

FORM 1**STATEMENT OF****2013**

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

FINANCIAL INTERESTS**FOR OFFICE USE ONLY:**

LAST NAME - FIRST NAME - MIDDLE NAME:

JOYCE RICK K

MAILING ADDRESS:

2051 N. EVALENA LANE

N. FORT MYERS, FL 33917 LEE

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

LOCAL PLANNING AGENCY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

MEMBER

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☐ CANDIDATE OR ☒ NEW EMPLOYEE OR APPOINTEE****** BOTH PARTS OF 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 (must check one):

☒ DECEMBER 31, 2013 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE 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 other details). CHECK THE ONE YOU ARE USING:

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☒ DOLLAR VALUE THRESHOLDS**PART A - PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
FORESTRY RESOURCES	4353 MICHIGAN LINK	FORESTRY
ECOLOGICAL, INC.	FORT MYERS, FL 33916	

PART B - SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
DEEP SOUTH	WHOLESALE	2051 N. EVALENA LN.	NATIVE PLANT
NURSERY, LLC	NATIVE PLANT SALES		SALES
	TO LANDSCAPERS		

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

(If you have nothing to report, write "none" or "n/a")

HOME @ 2051 N. EVALENA LN, N FORT MYERS, FL 33917	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.
HOME @ 88 E. N. SHORE DRIVE, N. FORT MYERS, FL 33917	
HOME @ 613 POMPADOUR TERRACE, PUNTA GORDA, FL	

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. - See instructions)
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
SEE ATTACHED LIST	

PART E — LIABILITIES (Major debts - See instructions)
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
BANK OF AMERICA, N.A.	PO BOX 26078, GREENSBORO, NC 27420

PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses - See instructions)
(If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	FORESTRY RESOURCES ECOLOGICAL, INC	DEEP SOUTH NURSERY, LLC
ADDRESS OF BUSINESS ENTITY	4353 MICHELAN LINK, FM	2051 N. EVALONA LANE, NFM
PRINCIPAL BUSINESS ACTIVITY	FORESTRY	NATIVE PLANT NURSERY
POSITION HELD WITH ENTITY	PRESIDENT	CO-OWNER
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	YES
NATURE OF MY OWNERSHIP INTEREST	49%	50% - 50% WITH WIFE

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

DATE SIGNED (required):



1-8-2015

If a certified public accountant, licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

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.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

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; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

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.

Facsimiles will not be accepted.

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. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.

Rick K. Joyce - Intangible Personal Property
January 1, 2015

Retirement Accounts

Roth IRA-
Wells Fargo Advisor Solutions
One North Jefferson Avenue
St. Louis, MO 63103

Retirement Account
Nationwide Retirement Solutions
PO Box 182797
Columbus, OH 43218-2797

Stocks

Morgan Stanley Smith Barney Holdings LLC
1 New York Plaza, 8th Floor
New York, NY 10004

Ameriprise Financial Services/Ameriprise Advisor Center
753 Ameriprise Financial Center
Minneapolis, MN 55474-0007

Discover Financial Services
Computershare
PO Box 43006
Providence, RI 02940-3006

Allstate Corporation Common Stock
Shareowner Services
PO Box 64874
St. Paul, MN 55164-0874

Prudential Computershare
PO Box 43033
Providence, RI 02940-3033

Florida Prepaid College Fund

POP Box 6567
Tallahassee, FL 32314-6567
(Approximately 90 Tuition Plan Credit Hours remaining)

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