FORM 1 STATEMENT OF			2001		
Please print or type your name, mailing address, agency name, and position below					
LAST NAME - FIRST NAME - MIDDLE STANER JEFFER MAILING ADDRESS BIST Pelicen		FOR OFF	_Y:		
CITY: Fort Myes 3 NAME OF AGENCY? University Squer NAME OF OFFICE OR POSITION HEL Chairmen CHECK IF CANDIDATE OR			ID Code ID No. Conf. Code P. Req. Code		
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: SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 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 IN NAME OF SOURCE OF INCOME	COME [Major sources of income to the re SOURCE	ËS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Miroman Ottlets West, LLC	10801 Corkscrew RS Estos FL	25.14199	Shopping Center		
PART B SECONDARY SOURCES O NAME OF BUSINESS ENTITY	F INCOME [Major customers, clients, and NAME OF MAJOR SOURCES OF BUSINESS' INCOME	other sources of income to I ADDRESS OF SOURCE	DUSINESSES OWNED by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land, b	uildings owned by the reporting person]		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 TYPE OF INTANGIBLE	[Stocks, bonds, certif	ficates of deposit, etc.] BUSINESS ENTITY TO WH	ICH THE P	ROPERTY RELATES	
PART E — LIABILITIES [Major debts] NAME OF CREDITOR	l	ADDRESS OF CREDITOR			
Attantic Mortgere + Jurestment G	·p 135 S	135 South Le Selle Chicago IL 60674			
PART F — INTERESTS IN SPECIFIED BUSINESSE	S [Ownership or position of several se	I BUSINESS ENTITY # 2	-	BUSINESS ENTITY # 3	
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		<u></u>			
OWNERSHIP INTEREST					
IF ANY OF PARTS A THROUGH F		ED ON A SEPARATE SHE	ET, PLEA		
SIGNATURE (required):	i. Janes	DATE S	IGNED (red	quired): 6-4-02	
	FILING IN	STRUCTIONS:			
WHAT TO FILE: After completing all parts of this form, including		WHERE TO FILE: If you were mailed the form by the Commission		WHEN TO FILE: Initially, each local officer/employee, state	
signing and dating it, send back only the first sheet (pages 1 and 2) for filing.	on Ethics or a Co	on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form		officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employ- ment. 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	
	of Elections of the				
NOTE: MULTIPLE FILING UNNECESSARY:	in Florida, file with				
Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a	State officers or	specified state employees	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.

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.

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.

FORM 1	FORM 1 STATEMENT OF			2001	
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS					
MAILING ADDRESS :	FERY	ALLAN		FOR OF USE ON	
BIST Pelice.	<u>^</u>	Koad			ID Code
CITY :	ZIP	COUNTY :			
Fort Myers	-33°				ID No.
NAME OF AGENCY: MIROMAR LAK	-e)	(00)			Conf. Code
NAME OF OFFICE OR POSITION HI	ELD OR S	SOUGHT :			P. Reg. Code
Sperison					
		NEW EMPLOYEE OR APPOIN	TEE		·
	ELOW WI		S FOR THE PRECED	DING TAX Y	THER BASED ON A CALENDAR YEAR OR ON YEAR ENDING EITHER (check one): THE CALENDAR YEAR:
VALUES. BEGINNING IN 2001, THE	S FOR RE LEGISLA CH REQU ER (checl	EPORTING FINANCIAL INTER ATURE HAS ALLOWED FILER IRES FEWER CALCULATION k one):	S THE OPTION OF I S (see instructions fo	USING REI or further de	USUALLY BASED ON PERCENTAGE EPORTING THRESHOLDS THAT ARE details). PLEASE STATE BELOW WHETHER VALUE THRESHOLDS (new method)
PART A PRIMARY SOURCES OF NAME OF SOURCE OF INCOME	INCOME	SOU	ne reporting person] RCE'S RESS	[DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
MiROMAR Ofteb West L	رد	10901 Cortscrew		เจ	Shopping Canter
			33928		
		·			
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME [Major customers, clients, E OF MAJOR SOURCES ⁵ BUSINESS' INCOME	and other sources of ADDRI OF SOU	ESS	businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	<u></u>			<u> </u>	
PART C REAL PROPERTY [Land,	buildings	owned by the reporting persor	1]		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	V IStocks bonds cartificat	es of denosit atc]	میں میں میں میں میں بند میں ان ان اور کا میں والد اور کا میں ایک کے ¹ کا این ² ان ایک ² ان کا ماد اور ان میں ان کا ک 1
TYPE OF INTANGIBLE			ICH THE PROPERTY RELATES
······································			
		<u> </u>	
		· ····································	
PART E — LIABILITIES [Major debts] NAME OF CREDITOR			
Attentic Martyage + twentinet (-70 135 Je	at La Selle (hicros, IL 60674
-			
PART F INTERESTS IN SPECIFIED BUSINESSE	S Ownership or positions	s in certain types of businesses	s) s
	SENTITY#1	BUSINESS ENTITY # 2	
NAME OF			
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		ON A SEPARATE SHE	
SIGNATURE (required):	Kana	DATE S	IGNED (required): G-ダーンと
<u>,</u>	FILING INS'	FRUCTIONS:	
WHAT TO FILE:	WHERE TO FILE:		WHEN TO FILE:
WHAN IOFILE: WHERE IOFILE: WHEN IOFILE: 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 were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form Initially, each local officer/employ officer, and specified state employ within 30 days of the date of			
	Loool officers/employ	age file with the Supervicer	ment. Appointees who must be commined by

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.

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.

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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.

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