

FORM 6

FULL AND PUBLIC DISCLOSURE OF

2010

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME

Fullwood Reginald Nekeithy

MAILING ADDRESS

2232 Ribault Scenic Drive

Jacksonville

32208

Duval

CITY

ZIP

COUNTY

NAME OF AGENCY

Florida House of Representatives

NAME OF OFFICE OR POSITION HELD OR SOUGHT

State Representative - District 15

CHECK IF THIS IS A FILING BY A CANDIDATE ☐FOR OFFICE
COMMISSION USE ONLY:
DATE RECEIVED

JUL 13 2011

ID Code

ID No

Conf Code

P Req Code

PROCESSED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2010, or a more current date [Note Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3]

My net worth as of December 31, 20 10 was \$ 387,100

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes, jewelry, collections of stamps, guns, and numismatic items; art objects, household equipment and furnishings; clothing; other household items, and vehicles for personal use

The aggregate value of my household goods and personal effects (described above) is \$ 129,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

Investment Accounts (Ameriprise)	\$43,500
Real Estate - 1487 Biscayne Grove Road, Jacksonville, FL 32218	\$55,000
2008 Chevy Tahoe	\$24,000
Bank Accounts	\$22,400
Real Estate - 8146 Broward Cove Road, Jacksonville, FL 32218	\$350,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Real Estate - 8146 Broward Cove Road, Jacksonville, FL 32218	\$224,300
2008 Chevy Tahoe	\$9,800
Credit Accounts	\$2,700

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2010 federal income tax return, including all attachments, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below

☐ I elect to file a copy of my 2010 federal income tax return [If you check this box and attach a copy of your 2010 tax return you need not complete the remainder of Part D]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Rhino Harbor, LLC	2050 University Blvd. N. Jax, FL 32211	\$46,600
Metro North CDC, Inc.	3105 N. Main Street, Jax, FL 32206	\$15,000
Florida House of Representatives	402 S. Monroe, Tallahassee, FL 32399	\$4,800

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Rhino Harbor, LLC	Biscayne Grove, LLP	
ADDRESS OF BUSINESS ENTITY	2050 Univ. Blvd. N. 32211	2955 Hartley Rd, 32256	
PRINCIPAL BUSINESS ACTIVITY	Property dev & consulting	Real estate development	
POSITION HELD WITH ENTITY	President	Partner	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	Yes	
NATURE OF MY OWNERSHIP INTEREST	Officer	Partner	

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

OATH

I, the person whose name appears at the beginning of this form do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate and complete

STATE OF FLORIDA
COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me this 11th day of

July, 20 11 by Reginald Fallwood

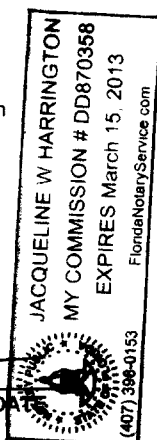
Jacqueline W Harrington
(Signature of Notary Public--State of Florida)

JACQUELINE W HARRINGTON
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE



FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
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.