

General Information

Name: Com Michael I. Udine

PID 83395

AGENCY INFORMATION

Organization	Suborganization	Title
Broward County	Elected Constitutional Officer	County Commissioner, District 3
Broward County	Fort Lauderdale-Hollywood Airport	County Commissioner, District 3
South Florida Regional Planning Council	Board of Supervisors	Council Member

Net WorthMy Net Worth as of December 31, 2025 was \$ 12,104,000.00.

Assets

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 effect is \$ 200,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
7733 Marvanna Lane Parkland	\$ 1,900,000.00
Wells Fargo Coral Springs	\$ 30,000.00
Seacoast Bank Powerline Road (various acts)	\$ 20,000.00
Northwestern Mutual ISS Bank, Wisconsin	\$ 575,000.00
Northwestern Mutual Cash Value Various Policies	\$ 4,300,000.00
Mass Mutual Cash Value	\$ 265,000.00
IRA IBD	\$ 925,000.00
Payflex HSA Balance	\$ 44,000.00
JP Morgan Managed act various etfs and stocks	\$ 1,100,000.00
IBD Managed Account, AAPL, AMZN, BAC, BRK, CLVT, F, GOOGL, INTC, JPM, MSFT, MSOS, PFE, RH, SH TGT, UBER, WMT, XLE, XOM	\$ 625,000.00
Skybridge Klarna Fund	\$ 25,000.00
Skybridge Chime Fund	\$ 15,000.00
Aexlab Stock	\$ 50,000.00
Miami Gardens LLC Opp Zone Fund	\$ 1,300,000.00
Damalex LLC	\$ 400,000.00
Udine and Udine PA	\$ 50,000.00
FRS Pension and Investment plan	\$ 85,000.00
Microstrategy	\$ 65,000.00
KRE	\$ 65,000.00
ARKK	\$ 65,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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 2025 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 2025 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Udine and Udine PA	9900 West Sample Road, suite 201 Coral Springs FL	\$ 295,000.00
Broward County	100 Sout Andrews Avenue, Ft Laud	\$ 125,000.00
Damalex	9900 West Sample Road, suite 201 Coral Springs FL	\$ 45,000.00
Northwestern Mutual div and interest	Wisconsin	\$ 145,000.00
Mass Mutual div and interest	Wisconsin	\$ 7,500.00
Etrade Div and interest	New York New York	\$ 15,000.00
JPM Div and int	New York, New York	\$ 30,000.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
Udine and Udine	Allstate Insurance Company	Various	Insurance
Udine and Udine	Liberty Mutual Insurance Co	Various	Insurance
Udine and Udine	AFNI Insurance Company	Various	Insurance
Udine and Udine	Pearl Insurance	Various	Insurance
Udine and Udine	Nationwide	Various	Insurance

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

This section applies only to a Constitutional or elected municipal officer, 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.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Michael I. Udine

Digitally signed: 04/21/2026

Filed with COE: 04/21/2026