

STATEMENT OF FINANCIAL INTERESTS

RECEIVED
 JUN 28 9 14 AM '00
 SUPERVISOR OF ELECTIONS
 FLORIDA
 COUNTY OF POLK

LAST NAME — FIRST NAME — MIDDLE NAME: 45201-70697-1
 Kyle A Kay
 Planning And Zoning Commission
 Ocala
 112 N Magnolia Avenue
 Ocala FL 34475-0000

NAME OF REPORTING PERSON'S AGENCY: _____
 CHECK ONE OF THE FOLLOWING (see CVB Must File on page 3):
 LOCAL OFFICER STATE OFFICER
 CANDIDATE SPECIFIED STATE EMPLOYEE
 LIST OFFICE OR POSITION HELD OR SOUGHT: Board 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
<u>Orlando NATIONAL Bank</u>	<u>PO Box 4060, Ocala, FL 34478</u>	<u>Commercial Bank</u>
<u>Affiliated Title of Marion</u>	<u>2303 So. 17th St., Ocala, FL 34471</u>	<u>Title Company</u>
<u>K. Sterling Corp.</u>	<u>811-03 NE 3rd Ave., Ocala FL 34470</u>	<u>Residential Rental</u>

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
<u>Sterling Properties of Ocala</u>	<u>Royal Manor Apt 12</u>	<u>2040 NE 52nd Ct., Silver Springs</u>	<u>Condo 10-2421</u>

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

<u>1st floor ONB Building</u>	<u>Suits 102, 103, 104, 101</u>
<u>2519 So. 19th Circle, Ocala, FL</u>	<u>Home</u>
<u>415-417 So 12th St., Ocala, FL</u>	
<u>227 NE 15th Terrace, Ocala, 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
Stock	ONB Financial Services
Stock / Minority ownership	K. Sterling Corp.
Stock / Half ownership	Stelling Prop. of Ocala, Inc.

PART E — LIABILITIES [Major debts]
NAME OF CREDITOR

NAME OF CREDITOR	ADDRESS OF CREDITOR
Independent Nat Bank	600. SW 17th St. Ocala, FL
Community Nat. Bank	111 S. Monroe St. Tallahassee, FL
First Nat Bank N. Cent. FL	Ocala, FL
First NCB Company	Orlando 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	Ocala National Bank	Affiliated Title Marine	Stelling Prop of Ocala
ADDRESS OF BUSINESS ENTITY	P.O. Box 4050, Ocala, FL	2303 SW 17th St. Ocala, FL	1514 SW 15th Circle Ocala
PRINCIPAL BUSINESS ACTIVITY	Commercial Bank	Title Company	Laundry Mat / Rental Prop.
POSITION HELD WITH ENTITY	RVP / Loan Officer	Limited Partner	VP
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	No	50% Yes
NATURE OF MY OWNERSHIP INTEREST			

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

SIGNATURE:

[Handwritten Signature]

DATE SIGNED:

6-27-01

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.