

FORM 6

FULL AND PUBLIC DISCLOSURE

2020

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Melo

Lauren

Uhlich

MAILING ADDRESS:

545 9th ST NW

CITY :

Naples

ZIP :

34120

COUNTY :

Collier

NAME OF AGENCY :

Florida House of Representatives

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

State Representative, District 80

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

HAND DELIVERED

FLORIDA

COMMISSION ON ETHICS

JUL 01 2021

RECEIVED

287672

PROCESSED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2020 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 March 31, 20 21 was \$ ~~1,566,779.87~~ 1,347,579.87

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 314,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

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

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See attached.	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2020 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

- ☐ I elect to file a copy of my 2020 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2020 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
See attached		

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

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 [Instructions on page 6]

	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			

PART F - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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.

[Signature]

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA

COUNTY OF Hillsborough

Sworn to (or affirmed) and subscribed before me by means of
☒ physical presence or ☐ online notarization, this 20th day of

June, 2021 by Lauren Melo

(Signature of Notary Public--State of Florida)

Lucia Alexander

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

Personally Known _____ OR Produced Identification X

Type of Identification Produced Driver's license

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

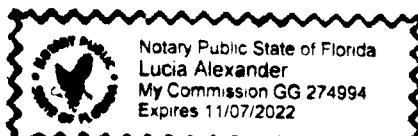
I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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





Schwab One® Account
Account Number:

Statement Period: April 1, 2021 to April 30, 2021
Page 1 of 3

Questions? Call 1 (800) 435-4000 - 24/7 Customer service
Visit us at [schwab.com/login](https://www.schwab.com/login)

Last Statement: March 31, 2021

Account Of

ROBERT TODD UHLICH &
LAUREN UHLICH MELO JT TEN
PO BOX 68
FORT MC COY FL 32134-0068

Mail To

ROBERT TODD UHLICH &
LAUREN UHLICH MELO JT TEN
PO BOX 68
FORT MC COY FL 32134-0068

Account Value Summary

Cash & Sweep Money Market Funds	\$ 0.00
Total Investments Long	\$ 131,779.87
Total Investments Short	\$ 0.00
Total Account Value	\$ 131,779.87

Change in Account Value

Starting Account Value	\$ 128,549.55
Transactions & Income	\$ 0.00
Income Reinvested	\$ 0.00
Change in Value of Investments	\$ 3,230.32
Ending Account Value	\$ 131,779.87
Year-to-Date Change in Value Since 1/1/21	\$ (7,102.94)

Commitment to Transparency

Client Relationship Summaries and Best Interest disclosures at
[Schwab.com/transparency](https://www.schwab.com/transparency)

Please see "Endnotes For Your Account" section for an explanation of the endnote codes and symbols on this statement.

SIPC has taken the position that it will not cover the balances held in your deposit accounts maintained under programs like our Bank Sweep feature.
Please see your Cash Feature Disclosure Statement for more information on insurance coverage.
04/30-00000-NRSN0901-115218 * #

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Income Summary

Description	This Period	Year to Date
Federally Taxable		
Cash Dividends		654.56
Total Income	0.00	654.56

Investment Detail

Description	Starting Balance	Ending Balance
Cash and Bank Sweep		
CASH	(654.56)	0.00
BANK SWEEP ^{X,Z}	654.56	0.00
CHARLES SCHWAB BANK	654.56	0.00

Description	Symbol	Quantity	Price	Market Value
Investments				
NEXTERA ENERGY INC	NEE	1,700.1660	77.51000	131,779.87
Total Account Value				131,779.87

Bank Sweep Activity

				Opening Balance ^{X,Z} : 654.56
Trans Date	Transaction	Description	Withdrawal	Deposit
04/01	Auto Transfer	BANK TRANSFER TO BROKERAGE	654.56	
Total Activity			654.56	0.00
				Ending Balance ^{X,Z} : 0.00

Bank Sweep: Interest rate as of 04/30/21 was 0.01%. ^Z

Endnotes For Your Account

Symbol Endnote Legend

- X Bank Sweep deposits are held at FDIC-insured bank(s) ("Banks") that are affiliated with Charles Schwab & Co., Inc.
- Z For Bank Sweep and Bank Sweep for Benefit Plans features, interest is paid for a period that differs from the Statement Period. Balances include interest paid as indicated on your statement by Schwab or one or more of its affiliated banks. These balances do not include interest that may have accrued during the Statement Period after interest is paid. The interest paid may include interest that accrued in the prior Statement Period.

For information on how Schwab pays its representatives, go to <http://www.schwab.com/compensation>.

Please see "Endnotes For Your Account" section for an explanation of the endnote codes and symbols on this statement.

Part B -- Assets

Description of Asset	Value of Asset
545 9th ST NW, Naples, FL 34120 (Primary Residence)	600,000.00
1151 E Hwy 329, Citra, FL 32113	400,000.00
Tax# 0052-018-044 NE 230th PL, Fort McCoy, FL 32134	10,000.00
Bank Account (First Florida)	52,000.00
Bank Accounts (Suncoast)	59,000.00
Charles Schwab	131,779.87
ADD:	
Household effects	149,000.00
Vehicles	165,000.00
Subtotal	314,000.00
<u>Total Assets</u>	1,566,779.87

Part C -- Liabilities

Name of Creditor Address of Creditor	Amount of Liability
USAA 10750 McDermott Freeway San Antonio, Texas 78288-0544	16,000.00

Mortgage 545 9th ST NW 26 Annavoy St, East Boston, MA
02128

200,000.00

216,000.00

ADD:

Credit card balances

\$3,200.00

Taxes owed

0

\$3,200.00

Total Liabilities

219,200.00

Net worth

1,347,579.87

Part D -- Income As of 12/31/2019

Name of Source of Income	Address of Source of Income	Amount
Florida's Realty Specialists	545 9th ST NW, Naples, FL 34120	84,830.90
Rental Property Income	545 9th ST NW, Naples, FL 34120	36,000.00
Interrity Life Annuity	400 Broadway, Cincinnati, OH 45202	4,318.20
Florida House State Legislature Salary	402 S Monroe St, Tallahassee, FL 32399	29,697.00
Total		154,846.10