

Please print or type your name, mailing address, agency name, and position below :

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Fullwood Reginald N

MAILING ADDRESS:

1111 Fairfax Street

Jacksonville

32209

Duval

CITY :

ZIP :

COUNTY :

Florida House of Representative

NAME OF AGENCY :

State Representative - District 13

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

35014

COMMISSION ON ETHICS
DATE RECEIVED

SEP 05 2013

PROCESSED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2012, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December, 31, 20 12 was \$ 373,160.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 142,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Ameriprise Financial (Investment Account)	78,460
Bank of America (Checking Account)	8,621
Single Family Dwelling - 8146 Broward Cove Road, Jax., FL 32218	342,000
2008 Chevy Tahoe	13,600
2006 Nissan Altima	6,400

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo Mortgage - 1 Independent Drive, Jacksonville, FL 32202	212,540
Atlantic Coast Bank - 930 University Blvd, N. Jacksonville, FL 32211	4,320

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2012 federal income tax return, including all W2's, schedules, and attachments, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

- ☐ I elect to file a copy of my 2012 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2012 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Metro North CDC, Inc.	3103 N. Main Street Jax. FL 32206	68,438
Rhino Harbor, LLC.	2050 N. University Blvd. Jax. FL 32211	14,600
Florida House of Representatives	402 S. Monroe St., Tallahassee, FL 32399	29,121

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Rhino Harbor, LLC		
ADDRESS OF BUSINESS ENTITY	2050 Univ. Blvd. N. 32211		
PRINCIPAL BUSINESS ACTIVITY	Property Dev. & Consulting		
POSITION HELD WITH ENTITY	President		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes		
NATURE OF MY OWNERSHIP INTEREST	Officer		

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

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me this _____ day of

Jan, 20 13 by Reginal N. Fullwood

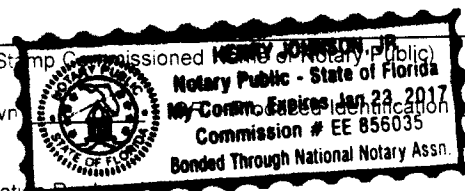
Henry Johnson Jr
 (Signature of Notary Public--State of Florida)

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp)

Personally Known

Type of Identification



FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
 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.

N

METRO-NORTH

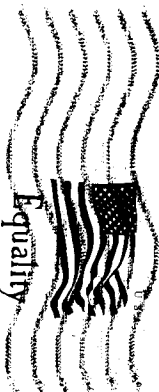
COMMUNITY DEVELOPMENT CORPORATION

3105 North Main St. / Jacksonville, FL 32206

metro@metrodc.com

JACKSONVILLE FL 320

03 SEP 2013 PM 11



Commissioner of E Hires

325 John Knox Road

Bldg. E, Suite 200

Tallahassee, FL 32303

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