FORM 1	STATEMENT O	F	2003			
Please print or type your name, mailing address, agency name, and position below:						
LAST NAME FIRST NAME MIDDLE NAM	LAST NAME FIRST NAME MIDDLE NAME :					
Gillis Mark John	FOR OFFICE USE ONLY:	MUL MA				
MAILING ADDRESS :			HC & AS A S			
1531 Hendry Street			Code			
			g was			
CITY: ZIP		No. 5 5				
Fort Myers FL. 339) ID	No. 20				
NAME OF AGENCY: City of Fort Myers Pla	anning Doord	, co	nf. Code			
NAME OF OFFICE OR POSITION HELD OR		- 	Reg. Code			
Planning Board Member			Neq. Oode			
CHECK IF CANDIDATE OR 1						
PICCI COURT PERIOD.	**THIS SECTION MUST BE COMPLET	'ED**				
	CIAL INTERESTS FOR THE PRECEDING TAX Y					
n-2	HETHER THIS STATEMENT IS FOR THE PREC \overline{OR} SPECIFY TAX YEAR IF O		, ,			
		INER INAN INE CAL	LENDAR TEAR			
MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE	OPTION OF USING REPORTING THRESHO	LDS THAT ARE AB	SOLUTE 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) THRE		R VALUE THRESHOLDS				
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]						
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	, DE	ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
David Plummer & Assoc	 		sulting Civil Eng.			
David Fluitinei & Assoc	Coral Gables, FL. 3313		surcing civil Eng.			
	Colai Gables, FL. 3313	4				
	1531 Hendry Street					
	Fort Myers, FL. 33901					
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]						
· · · ·		DRESS SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
NA						
PART C REAL PROPERTY [Land, buildings	owned by the repetting person.	Eili	NG INSTRUCTIONS for when			
PART G REAL PROPERTY (Latid, buildings		and v	where to file this form are locat- the bottom of page 2.			
NA						
			TRUCTIONS on who must file form and how to fill it out begin			
		on pa				
			age 3.			

PART D — INTANGIBLE PERSO TYPE OF INTANG		s, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
See Attachment 1					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR			
McCaughan Mortgage Co.		P.O. Box 141429			
		Coral Gables, FL.			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]					
BUSINESS ENTIT		TY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY	NA		NA	NA	
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
IF ANY OF PARTS A THROUGH PARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE					

SIGNATURE (required)

DATE SIGNED (required):

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.

FILING INSTRUCTIONS:

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 posi-

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.

Attachment 1 Mark J. Gillis

Form 1. Statement of Financial Interests Part D - Intangible Personal Property

Type of Intangible	Business Entity		
Mutual Fund	The American Funds		
401k Mutual Fund	Scudder Investments		
IRA	The Vanguard Group		
Stock	David Plummer & Associates		
Life Insurance	Realiastar Life Insurance		