FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2019

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

FOR OFFICE USE ONLY

RECEIVED
2022 JUN -2 AM 11:41
DIVISION OF ELECTIONS
TALLAHASSEE, FL

PROCESSED
HAND DELIVERED
66521

LAST NAME — FIRST NAME — MIDDLE NAME:
Gottlieb Michael

MAILING ADDRESS:
2981 West Lake Vista Circle

CITY: Davie ZIP: 33328 COUNTY: Broward

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
State Representative, District 102

CHECK IF THIS IS A FILING BY A CANDIDATE ☑

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 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 22 was $ $4,094,142.29.

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 $ 250,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See attached Form 6X Attachment	$6,107,563.08

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See attached Form 6X Attachment	$2,013,420.79

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments
[If you check this box and attach a copy of your 2019 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
Michael A. Gottlieb, P.A.	1311 SE Second Ave, FTL FL 33316	$483,259
State of Florida	400 S Monroe St, Tallahassee, FL 32399	$29,697

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	Michael A. Gottlieb, P.A.	Clean Laundry	
ADDRESS OF BUSINESS ENTITY	1311 SE Second Ave	1311 SE Second Ave	
PRINCIPAL BUSINESS ACTIVITY	Law Firm	Clothing co.	
POSITION HELD WITH ENTITY	President	President	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes, 100%	yes, 40%	
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☑ **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 OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 31st day of May 2022 by Michael Gottlieb

(Signature of Notary Public--State of Florida)

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

Notary Public State of Florida
Allison N Bond
My Commission HH 039788
Expires 03/27/2024

Personally Known ✓ OR Produced Identification

Type of Identification Produced

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 ☐

Michael Gottlieb – Form 6X Attachment

Part B-Assets

Real Property	79B Anchor Drive, Key Largo, Florida	$1,450,000
Real Property	2981 West Lake Circle, Davie, FL 33328	$1,900,000
Real Property	1627 Ski Hill Road, Breckenridge, CO 80424	$515,000
Real Property	1311 Southeast 2nd Avenue, Ft. Lauderdale, FL 33316	$400,000
Checking Account(s)	Iberia Bank – 1201 South Andrews Avenue Ft, Lauderdale, FL 33316	$8,539.16
	Raymond James Bank N.A. – 515 East Las Olas Blvd. Ft. Lauderdale, FL 33301	$2.51
Brokerage -	Amerprise – 515 East Las Olas Blvd. Raymond James - 515 East Las Olas Blvd. Ft. Lauderdale. FL	$1,018,771.01
IRA -		$334,752.98
Boat		$50,000
Coinbase		$6,000
BOA	checking acct	$4750.50
Roth IRA -	Raymond James - 515 East Las Olas Blvd. Ft. Lauderdale. FL 33301	$129,107.92
Equity in Ocean Reef Club		$235,000
Life Insurance	HANCOCK JOHN LIFE INS CO PROTECTION LIFE	$55.639
Total Assets		**$6,107,563.08**

Part C-Liabilities

Ever Bank – PO Box 530580 – Atlanta, GA 30353	$768,000.00
Iberia Bank – PO Box 53207 – Lafayette, LA 70505	$380,000
Audi Financial	$65,339
Boat Loan US Bank	$317,000
Iberia Personal line	$128,599.80
First Horizon	$482,481.99
Total Liabilities	**$2,013,420.79**
Net Worth	**$4,094,142.29**

FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2021

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

RECEIVED
DEPARTMENT OF STATE
2022 JUN -9 PM 3:50
DIVISION OF ELECTIONS
TALLAHASSEE FL

FOR OFFICE USE ONLY:

Hand Delivered

PROCESSED

66521

LAST NAME — FIRST NAME — MIDDLE NAME
Gottlieb Michael

MAILING ADDRESS:
2981 West Lake Vista Circle

CITY: Davie | ZIP: 33328 | COUNTY: Broward

NAME OF AGENCY:
State of Florida

NAME OF OFFICE OR POSITION HELD OR SOUGHT
State Representative, District 102

CHECK IF THIS IS A FILING BY A CANDIDATE ☑

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 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, 20 22 was $ 4,094,142.29.

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 $ 250,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See attached Form 6 Attachment	$6,107,563.08

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See attached Form 6 Attachment	$2,013,420.79

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 2021 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 2021 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
Michael A. Gottlieb, P.A.	1311 SE 2nd Avenue, Fort Lauderdale, 333316	$483,259
State of Florida	400 S Monroe St, Tallahassee, FL 32399	$29,697

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
Anchor ME, LLC	rental property	79B Anchor Drive, Key Largo	rental

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Anchor ME, LLC	Clean Laundry	
ADDRESS OF BUSINESS ENTITY	79 B Anchor Drive	1311 SE 2nd Avenue	
PRINCIPAL BUSINESS ACTIVITY	rental property	clothing brand	
POSITION HELD WITH ENTITY	owner	owner	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	50%	40%	
NATURE OF MY OWNERSHIP INTEREST	rental property	owner	

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 OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 3rd day of June, 2022 by Michael Gottlieb.

(Signature of Notary Public--State of Florida)

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

Notary Public State of Florida
Alison N Scott
My Commission HH 039788
Expires 08/27/2024

Personally Known ✓ OR Produced Identification

Type of Identification Produced

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 ☑

Michael Gottlieb – Form 6X Attachment

Part A- Assets

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	Raymond James Bank N.A. – 515 East Las Olas Blvd. Ft. Lauderdale, FL 33301	$2.51
Brokerage -	Amerprise – 515 East Las Olas Blvd Raymond James - 515 East Las Olas Blvd. Ft. Lauderdale. FL	$1,018,771.01
IRA -		$334,752.98
Boat		$50,000
Coinbase	checking acct	$6,000
BOA		$4750.50
Roth IRA -	Raymond James - 515 East Las Olas Blvd. Ft. Lauderdale. FL 33301	$129,107.92
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Iberia Bank – PO Box 53207 – Lafayette, LA 70505	$380,000
Audi Financial	$65,339
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