

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2000

LAST NAME — FIRST NAME — MIDDLE NAME: Gaekwad Digvijay (DANNY) L.			NAME OF REPORTING PERSON'S AGENCY: Planning and Zoning		
MAILING ADDRESS: 2319 S.E. 30th Pl.			CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): <input type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> CANDIDATE <input type="checkbox"/> SPECIFIED STATE EMPLOYEE		
CITY: Ocala	ZIP: FL	COUNTY: 34471	LIST OFFICE OR POSITION HELD OR SOUGHT: Appointed member		

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

DECEMBER 31, 2000 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

PRIOR TO 2001, THE THRESHOLDS FOR REPORTING FINANCIAL INTERESTS WERE COMPARATIVE, USUALLY BASED ON PERCENTAGE VALUES. BEGINNING IN 2001, THE LEGISLATURE HAS ALLOWED FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS (old method) OR DOLLAR VALUE THRESHOLDS (new method)

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
NDS USA LLC	221 S.W 17th St ocala Fl.	Medical Billing
Express Party Deli	15 S.W 10th St ocala Fl.	Conv. Store gen. store.
KUNIAL Hotel LLC	221 S.W 17th St ocala Fl.	Hotel Corp's Investment.

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

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

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

Own House at 2319 S.E. 30th Pl. Ocala.
Own Land At 475 RD 10AcRe. ocala
office At 221 S.W 17th St Ocala.
Own Hotel Under construction at S.R. 200. Hwy 200.
7AcRe Land At <u>Lakecity FL</u>

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Bank Stock \$ 50000	Horizon Bank geA. Atlanta.
Bank Stock \$ 2000	Independent Bank, @ at Ocala.
Knowledge of assets.	

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
South Trust Bank.	S. E. 17th St. Ocala FL 34474
Independent National Bank	S.E. 17th St. Ocala FL 34474
Federally national Bank	Manatee Islands FL

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N DS USA LLC	KUNAL Hotel L.L.C.	Expens party Olat
ADDRESS OF BUSINESS ENTITY	221 S.W. 17th St ocala.	3720 S.W. College Rd. ocala	15 S.W. 17th St ocala FL
PRINCIPAL BUSINESS ACTIVITY	Medical Billing.	Hospitality.	Conv. store with gas.
POSITION HELD WITH ENTITY	President	Managing Member.	President.
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes Yes.	Yes.	Yes.
NATURE OF MY OWNERSHIP INTEREST	L.L.C.	L.L.C.	

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

SIGNATURE:



DATE SIGNED:

1/22/02

FILING INSTRUCTIONS:

WHAT 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 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.

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 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 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 your qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

Initially, each local officer, 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, 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, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.