

FORM 6**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTEREST****2013**Please print or type your name, mailing
address, agency name, and position below:**FOR OFFICE USE ONLY:**

LAST NAME — FIRST NAME — MIDDLE NAME:

Fullwood Reginald N

MAILING ADDRESS:

1111 Fairfax Street

CITY:

ZIP:

COUNTY:

Jacksonville

32209

Duval

NAME OF AGENCY:

Florida House of Representatives

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

State Representative - District 13

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

14 JUN 20 AM 10: 02

DIVISION OF ELECTIONS
SECRETARY OF STATE

35014

HAND DELIVERED

PROCESSED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2013, 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 13 was \$ 409,490**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 \$ 155,000**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Ameriprise Retirement Acct	86,900
Bank of America (Checking)	11,450
Single Family Dwelling - 8146 Broward Cove Road, Jax, FL 32218	342,000
2008 Chevy Tahoe	12,400
2006 Nissan Altima	5,800

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	202,800
Atlantic Coast Bank Loan - 930 University Blvd., N Jacksonville, FL 32211	1,260

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 2013 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 2013 federal income tax return and all W2's, schedules, and attachments
 (If you check this box and attach a copy of your 2013 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	72,000
Christine Cove Apartments Development, Inc.	3930 Soutel Dr. Jax., FL 32208	16,400
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			
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 E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

OATH

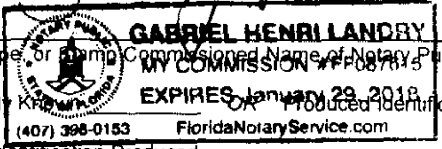
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete


 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
 COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me this 20 day of June, 2014, by Reginald Fullwood

(Signature of Notary Public--State of Florida)


 (Print, Type, or Stamp Commissioned Name of Notary Public)
 Personally Known OR Produced Identification _____
 Type of Identification Produced _____

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature _____

Date _____

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

FORM 6**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTEREST****RECEIVED 2013**

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

2014 JUN 19 PM 2:48

Fullwood Reginald N

MAILING ADDRESS:

DIVISION OF ELECTIONS
TALLAHASSEE, FL

1111 Fairfax Street

PROCESSED

CITY:

ZIP:

COUNTY:

35014

Jacksonville

32209

Duval

NAME OF AGENCY:

Florida House of Representatives

NAME OF OFFICE OR POSITION HELD OR SOUGHT

State Representative - District 13

CHECK IF THIS IS A FILING BY A CANDIDATE ☒**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2013, 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 13 was \$ 409,490**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 \$ 155,000**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Ameriprise Retirement Acct	86,900
Bank of America (Checking)	11,450
Single Family Dwelling - 8146 Broward Cove Road, Jax, FL 32218	342,000
2008 Chevy Tahoe	12,400
2006 Nissan Altima	5,800

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	202,800
Atlantic Coast Bank Loan - 930 University Blvd., N Jacksonville, FL 32211	1,260

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 2013 federal income tax return, *including all W2s, 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 2013 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2013 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	72,000
Christine Cove Apartments Development, Inc.	3930 Soutel Dr. Jax., FL 32208	16,400
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			
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 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 19th day of

JUNE 20 14 by Jacquelyn D. Boyd

(Signature of Notary Public)

JACQUELYN D. BOYD

NOTARY PUBLIC

STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)

Commission # 7711597

Expires 4/9/2018

Personally Known ☒

OR

Produced Identification ☐

Type of Identification Produced _____

[Signature]
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, Rossie Fullwood, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

[Signature]
Signature

6/16/14
Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.