

FORM 1 STATEMENT OF FINANCIAL INTERESTS 1998

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING:

CHECK EITHER
DECEMBER 31, 1998 ☒ OR SPECIFY TAX YEAR IF OTHER
THAN THE CALENDAR YEAR: _____NAME OF YOUR AGENCY: *CITY OF Fort Myers
HISTORIC PRESERVATION COMMISSION*

LAST NAME - FIRST NAME - MIDDLE NAME:

RIDER JOSEPH JOHN

MAILING ADDRESS:

*1408 WINKLER AVE**FT MYERS, FL 33901*

CITY:

ZIP:

COUNTY:

*LEE*CHECK ONE OF THE FOLLOWING CATEGORIES:☒ LOCAL OFFICER ☐ STATE OFFICER ☐ CANDIDATE☐ SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD OR SOUGHT: _____


NOTICE: Under provisions of Sec. 112.317, Florida Statutes, a failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000.

PART A — PRIMARY SOURCES OF INCOME [Sources exceeding 5% of gross income]NAME OF SOURCE
OF INCOMESOURCE'S
ADDRESSDESCRIPTION OF THE SOURCE'S
PRINCIPAL BUSINESS ACTIVITY*HOME FOLKS MOBILE HOMES, INC. P.O. Box 779**FT Myers, FL 33902**Sales & Service***PART B — SOURCES OF INCOME TO BUSINESSES OWNED BY THE REPORTING PERSON** [Major customers, clients, etc.]NAME OF SOURCE OF
BUSINESS ENTITY'S INCOMESOURCE'S
ADDRESSDESCRIPTION OF THE SOURCE'S
PRINCIPAL BUSINESS ACTIVITY**PART C — REAL PROPERTY** [Land, buildings]*8090 LITLINGTON RD. N FT MYERS, FL**1408 WINKLER AVE FT MYERS, FL*

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

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

OTHER FORMS you may need to file are described on page 6.

(Continued on p.2) 

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
STOCK	Home Folks Mobile Home, Inc.
STOCK	Home Folks Insurance Agency, Inc.

PART E — LIABILITIES IN EXCESS OF NET WORTH [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	Home Folks Insurance Agency, Inc.		
ADDRESS OF BUSINESS ENTITY	8090 LITTLETON Rd. NET Myers, FL 33903		
PRINCIPAL BUSINESS ACTIVITY	INSURANCE AGENCY		
POSITION HELD WITH ENTITY	OWNER-AGENT		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%		
NATURE OF MY OWNERSHIP INTEREST	INSURANCE AGENT		

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

SIGNATURE:

J. P. Hall

DATE SIGNED:

9/28/99

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) 

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THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING:

CHECK EITHER ☒ OR SPECIFY TAX YEAR IF OTHER
DECEMBER 31, 1998 ☒ THAN THE CALENDAR YEAR: _____

NAME OF YOUR AGENCY:

Lee County Board of Adjustment: Appeals

LAST NAME - FIRST NAME - MIDDLE NAME:

RIDER JOSEPH JOHN

MAILING ADDRESS:

1408 W. 1st Ave

FT Myers FL 33901 Lee

CITY: ZIP: COUNTY:

CHECK ONE OF THE FOLLOWING CATEGORIES:

☒ LOCAL OFFICER ☐ STATE OFFICER ☐ CANDIDATE

☐ SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD OR SOUGHT: _____

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PART A — PRIMARY SOURCES OF INCOME [Sources exceeding 5% of gross income]

NAME OF SOURCE
OF INCOME

SOURCE'S
ADDRESS

DESCRIPTION OF THE SOURCE'S
PRINCIPAL BUSINESS ACTIVITY

Home For Dads Mobile Home Co. P.O. Box 779 FT Myers, FL 33902

PART B — SOURCES OF INCOME TO BUSINESSES OWNED BY THE REPORTING PERSON [Major customers, clients, etc.]

NAME OF SOURCE OF
BUSINESS ENTITY'S INCOME

SOURCE'S
ADDRESS

DESCRIPTION OF THE SOURCE'S
PRINCIPAL BUSINESS ACTIVITY

PART C — REAL PROPERTY [Land, buildings]

8090 L. Allerton Rd. N. Fort Myers, FL 33903

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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
<i>Stock</i>	<i>Home Fidelity Mutual Fund, 2</i>

PART E — LIABILITIES IN EXCESS OF NET WORTH [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	<i>Home Fidelity Insurance Agency, Inc.</i>		
ADDRESS OF BUSINESS ENTITY	<i>P.O. Box 777 Kalamazoo, MI 49002</i>		
PRINCIPAL BUSINESS ACTIVITY	<i>Insurance</i>		
POSITION HELD WITH ENTITY	<i>President-Owner</i>		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	<i>100% Owner</i>		
NATURE OF MY OWNERSHIP INTEREST			

IF ANY PARTS OF A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐SIGNATURE: *J. D. Hill*DATE SIGNED: *May 15, 1999***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.

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