

FINANCIAL INTERESTS

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Gaekwad, Danny #287926

MAILING ADDRESS :
2319 SE 30th Place Office 221 S.W. 17th St.
Ocala, FL 34474

CITY : Ocala ZIP : 34471 COUNTY : Marion County

NAME OF AGENCY :
Ocala

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
PS2 Commissioner

CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

RECEIVED
2004 JUL 15 AM 11 39
SUPV OF ELECTIONS
MARION COUNTY
FLORIDA
ID. Code
Conf. Code
P. Req. Code

THIS SECTION MUST BE COMPLETED

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, 2003 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: May 31st 2004

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

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
1) Hotel, County Inn ^{10km north}	3720 S.W. Collage Rd ocala FL ³⁴⁴⁷⁴	Managing & owning Hotel
2) NDS USALL ^{10km north}	221 S.W. Collage Rd.	I.T. Company.
3) Millman Business ^{5km north} _{Communities}	Various land deals in county	Communities for profit by sales of land & other property.

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
Director. ^{7200 PL} Independent Arthur Bank	Bank Director	Ocala, FL ³⁴⁴⁷⁴	Bank ^{Community}

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

Own Resident -	2319 S.E. 30th Pl. Ocala	300K
Own Resident	2100 S.E. 73rd Loop. Ocala	850K
10 acre Resident Lot:	In Ocala	300K.
6 Acre Lane in	Lake city	1.2 million

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.

#287926

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
NDS USA LLC	50% stock of company
KUALA Hotel	11% stock of Kuala Hotel
Horizon Bank G.A.	5000 stock
Indepent Natl Bank	2000 stock
Ocala Invest. group	25% stock, 28 acre land
Premia Ocala Property	50% stock - Am south Bldg.

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Cheng Chen Bank	S.C. own personal
Indepent Natl Bank	Ocala FL
South Trust Bank	Equity Line
FL Bank	
VIDA's Master card	Various Bank card

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	County Innsuites	NDS USA LLC	Buy & sell property
ADDRESS OF BUSINESS ENTITY	3720 S.W. Collyer Rd. Ocala	221 S.W. Collyer Rd.	
PRINCIPAL BUSINESS ACTIVITY	Hotel	I.T. Services	
POSITION HELD WITH ENTITY	Owner / operator Manager	Owner / operator	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	10%	50%	
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 (required):  DATE SIGNED (required): 6/20/04

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.