FORM 1/		STATEM	IENT OF		2000
1/	F	FINANCIAL	INTERESTS	•	
LAST NAME - FIRST NAME - MIDI	DLE NAME	:	NAME OF REPORTING PE	RSON'S A	GENCY:
·	ATHA	N			
MAILING ADDRESS:	م	_	CHECK <u>ONE</u> OF THE FOL	LOWING (see "Who Must File" on page 3):
403 JOAN AVI	<u> </u>	rę N	☑ LOCAL OFFIC	ER 🔲	STATE OFFICER SPECIFIED STATE EMPLOYEE
C!TY: ZIP:		COUNTY:	LIST OFFICE OR POSITIO	N HELD O	
LEHIGH ACRES 3	1307				NYMOL MISTRICT SUPERU DR
LEHIGH HCRES		Let C	and the state of t	19 7474C	
`	RTABLE IN S FOR REP SISLATURE S FEWER (se):	ETHER THIS STATEMENT IS OR SPECIFY ITERESTS: PORTING FINANCIAL INTERE E HAS ALLOWED FILERS TH	ESTS WERE COMPARATIVE, HE OPTION OF USING REPO	YEAR END THE CALE USUALLY RTING THI ASE STATE	DING EITHER (check one): NDAR YEAR: BASED ON PERCENTAGE VAL- RESHOLDS THAT ARE ABSOLUTE E BELOW WHETHER THIS STATE- E THRESHOLDS (new method)
PART A PRIMARY SOURCES OF I	INCOME II	Major sources of Licome to th			
NAME OF SOURCE OF INCOME		SOURC ADDRE	CE'S		RIPTION OF THE SOURCE'S CIPAL BUSINESS ACTIVITY
J. NATHAN STOUT CPA	PA	403 JOAN AUF ST	< D	Accour	YTING + TAX PAMERICE
,		Lenian Flores	FL 3397/	-	
SUPRAMIN INDUSTRIES INC		,		Promix	45 CEMENT PRODUCT
Commencial Revise Uni			-GHIGH ACAMS FL 33771		
		7			
<u>, yang kanang kana</u>					
PART B SECONDARY SOURCES (NAME OF BUSINESS ENTITY	NAME	IE [Major custome 3, clients, a E OF MAJOR SOURCES BUSINESS'S INC⊡ME	and other sources of income to ADDRESS OF SOURCE	businesse	s owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
J. NATAN STOUR CAA PA	JADIVIDA	VAL - RUSINIAS: CLIENT	4033 And AVE LEHIGH A	1965 FL	ACCOUNTING + TAY PARTICE
SUBORMIN INDUSPIES INC CONSTANCTION SUBDILIERS + CONFRAM			ms 250 Minnon Like On N Sr	Porg 8.332	PREMIXED CEMENT
EDMMERCIAL RENTAL UNITS	AIRCOR	GAL ESPATE - DEADS HONG	STHOL SUR MAC. ECHY	n Kaus Fe	COMMARCIAL ROUTEL
		and the second second	St.	g. 11 (6) (1)	
PART C REAL PROPERTY [Land,		Δ _		when a	G INSTRUCTIONS for nd where to file this form are lat the bottom of page 2.
INSTRUCTIONS on who me					RUCTIONS on who must file
2) PARCEL 10# 11844;	28 - AC	DD1550000 HG~	MATI COUNTY, FL		rm and how to fill it out begin e 3 of this packet.
· ·		SHULL V.	SUPE	ОТНЕ	R FORMS you may need to
		30 00 00	TU	•	described on page 6.

STOCK	2. N/	BUSINESS ENTITY TO WHICH THE F			
ART E — LIABILITIES [Major de	htel		; d.e		
NAME OF CREDIT		ADDRESS OF CREDITOR			
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ART F — INTERESTS IN SPECIF	FIED BUSINESSES [Ownership or posit	ions in certain types of businesses]			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
AME OF USINESS ENTITY					
DDRESS OF USINESS ENTITY					
RINCIPAL BUSINESS CTIVITY					
OSITION HELD WITH ENTITY					
OWN MORE THAN A 5% NTEREST IN THE BUSINESS					
ATURE OF MY DWNERSHIP INTEREST		*			
2013年11日,西南北京中央市场的	TUROUGH F ARE CONTINUED		ASE CHECK HERE		
IF ANY OF PARTS A	THROUGH F ARE CONTINUED	ON A SEPARATE SHEET, TEE	AGE ONE ON THE CO.		
IGNATURE:	MA TO	DATE SIGNED:	6/27/01		
	FILING INS	TRUCTIONS:	**		
	WHERE TO FILE		WHEN 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 UNNECES-SARY:

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 all all on 9!

Candidates file this form together with your qualifying papers.

15709. Tallahassee, FL 32317-5709.

where your agency has its headquarters.)

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 Commission

on Ethics or a County Supervisor of Elections for

your annual disclosure filing, return the form to

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

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer

that location.

Initially, each local officer, state officer, and specified state employee must file within 30 days of the date of his or her appointment o of the beginning of employment. Appointees who must be confirmed by the Senate must file point to confirmation, even if that is less than 30 days from the date of their appointment

Candidates for publicly-elected local of ce n ust file at the same time they file their qualifing papers.

Thereafter, local officers, state officers, indispecified state employees are required to file by July 1st following each calendar yea in which they hold their positions.

Finally, at the end of office or employn int each local officer, state officer, and specified state employee is required to file a final dis losure form (Form 1F) within 60 days of leaving office or employment.