| FORM 1   | STATEM  | ENT OF   | 1                                | NOL   | 2011           |
|--|---|--|----------------------------------|---|----------------|
| Please print or type your name, mailing address, agency name, and position below:  | FINANCIAL   | INTERESTS  |                                  |   | **             |
| LAST NAME - FIRST NAME - MIDDLE N  | NAME :  | FOR OF   |                                  |   | Ĕ              |
| Thibaut Randolph MAILING ADDRESS:  |   | USE ON   | LY:                              |   | 12JULZ3#       |
| 10471 Six Mile Cypress Pkwy #  | 402   |  |                                  |   | <del></del>    |
|  |   |  | ID Co                            | ide   | 3850ELEE (0) F |
| CITY:  | ZIP: COUNTY:  |  |                                  |   | 严              |
| Fort Myers   | 33966 Lee   |  | ID No                            | t.  | #<br>•         |
| NAME OF AGENCY :   |   |  | Conf.                            | Code  | 0 <u>F</u> 1   |
| NAME OF OFFICE OR POSITION HELD  | OR SOUGHT:  |  | P. Rec                           | q. Code   |                |
| You are not limited to the space on the lines  | on this form. Attach additional sheets,   | , if necessary.  | <del>-</del>                     |   |                |
| CHECK ONLY IF CANDIDATE O  | R NEW EMPLOYEE OR AF  | PPOINTEE   |                                  |   | 医红斑状织 (*       |
| DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINA A FISCAL YEAR. PLEASE STATE BELOW DECEMBER 31, 2011  MANNER OF CALCULATING REPORTAB THE LEGISLATURE ALLOWS FILERS T | V WHETHER THIS STATEMENT IS F  OR OSPECIFY T  BLE INTERESTS: THE OPTION OF USING REPORT | ECEDING TAX YEAR, WHETHI<br>FOR THE PRECEDING TAX YE<br>TAX YEAR IF OTHER THAN TH<br>TING THRESHOLDS THAT AF | ER BASED<br>EAR ENDI<br>HE CALEN | D ON A CALEND, ING EITHER (mu NDAR YEAR:                | values, which  |
| REQUIRES FEWER CALCULATIONS, OF instructions for further details). PLEASE ST   | R USING COMPARATIVE THRESHO<br>TATE BELOW WHETHER THIS STA                              | IOLDS, WHICH ARE USUALLI<br>ATEMENT REFLECTS EITHER  | Y BASED                          | ON PERCENTA   |                |
| COMPARATIVE (PERCENTAGE) TO  |   | DOLLAR VA  |                                  |   |                |
| PART A - PRIMARY SOURCES OF INCO   | OME [Major sources of income to the<br>t, you must write "none" or "n/a")               |  | otions p. 4)                     | 1   |                |
| NAME OF SOURCE<br>OF INCOME  | · ·   | SOURCE'S<br>ADDRESS  |                                  | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY |                |
| Land Solutions Inc.  | 10471 Six Mile Cypr   | ress Pkwy, Ft. Myers   | Real Estate Broker               |   |                |
|  |   |  |                                  |   |                |
|  |   |  |                                  |   |                |
|  |   |  |                                  |   |                |
|  | INCOME other sources of income to business rt , you must write "none" or "n/a"          |  | ion - See i                      | instructions p. 4]                                      |                |
| NAME OF<br>BUSINESS ENTITY   | NAME OF MAJOR SOURCES<br>OF BUSINESS' INCOME  | ADDRESS<br>OF SOURCE   | 1                                | PRINCIPAL BUSINESS ACTIVITY OF SOURCE                   |                |
| N/A  |   |  |                                  |   | <u> </u>       |
|  |   |  |                                  | <del></del>   |                |
|  |   |  |                                  |   |                |
| PART C - REAL PROPERTY [Land, build<br>(If you have nothing to report<br>See attached  | - See instructions p. 4]  | FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.                |                                  |   |                |
| Jec attached   |   |  | file this                        | RUCTIONS or<br>s form and how<br>on page 3.             |                |
|  |   |  |                                  | R FORMS you   |                |

| PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc See instructions p. 5]  (If you have nothing to report, you must write "none" or "n/a")   |     |   |  |   |  |  |  |  |
|--|-----|---|--|---|--|--|--|--|
| TYPE OF INTANGIBLE   |     | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |  |   |  |  |  |  |
| Securities Investment  |     | T.D. Ameritrade                               |  |   |  |  |  |  |
| Money Market Acct  |     | Regions, Busey, Reliance, Preferred Community |  |   |  |  |  |  |
| Annuity  |     | Ohio National                                 |  |   |  |  |  |  |
| PART E — LIABILITIES [Major debts - See instructions p. 5] (If you have nothing to report, you must write "none" or "n/a")   |     |   |  |   |  |  |  |  |
| NAME OF CREDITOR   |     | ADDRESS OF CREDITOR                           |  |   |  |  |  |  |
| Alpine Bank  |     | 917 Main Street, PO Box 969, Ouray, CO 81427  |  |   |  |  |  |  |
| вв&т   |     | 4959 S. Cleveland Ave, Ft. Myers, FL 33907    |  |   |  |  |  |  |
| Advance Homes, Richard Fernandez   |     | 11220-27 Metro Pkwy, Ft. Myers, FL 33966      |  |   |  |  |  |  |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5]  (If you have nothing to report, you must write "none" or "n/a")  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3 |     |   |  |   |  |  |  |  |
| NAME OF BUSINESS ENTITY  | N/A |   |  |   |  |  |  |  |
| ADDRESS OF BUSINESS ENTITY   |     | <u> </u>                                      |  | i i                                     |  |  |  |  |
| PRINCIPAL BUSINESS ACTIVITY  |     |   |  | Συ<br>39                                |  |  |  |  |
| POSITION HELD WITH ENTITY  |     |   |  | 83                                      |  |  |  |  |
| I OWN MORE THAN A 5%<br>INTEREST IN THE BUSINESS   |     |   |  | ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) |  |  |  |  |
| NATURE OF MY<br>OWNERSHIP INTEREST   |     |   |  | <u></u>                                 |  |  |  |  |

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

**SIGNATURE** (required):

**DATE SIGNED (required):** 

7/18/12

## WHAT TO FILE:

After completing a parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

### 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.

# FILING INSTRUCTIONS:

### 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; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

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.

Facsimiles will not be accepted.

### 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. However, filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.



Randolph Thibaut Part C: Real Property

Scattered Lehigh Lots/Parcels
Slater Rd - 16 Acres Parcel
Spec House - Lehigh Acres
Lake Minneloa 10 Acre Parcel
BurntStore Rd 265 Acre Parcel
The Forum 25 homesite lots
Elevation Way - Industrial Bldg
Majestic Palms - Condo Building Pads
Nations - 38 Acre Parcel
Deltondo 75 Acre Parcel

Lehigh Acres, FL N Ft Myers, FL Lehigh Acres, FL Port Charlotte Punta Gorda Ft Myers Ft Myers Ft Myers Colorado Colorado



June 12, 2012

To: Frank Mann

Lee County Commissioner

From: Kris Denny on behalf of Randy Thibaut

RE: Conservation Blue Ribbon 20/20

Enclosed is the confidential information completed for Randy. Thank you for considering him to assist the County's 20/20 purchases. He is confident with his experience in buying, selling and developing land that he will be of value to you.

Please give him a call on his cell: 633-2858 to discuss further.

6150 Diamond Centre Court • Bidg. 1300 • Fort Myers, FL 33912

sperison of Electrons 2480 Monpoon Street 2480 Monpoon Street



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