FORM I STATEM	ENI OF F	INANCIAL	INTERESTS 1999	
THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR INDING:		NAME OF YOUR AGENCY:		
CHECK EITHER DECEMBER 31, 1999 THAN THE CALENDAR				
LAST NAME - FIRST NAME - MIDDLE NAME:		CHECK ONE OF THE F	OLLOWING CATEGORIES:	
Man Marjorn B. MAILING ADDRESS:		LOCAL OFFICER	I STATE OFFICER □ CANDIDATE	
1986 Stevenson RD. Ft. myers, ' 33917 Lee CITY: COUNTY:		SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HELD OR SOUGHT:		
PART A - PRIMARY SOURCES OF INCOME [Sou	irces exceeding 5% of	gross income]		
NAME OF SOURCE OF INCOME	=	OURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
Lee Memocial Health System	2776 Ckick	ind Aut. Etmyers,	if Employment: Health Care	
Unisource	6511N.547	St. Tangy H	Employment: Sales	
PART B — SOURCES OF INCOME TO BUSINESS	ES OWNED BY THE	REPORTING PERSON [Ma	ajor customers, clients, etc.]	
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME		SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
			,	
NIA				
PART C — REAL PROPERTY [Land, buildings]			FILING INSTRUCTIONS for when and where to file this form are located at the bot-	
Homes 1986 Starson	E. Ft. mag	45,191	tom of page 2.	
12317 River RD	56 Ft. My	5,61	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.	
		gg ** 54 () (3)	OTHER FORMS you may need to file are described on page 6.	
		The state of the s	(Continued on p.2)	

TYPE OF INTANGIBLE	E	BUSINESS ENTITY TO WHICH T	THE PROPERTY RELATES	
401 15	Unis	Unisource		
TSA	Lee .	Lee Memorial Health Sysker-		
PART E — LIABILITIES IN EXCE	ESS OF NET WORTH [Major debts]			
NAME OF CREDIT	OR	ADDRESS OF CREDITOR		
	IA			
	,,,			
		 		
PART F — INTERESTS IN SPECIF	FIED BUSINESSES [Ownership or po	sitions in certain types of businesses]		
PART F — INTERESTS IN SPECIF	FIED BUSINESSES [Ownership or po	sitions in certain types of businesses] BUSINESS ENTITY # 2	BUSINESS ENTITY # 3	
NAME OF			BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF			BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS			BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD			BUSINESS ENTITY # 3	
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY OWN MORE THAN A 5% NTEREST IN THE BUSINESS			BUSINESS ENTITY # 3	
IAME OF USINESS ENTITY DDRESS OF USINESS ENTITY RINCIPAL BUSINESS CTIVITY OSITION HELD WITH ENTITY OWN MORE THAN A 5%			BUSINESS ENTITY # 3	

FILING INSTRUCTIONS FOR FORM 1

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: You also may be required to file Form 10, which is the last page of this packet. Please see that form for detailed instructions.

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: 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 Department of State, Room 1802, The Capitol, Tallahassee, Florida 32399-0250. 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. If you were mailed the form by the Secretary of State or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

WHEN TO FILE: Initially, each local officer, 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.

Thereafter, *local officers, state officers,* and *specified state employees* are required to file by July 1st following each calendar year they hold their positions. *Candidates* for publicly-elected state or local office must file at the same time they file their qualifying papers.

(Continued on p.3) F