

NEW

# FORM 1

# STATEMENT OF

# 2010

## FINANCIAL INTERESTS

108296588

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :  
**SAJU, NAVROZ F.**

MAILING ADDRESS :  
**5765 SW 42ND PLACE**

**OCALA, FL 34474 MARION**

CITY : ZIP : COUNTY :

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE USE ONLY:

RECEIVED  
 2011 OCT 11 PM 4:15  
 SUPERVISOR OF ELECTIONS  
 MARION COUNTY, FLORIDA  
 CEM

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.  
 CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

### \*\*BOTH PARTS OF 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 (must check one):

DECEMBER 31, 2010 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

**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 (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person]  
 (If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
HOTEL DEV.&MGT. GROUP, LLC	507 SE FORT KING ST., OCALA FL 34471	HOTEL MANAGEMENT

**PART B -- SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by the reporting person]  
 (If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE			

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person]  
 (If you have nothing to report, you must write "none" or "n/a")

Howard Johnson Ocala 3951 NW Blitchton Rd., Ocala, FL 34482
Sleep Inn & Suites Ocala 13600 SW 17th Ct. Ocala, FL 34473
Sleep Inn & Suites Wildwood 1224 S. Main St. Wildwood, FL 34785
Hampton Inn Leesburg 9630 US Highway 441, Leesburg, FL 34788
Quality Inn Titusville 3655 Cheney Highway, Titusville, FL 32780

**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.

108296588

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] (If you have nothing to report, you must write "none" or "n/a")	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
NONE	

PART E — LIABILITIES [Major debts] (If you have nothing to report, you must write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Community Bank & Trust of Florida	PO Box 1570, Ocala FL 34478
Midland Loan Services, a PNC Real Estate	PO Box 25965, Shawnee Mission, KS 66225-5965
Presidential Bank	4520 East-West Highway, Bethesda MD 20814
Alarion Bank	2510 SE Maricamp Rd., Ocala FL 34471

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] (If you have nothing to report, you must write "none" or "n/a")			
	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 F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):  DATE SIGNED (required): 10/12/2011

**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.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

**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:**  
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**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; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

**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.

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

**FINANCIAL INTERESTS**

108296588

LAST NAME -- FIRST NAME -- MIDDLE NAME :

SAJU, NAVROZ F.

FOR OFFICE USE ONLY:

MAILING ADDRESS :

5765 SW 42ND PLACE

ID Code

OCALA, FL 34474 MARION

ID No.

CITY : ZIP : COUNTY :

Conf. Code

NAME OF AGENCY :

P. Req. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

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**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")

*Continued*

- Holiday Inn Silver Springs 5360 E. Silver Springs Blvd., Silver Springs, FL 34488
- Holiday Inn Lecanto 903 East Gulf to Lake Highway, Lecanto, FL 34461
- Land corner of Brook St. & Crooks Ave., Dunnellon, FL
- Office Building 507 SE Fort King Street, Ocala, FL 34471

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**PART E — LIABILITIES** [Major debts]  
(If you have nothing to report, you must write "none" or "n/a")

*Continued*

NAME OF CREDITOR	ADDRESS OF CREDITOR
Merchants and Southern Bank	PO Box 5278, Gainesville FL 32627
GTE Federal Credit Union	PO Box 172539, Tampa FL 33672-0539
First Avenue National Bank	PO Box 3990, Ocala FL 34478
Heritage Bank of the South HBS	PO Box 50728, Albany GA 31703

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