

FORM 1

STATEMENT OF

2001

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

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME:

MAXWELL STEVEN R.

MAILING ADDRESS:

P.O. BOX 805

SANIBEL

33957

LEE

CITY:

ZIP:

COUNTY:

INDUSTRIAL Development Authority

NAME OF AGENCY:

SMART Growth / Lee CTY.

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Board member / Sec.

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

CHECK IF ☐ CANDIDATE OR ☒ NEW EMPLOYEE OR APPOINTEE

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, 2001

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):



COMPARATIVE (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 INCOMESOURCE'S
ADDRESSDESCRIPTION OF THE SOURCE'S
PRINCIPAL BUSINESS ACTIVITY

SCH DIST. OF Lee CTY

FT. MYERS, FLA, CENTRAL AVE

EDUCATION

RENTAL INV. TRUST

FT MYERS, FLA, 232

RENTAL SUPERVISOR

LAGOON DRIVE.

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

NAME OF
BUSINESS ENTITYNAME OF MAJOR SOURCES
OF BUSINESS' INCOMEADDRESS
OF SOURCEPRINCIPAL BUSINESS
ACTIVITY OF SOURCE

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

• Real Estate Investment Trust -

232 Lagoon Drive, FWF 33905

• Residence, 392 Rain Tree Pl. Sanibel,

FLA.

• Sanibel LOT

FILING INSTRUCTIONS for when
and where to file this form are locat-
ed at the bottom of page 2.INSTRUCTIONS on who must file
this form and how to fill it out begin
on page 3.OTHER FORMS you may need to
file are described on page 6.

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Diversified	
INVESTMENTS 1/2	
INTEREST.	

PART E — LIABILITIES [Major debts]
NAME OF CREDITOR

ADDRESS OF CREDITOR

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	MAXWELL GROWLS.		
ADDRESS OF BUSINESS ENTITY	AVON PK, FLA.		
PRINCIPAL BUSINESS ACTIVITY	CITRUS BROKERING		
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	NONE.		
NATURE OF MY OWNERSHIP INTEREST	NONE		

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

SIGNATURE (required):

James Maxwell

DATE SIGNED (required):

07-02-02

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.

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

FINANCIAL INTERESTS

LAST NAME - FIRST NAME - MIDDLE NAME:

MAXWELL STEVEN R.

MAILING ADDRESS:

P.O. BOX 805

Sanibel 33957 Lee

CITY: ZIP: COUNTY:

INDUSTRIAL Development Authority /

NAME OF AGENCY:

SMART Growth / Lee CTY.

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Board member / Sec.

CHECK IF ☐ CANDIDATE OR ☒ NEW EMPLOYEE OR APPOINTEE

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

RECEIVED
2002 JUL -5 PM 3:16
SUPERVISOR OF ELECTIONS

DISCLOSURE PERIOD:

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☐ COMPARATIVE (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

SOURCE'S
ADDRESS

DESCRIPTION OF THE SOURCE'S
PRINCIPAL BUSINESS ACTIVITY

SCH DIST. OF Lee CTY

FT. MYERS, FLA, CENTRAL AVE

EDUCATION

RENTAL INV. TRUST

FT. MYERS, FLA, 232

RENTAL INCOME

LAGOON DRIVE.

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

NAME OF
BUSINESS ENTITY

NAME OF MAJOR SOURCES
OF BUSINESS' INCOME

ADDRESS
OF SOURCE

PRINCIPAL BUSINESS
ACTIVITY OF SOURCE

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

Real Estate Investment Trust -

232 Lagoon Drive, FWF 33905

Residence, 392 RainTree Pl. Sanibel,
FLA.

Sanibel Lot

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

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

Diversified
INVESTMENTS 1/2
interest.

STOCKS/BONDS - PORTFOLIO.

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

COUNTRY wide
Mortgage
Company (res.)

Revised/added

7/3/02
SK

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

MAXUEL GROUPS.

ADDRESS OF
BUSINESS ENTITY

AUM PR, FLA.

PRINCIPAL BUSINESS
ACTIVITY

CITRUS BROKING

POSITION HELD
WITH ENTITYI OWN MORE THAN A 5%
INTEREST IN THE BUSINESS


None.

NATURE OF MY
OWNERSHIP INTEREST

None

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

SIGNATURE (required):



DATE SIGNED (required):

07-02-02

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INTER-DEPARTMENT DELIVERY

CROSS OUT ENTIRE LINE WHEN RECEIVED AND RE-USE UNTIL ALL LINES ARE FULL

[illegible]