FORM 1	STATEMEN	ΓOF		2001
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INT	TERESTS		
LAST NAME FIRST NAME MIDDLE NA	Markin	FOR OF		
MAILING ADDRESS:			ı ID C	
Captiva Island	33924 Lee			
NAME OF AGENCY	manity Panel		IDN	03
(- member	, according			Code
NAME OF OFFICE OR POSITION HELD OF	C SOUGHT:			eq. Code
CHECK IF CANDIDATE OR	NEW EMPLOYEE OR APPOINTEE			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA A FISCAL YEAR. PLEASE STATE BELOW	NCIAL INTERESTS FOR THE PRECEDIN	IG TAX YEAR, WHETH	ER BAS	ED ON A CALENDAR YEAR OR ON DING EITHER (check one):
DECEMBER 31, 2001		AR IF OTHER THAN T		
MANNER OF CALCULATING REPORTABL PRIOR TO 2001, THE THRESHOLDS FOR VALUES. BEGINNING IN 2001, THE LEGIS ABSOLUTE DOLLAR VALUES, WHICH REC THIS STATEMENT REFLECTS EITHER (che	REPORTING FINANCIAL INTERESTS W SLATURE HAS ALLOWED FILERS THE C QUIRES FEWER CALCULATIONS (see in eck one):	PTION OF USING REI	PORTING tails). P	3 THRESHOLDS THAT ARE
PART A PRIMARY SOURCES OF INCOM	F (Major sources of income to the report	ing person)		
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS			SCRIPTION OF THE SOURCE'S KINCIPAL BUSINESS ACTIVITY
Jensen's Tuinfalm Revoi	+ P.D. Box 141 Caption	Islan FC	Re	contact Making
JAM	11.0 Box 191 Cupt	valsky FC	Ke	intel Loucians
	COME [Major customers, clients, and other ME OF MAJOR SOURCES OF BUSINESS' INCOME	r sources of income to ADDRESS OF SOURCE	business	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
				
PART C REAL PROPERTY [Land, buildin	gs owned by the reporting person]	0	and w	IG INSTRUCTIONS for when here to file this form are location of page 2.
Home - 15200 Capt	iva Onive Wation	Tolal	INST	RUCTIONS on who must file orm and how to fill it out begin
7			OTH	ER FORMS you may need to

PART D — INTANGIBLE PERSONAL PROPERTY [TYPE OF INTANGIBLE	Stocks, bonds, certificat	es of deposit, etc.] BUSINESS ENTITY TO WHI	CH THE PROPERTY RELATES
JRM-Stock-	JR	M. Lorava	1. 4
Stock	Jen	DEN'S TWINK	alm Resortant Having
			<u> </u>
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	1	ADDRESS	OF CREDITOR
PART F — INTERESTS IN SPECIFIED BUSINESSES	Ownership or position	s in certain types of businesse	s)
NAME OF BUSINESS	ENTITY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
BUSINESS ENTITY PENSENTITY ADDRESS OF	Twiller Root		JEM
BUSINESS ENTITY 15/07 Capt PRINCIPAL BUSINESS	in their Caption	xaTslad	15107 Captiva Mile
ACTIVITY POSITION HELD	not Maying	,	Captive List
WITH ENTITY I OWN MORE THAN A 5%	phident		Keyon and Marine
INTEREST IN THE BUSINESS NATURE OF MY			
OWNERSHIP INTEREST STOCK			
IF ANY OF PARTS A THROUGH F	ARE CONTINUED	ON A SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE (required):		DATE S	GIGNED (required):
	FILING INS	TRUCTIONS:	
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.	on Ethics or a Coun	e form by the Commission ty Supervisor of Elections osure filing, return the form	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

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

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.

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.

FORM 1	STATEMENT OF		2001
Please print or type your name, mailing address, agency name, and position below	FINANCIAL INTERE	STS [
LAST NAME FIRST NAME MIDDLI		FOR OFFICE USE ONLY:	
MAILING ADDRESS:		_	· · · · · · · · · · · · · · · · · · ·
Captiva Islan	1,33924 Lee	ID	Code
CyptiVa Island	1 Evision Presention District	ID	No.
NAME OF AGENCY:	_	Co	onf. Code
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT :	P.	Req. Code
CHECK IF CANDIDATE OR	☐ NEW EMPLOYEE OR APPOINTEE		4 *** ***
DECEMBER 31, 2001 MANNER OF CALCULATING REPORT PRIOR TO 2001, THE THRESHOLDS F VALUES. BEGINNING IN 2001, THE L	TABLE INTERESTS: FOR REPORTING FINANCIAL INTERESTS WERE COMPA EGISLATURE HAS ALLOWED FILERS THE OPTION OF I I REQUIRES FEWER CALCULATIONS (see instructions for R (check one):	DING TAX YEAR I ER THAN THE CA ARATIVE, USUAI USING REPORTI Ir further details).	ENDING EITHER (check one): ALENDAR YEAR: LLY BASED ON PERCENTAGE ING THRESHOLDS THAT ARE
PART A PRIMARY SOURCES OF IN NAME OF SOURCE	COME [Major sources of income to the reporting person] SOURCE'S	, D	DESCRIPTION OF THE SOURCE'S
OF INCOME	ADDRESS Exact P.O. Box 191 Captiva Island	100	PRINCIPAL BUSINESS ACTIVITY
JAM	P.O. Box 191 Captiva Islan	L.FU K	ental Income
		/	
PART B SECONDARY SOURCES O NAME OF BUSINESS ENTITY	F INCOME [Major customers, clients, and other sources of NAME OF MAJOR SOURCES ADDR OF BUSINESS' INCOME OF SOL	ESS	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [Land, b		and	ING INSTRUCTIONS for when where to file this form are locat-
Home - 15200 Ca	Autout 15107 Caption Prive Co	INS	It the bottom of page 2. STRUCTIONS on who must file form and how to fill it out begin

PART D — INTANGIBLE PERSONAL PROPERTY [Stoc	ks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
JRM-Stock-	JRM. Corporation
Stak	JENEN (Twin) Palm Resort and Harrise
3/842	The state of the s
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS OF CREDITOR
DADTE INTEDESTS IN SPECIFIED BUSINESSES (O	
PART F — INTERESTS IN SPECIFIED BUSINESSES (ownership or positions in certain types of businesses]
BUSINESS ENT	
NAME OF BUSINESS ENTITY NAME OF BUSINESS ENTITY BUSINESS ENTITY	BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 DILL Pala Resort
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY JENSEN'S TW ADDRESS OF BUSINESS ENTITY 15107 Captiva	BUSINESS ENTITY # 2 BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY BUSINESS ENTITY JENSEN TWO STOPPENSOR BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY	BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 DW: Palm Poort TO 200 (5) Palm Poort
BUSINESS ENT NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY BUSINESS ENT FOR SENTITY FOR SENTITY	United the Business Entity#2 Business Entity#3 This Caption Tsland Manine Caption Tsland
BUSINESS ENT NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	United the Business Entity#2 Business Entity#3 This Caption Tsland Manine Caption Tsland
BUSINESS ENT NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY LOWN MORE THAN A 5%	United the Business Entity#2 Business Entity#3 This Caption Tsland Manine Caption Tsland
NAME OF BUSINESS ENTITY 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	Unifold foot Drive Caption Tsland Maning The Waring The Caption Tsland The Caption Prove The Caption Prove The Caption Tsland The Caption Prove The Caption Tsland The Caption T
NAME OF BUSINESS ENTITY 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	United the Business Entity#2 Business Entity#3 This Caption Tsland Manine Caption Tsland
NAME OF BUSINESS ENTITY 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	Unifold foot Drive Caption Tsland Maning The Waring The Caption Tsland The Caption Prove The Caption Prove The Caption Tsland The Caption Prove The Caption Tsland The Caption T
NAME OF BUSINESS ENTITY 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 F AR	BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 DEM DEM DEM DEM DEM DEM DEM DE
BUSINESS ENT NAME OF BUSINESS ENTITY 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 F AR SIGNATURE (required): WHAT TO FILE:	BUSINESS ENTITY # 2 BUSINESS ENTITY # 3 DEPTH DESCRIPTION TS GOLD TO PRODUCE CAPTURE TO THE TO PRODUCE CAPTURE TO THE TOP TO TH

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.

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.

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.