

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:**

LAST NAME — FIRST NAME — MIDDLE NAME:

Van Zant Jr. Charles Edward

MAILING ADDRESS:

P.O. Box 2206

Recvd 2020JUN09AM07:51

CITY :

Keystone Heights

ZIP :

32656

COUNTY :

Clay

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Superintendent of Schools

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 31 December, 20 19 was \$ 304,000.00.**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 \$ 40,000.00**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home, Magnolia Avenue, Keystone Heights FL	\$470,000.00
Home, Garden Street, Keystone Heights FL	\$210,000.00

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Cenlar Ewing NJ	\$ 420,000.00
Cenlar Ewing NJ	\$147,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
VYSTAR Credit Union, Jacksonville, FL	\$15,180.00

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
MeTEOR Education	690 NE 23rd Ave, Gainesville, FL 32609	\$100,000.00 / year
FL Army National Guard	8899 E. 56th St. Indianapolis IN 46649	\$35,000 / year

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
SituationalAwareness LLC	Multiple Clients	See Attachment	
Rental Property		Garden Street, Kesytone Hts	

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

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.

STATE OF FLORIDA

COUNTY OF

BRADFORD

Sworn to (or affirmed) and subscribed before me by means of

☒ physical presence or ☐ online notarization, this 7th day of

June 2020 by Charles E. Vanzant, Jr.

Mayone E. Carvette
(Signature of Notary Public--State of Florida)

MARJORIE R. CADYETTE

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

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 ☐

FORM 6 Extension

8 June 2020

Charles Van Zant Jr.
P.O. Box 2206
Keystone Heights FL, 32656

Continued from Part 1 A:

Saving Account: Campus USA Credit Union, Gainesville, FL.	- \$12,000.00
Checking Account, USAA, FT Worth TX	- \$19,000.00
Savings Account, USAA, FT Worth TX	- \$50,000.00

Continued from Part D:

Secondary Income:

- 1) Rental Home, 145 Garden Street, Keystone Heights FL 32656 \$1300 / Month
- 2) Personally, Owned Business, Situational Awareness, LLC \$5,000 / Month
P.O. Box 2206 Keystone Heights FL, 32656

Primary Client (more than 10%)

Brand It Agency 1175 19th Street Vero Beach, Florida 32960