	/**							
FORM 1	STATEMENT OF 2000							
FINANCIAL INTERESTS								
LAST NAME - FIRST NAME - MID	DDLE NAME:	NAME OF REPORTING PE	RSON'S AGENCY:					
HOKE, ROBERT	· H.	1 CLAND-MC	TA D	+ 7 T				
MAILING ADDRESS:	2.1.1	N. F. MYERS CHECK ONE OF THE FOLL		EPT.				
16lenmont I	JR.W.	,						
N. Ft. MUERSI	LOCAL OFFICER STATE OFFICER							
CITY: ZIP:	LIST OFFICE OR POSITION HELD OR SOUGHT							
		N.F.Y. MYERS F	N.F. MYERS FILE COMMISSIONER					
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, 2000 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE HAS ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): OCMPARATIVE (PERCENTAGE) THRESHOLDS (old method) OR DOLLAR VALUE THRESHOLDS (new method)								
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]								
NAME OF SOURCE OF INCOME	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY							
City of Case Coral F	ire. Dept. Stanta	BARBARA	FIPE DENT.					
		×.						
		<u>``</u>						
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	OF INCOME [Major customers, clients, a NAME OF MAJOR SOURCES OF BUSINESS'S INCOME	and other sources of income to ADDRESS OF SOURCE	I PI	by the reporting person] RINCIPAL BUSINESS CTIVITY OF SOURCE				
				<i>j</i>				
	-///							
·	<u></u>	·						
PART C REAL PROPERTY [Land	FILING INSTRUCTIONS for when and where to file this form are							
76knmont DR		bottom of page 2.						
462 MUSKEGOD FOR FEILING ZRS INSTRUCTIONS on who mus								
· · · · · · · · · · · · · · · · · · ·	on page 3 of th							
OTHER FORMS you may need								
l de la companya de la company			file are describ	ed on page 6.				

PART D — INTANGIBLE PERSONA TYPE OF INTANGIBI		ks, bonds, certifi	icates of deposi BUSINESS	t, etc.] ENTITY TO WH	ICH THE PROF	PERTY RELATES
/						
PART E — LIABILITIES [Major debt: NAME OF CREDITO				ADDRESS	OF CREDITOR	
Atlantic Mtg		135 S. LASAILE, Dept. 8600, Chicago, IL. 60674-8600				
BSI FINANCIAL SUC		PO BOX 517, THUSUILLE, PA 16354-0517				
Suncoast School Fed.	ared Hunion		11904	TAMPA		3680
PART F — INTERESTS IN SPECIFIE NAME OF BUSINESS ENTITY	D BUSINESSES [BUSINESS ENT			n types of busine: NESS ENTITY # 2	-	BUSINESS ENTITY # 3
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 TI	HROUGH F ARI	E CONTINUE	ED ON A SE	PARATE SHE	ET, PLEASE	
SIGNATURE:	1 Doh	k		DATE S	IGNED: 5	-29-01
	FI	LING IN	STRUC	TIONS:		
After completing all parts of this form, including If y signing and dating it, send back only the first on sheet (pages 1 and 2) for filing.		HERE TO FILE:WHEN TO FILE:ou were mailed the form by the CommissionInitially, each local officer, state officer, andbetween the form by the CommissionSpecified state employee must file within 30between the form todays of the date of his or her appointment or oft location.the beginning of employment. Appointees who				

NOTE: MULTIPLE FILING UNNECES-SARY:

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.

Local officers file with the Supervisor of Elections of the county in which you 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 your qualifying papers.

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

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, 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, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.