2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/23/2025

General Information

Name: Mr Lloyd Allen Roberts Jr

PID 302341

AGENCY INFORMATION

Organization	Suborganization	Title
Belleair Beach	Mayor And City Council	

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
Florida Retirement System Pension	Division of Retirement PO Box 9000 Tallahassee, FL 32315	State of Florida Pension Plan
Social Security Benefit	Social Security PO Box 67620 Wilkes-Barre, PA 18767-7620	Social Security
Fidelity Investments, IBM Retirement	Fidelity Investments 100 Magellan Way KW1C, Covington, KY 41015-1987	Retirement Plan Investing
Suncoast Credit Union	PO Box 11829 Tampa, FL 33680	Credit Union Interest
Capital One Bank	1680 Capital One Drive, McLean, VA 22102	Bank interest and investments

Filed with COE: 06/23/2025

Secondary Sources of Income

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, write “none” or “n/a”)

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
N/A

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
CD’s	Suncoast Credit Union
CD’s	Capital One Bank
Mutual Funds	TD Bank
Mutual Funds	Nationwide

Filed with COE: 06/23/2025

Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
Suncoast Credit Union	PO Box 11829, Tampa, FL 33680

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

Training

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

☐ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Filed with COE: 06/23/2025

Signature of Filer

Lloyd Allen Roberts Jr

Digitally signed: **06/23/2025**

Filed with COE: 06/23/2025