FORM 1

STATEMENT OF

2000

Please print or type your name, mailing address, agency name, and position below	FINANCIAL	INTERESTS	
LAST NAME FIRST NAME MIDDLE		FOR OF	FICE
MAILING ADDRESS:	ntarco Miguel	USE ON	LY:
	3 7		
F.O. 182× 641	50		ID Code SU 28
			PER RE
CITY:	ZIP: COUNTY:		ID No.
NAME OF AGENCY:	33911	<u> </u>	ID Code SUPERVISORG
Florida Gulf Coast	Chaireatr		Conf. Code
NAME OF OFFICE OR POSITION HEL	D OR SOUGHT:		ID Code SUPERVISOR OF THE PROPERTY OF THE PROP
Board of Trustee	<u>r</u>		6 -
CHECK IF CANDIDATE OR	☐ NEW EMPLOYEE OR APPOIN	ITEE	5.
DISCLOSURE PERIOD:			
			ER BASED ON A CALENDAR YEAR OR ON
DECEMBER 31, 2001	OR SPECIFY	TAX YEAR IF OTHER THAN T	HE CALENDAR YEAR: 2000
MANNER OF CALCULATING REPORT			
PRIOR TO 2001, THE THRESHOLDS F	OR REPORTING FINANCIAL INTER	ESTS WERE COMPARATIVE, U	JSUALLY BASED ON PERCENTAGE
	REQUIRES FEWER CALCULATION		tails). PLEASE STATE BELOW WHETHER
THIS STATEMENT REFLECTS EITHER COMPARATIVE (PERCENTAGE			ALLIE TURESUOLES (see a see the st)
☐ COMPARATIVE (PERCENTAGE	1) THRESHOLDS (old method)	OR U DOLLAR V	ALUE THRESHOLDS (new method)
PART A PRIMARY SOURCES OF IN			
PART A PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME	SOU	he reporting person] RCE'S PRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
NAME OF SOURCE OF INCOME	SOU ADD	RCE'S PRESS	
NAME OF SOURCE OF INCOME	SOU ADD	RCE'S PRESS	PRINCIPAL BUSINESS ACTIVITY
NAME OF SOURCE OF INCOME	SOU ADD	RCE'S PRESS	PRINCIPAL BUSINESS ACTIVITY
NAME OF SOURCE OF INCOME	SOU ADD	RCE'S PRESS	PRINCIPAL BUSINESS ACTIVITY
NAME OF SOURCE OF INCOME R Michael Villabos, P. 7	SOU ADD F. P.O. Box 6486 F	RCE'S PRESS A Myer P. 33911	PRINCIPAL BUSINESS ACTIVITY
PART B SECONDARY SOURCES O	SOU ADD F. P.O. Box 6486 F FINCOME (Major customers, clients,	RCE'S PRESS A Myth P 33911 and other sources of income to	PRINCIPAL BUSINESS ACTIVITY
NAME OF SOURCE OF INCOME R Michael Villabos, P. 7	SOU ADD F. P.O. Box 6486 F	RCE'S PRESS A Myer P. 33911	PRINCIPAL BUSINESS ACTIVITY
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		. 200				
PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY SELATES						
			<u> </u>		Note and	
·			<u> </u>		pt/hetzanje	
·					ONS	
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR				
Sallie Mae - Student Loan		7.5. € 3×	4100	Wilkes Barre	PH 18773-4100	
0.07.5 W.T.D.C.TO. W. 0.07						
PART F — INTERESTS IN SPE						
NAME OF	BUSINESS ENTITY # 1		BUS	INESS ENTITY # 2	BUSINESS ENTITY # 3	
BUSINESS ENTITY	P. Michael Villa	Noon P.A.				
ADDRESS OF BUSINESS ENTITY	POLBOX 8486 PA VAYER PC 3		3394			
PRINCIPAL BUSINESS ACTIVITY	Low Firm					
POSITION HELD WITH ENTITY	Maa					
I OWN MORE THAN A 5%	The state of the s					
INTEREST IN THE BUSINESS NATURE OF MY	s 100% interest					
OWNERSHIP INTEREST	Washers Con	rmon stock				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE (required):	PMVelhle	Nos		DATE SIGNED (required): 7/2/02	
FILING INSTRUCTIONS:						
WHAT TO FILE		HEDE TO EII I			N TO EILE:	

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 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.

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.

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.

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.