

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Gaekwad Digvijay Laxman L.

MAILING ADDRESS :

2319 S.E. 30th Pl.

CITY : ZIP : COUNTY :

Ocala FL. 34471 MARION

NAME OF AGENCY :

PS2 Commission

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

PS2 Commission

CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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, 2001 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 34474	Medical Billing
KARAN of Ocala Inc	15 S.W. 10th St Ocala FL 34474	COV. Stone gas Station
KUNAL Hotel L.L.C.	3720 S.W. College RD 34424	Hotel
Indoamerican National Bank	60 S.W. 17th St Ocala FL 34474	Bank Director

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' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

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

Own Resident	2319 S.E. 30th Pl. Ocala 34471
10 Acre Land on 475 RD on 91st Place.	
Hotel at 3720 S.W. College RD. Ocala FL	
Medical Billing Company office.	
COV. Stone gas Station	15 SW 10th St.

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.

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
Horizon National Bank	Bank 5000 Stock.
Nitling Decision Services PVT LTD.	299,000 Stock In Company.
EXDONS CORP (IT company)	100 Stock.
KARAN of ocala Inc	100% Stock in Corporation
NDS USA LLL	to 50% Stock In L.L.C.
Independent National Bank	100 Stock In Bank.

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR	ADDRESS OF CREDITOR
South Trust Bank	Sw 17th St. Ocala FL 34474
BANK of Florida	205 E. 17th St Ocala FL 34474
Fidelity Bank of FL	Coco Beach 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	NDS USA L.L.C.	KUNAL Hotel L.L.C.	KARAN of ocala Inc.
ADDRESS OF BUSINESS ENTITY	221 Sw 17th St Ocala.	3720 Sw college RD	conv. Stone 1900 State
PRINCIPAL BUSINESS ACTIVITY	Medical Billing.	Hotel	15 Sw 10th St ocala
POSITION HELD WITH ENTITY	President	Managing Member.	President
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	50%.	40%.	100%.
NATURE OF MY OWNERSHIP INTEREST	L.L.C.	L.L.C.	Inc.

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

SIGNATURE (required):

DATE SIGNED (required):

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/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.

WHEN TO FILE:

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.

RECEIVED
 JUL 19 10 18 AM '05
 SUPERVISOR