTION MUST BE COMPLETED\*\*

## DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

☒ DECEMBER 31, 2003 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

## MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☒ DOLLAR VALUE THRESHOLDS

## PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

| NAME OF SOURCE<br>OF INCOME | SOURCE'S<br>ADDRESS                                      | DESCRIPTION OF THE SOURCE'S<br>PRINCIPAL BUSINESS ACTIVITY |
|-----------------------------|--|--|
| DAIRY PLUS, INC.            | 2023 SE 28 <sup>th</sup> TERRACE<br>CAPE CORAL, FL 33904 | Sales  |
|                             |  |  |
|                             |  |  |

## PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

| NAME OF<br>BUSINESS ENTITY | NAME OF MAJOR SOURCES<br>OF BUSINESS' INCOME | ADDRESS<br>OF SOURCE                                    | PRINCIPAL BUSINESS<br>ACTIVITY OF SOURCE |
|----------------------------|--|---|--|
| Rapid FIRE LLC             | Real Estate                                  | 2023 SE 28 <sup>th</sup> TERRACE<br>CAPE CORAL FL 33904 |  |
| Rapid FIRE LLC             | Institutional Investment                     | 2023 SE 28 <sup>th</sup> TERRACE<br>CAPE CORAL FL 33904 |  |

## PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

|  |  |
|--|--|
| 2023 SE 28 <sup>th</sup> TERRACE Cape Coral FL 33904 | <b>FILING INSTRUCTIONS</b> for when and where to file this form are located at the bottom of page 2.<br><br><b>INSTRUCTIONS</b> on who must file this form and how to fill it out begin on page 3.<br><br><b>OTHER FORMS</b> you may need to file are described on page 6. |
| 2024 SE 28 <sup>th</sup> TERRACE Cape Coral FL 33904 |  |
|  |  |
|  |  |

## PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

IRA

Solomon Smith Barney

SEP

Morgan Stanley Dean Witter

## PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

Morgan Stanley Dean Witter PO Box 5079 Sioux Falls, SD 57117-5079  
 First Community Bank 1565 Red Cedar Drive, Fort Myers, FL 33907

## PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF  
BUSINESS ENTITY

Dairy Plus Inc

Rapid Fire LLC

Accend Realty Inc.

ADDRESS OF  
BUSINESS ENTITY

2023 SE 28th Terr.

2023 SE 28th Terr.

2023 SE 28th Terr.

PRINCIPAL BUSINESS  
ACTIVITY

Sales - Dairy

Real Estate Holding

Real Estate Brokerage

POSITION HELD  
WITH ENTITY

President

Partner

President

I OWN MORE THAN A 5%  
INTEREST IN THE BUSINESS

100 %

33 1/3 %

100 %

NATURE OF MY  
OWNERSHIP INTERESTIF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

DATE SIGNED (required):

6/21/04

**FILING INSTRUCTIONS:****WHAT TO FILE:**

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

**NOTE:****MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**WHERE TO FILE:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**WHEN TO FILE:**

**Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.