INSTRUCTIONS

The information submitted will be used by the Board of Governors in considering action on your application. If appointed, please be advised that your appointment is subject to confirmation by the Florida Senate and you will be required to file an annual financial disclosure statement with the Florida Commission on Ethics.

Please type or print clearly. Please do not leave any questions blank – answer "none" or "not applicable" where appropriate.

All applications must be signed and witnessed by a Notary. Submit the original completed application via mail, email, or facsimile by the posted deadline to:

State University System of Florida, Board of Governors
325 W. Gaines Street, Suite 1614
Tallahassee, FL 32399-0400
Fax 850.245.9685 Chancellor@flbog.edu

PLEASE NOTE: any application submitted by facsimile or email must be received by the posted deadline and followed by the original signed application to above address.

EXCLUSIONS

The following conditions exclude eligibility for appointment as a University Board of Trustees member.

Registered Lobbyist: No ☑ Yes ☐ Dual Office Holding: No ☑ Yes ☐

Authority:
Section 112.313(17), Florida Statutes, prohibits any citizen member of a university board of trustees from having any employment or contractual relationship as a legislative lobbyist requiring annual registration under section 11.045, Florida Statutes.

Article II, section 5(a) of the Florida Constitution prohibits any person from holding more than one office under the government of the state, counties, and municipalities at the same time, except for certain exclusions stated therein (notary public, military officer, member of a statutory body having only advisory powers, etc.)
EXEMPTION FROM PUBLIC RECORDS

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS THAT MAY BE VIEWED UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR CERTAIN IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.

☐ Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.

IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE GENERAL COUNSEL FOR THE BOARD OF GOVERNORS.

Vikki R. Shirley  
General Counsel  
State University System of Florida, Board of Governors  
325 W. Gaines Street, Suite 1614  
Tallahassee, FL 32399-0400  
(850) 245-0466
PERSONAL INFORMATION

Name: Newton Joan Wellhouse

Date Completed: 10/18/2010

1. University Board of Interest: Are you applying for reappointment? Yes [ ] No [ ]

2. Residence Address: Jacksonville, FL 32204

3. Current Employer or Occupation: Retired

4. Specify the preferred mailing address: Business [ ] Home [ ] Fax # 904-387-2805

5. List all places of residence for the past five (5) years.

6. List all former and current residences outside of Florida that you have maintained at any time during adulthood.

7. Date of Birth: * Place of Birth: Atlanta, GA

8. Social Security No.: *

9. Driver License No: * Issuing State: Florida

*ALL INFORMATION MARKED WITH AN ASTERIK IS REQUIRED FOR CONDUCTING BACKGROUND SCREENING AND WILL BE REDACTED PRIOR TO DISTRIBUTION OF THE APPLICATION TO THE TRUSTEE NOMINATING COMMITTEE MEMBERS. REFER TO ATTACHED NOTICE ON USE OF SOCIAL SECURITY NUMBERS.
10. Have you ever been known by any other legal name? Yes☐ No☐ If “Yes” explain.
   Joan Wellhouse (maiden name)  
   Joan W. Stein (widow of Martin E. Stein, Sr.)

11. Are you a United States citizen? Yes☐ No☐ If “No” explain.

12. If you are a naturalized citizen, date of naturalization: N/A

13. Since what year have you been a continuous resident of Florida? N/A

14. Are you a registered Florida voter? Yes☐ No☐

15. Have you ever been arrested, charged, or indicted for violation of any federal, state, county or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of $150 or less was paid.) Yes☐ No☐ If “Yes” give details:
   Date  Place  Nature  Disposition

16. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes☐ No☐ If “Yes”, give details:
   Date  Nature of Violation  Disposition

17. Have you ever been suspended from any office by the Governor of the State of Florida? Yes☐ No☐ If “Yes”, list:
   Title of Office: ___________________________ Reason for Suspension: ___________________________
   Date of Suspension: _______________ Result: Reinstated☐Removed☐ Resigned☐

18. Are there any pending lawsuits against you or are you a party to a lawsuit in any court in which you are the plaintiff or defendant? Yes☐ No☐ If “yes”, what type and where?
19. Have any judgments been entered against you as a result of any civil or administrative proceeding(s)? Yes [ ] No [X] If "yes", identify the proceeding(s) that resulted in the judgment and the date the judgment was entered.

20. Are you now engaged in activities, or have you engaged in activities in the past, that will reflect unfavorably on the board to which you seek appointment? Yes [ ] No [X] If "yes", explain.

21. Have you ever been refused a fidelity, surety, performance, or other bond? Yes [ ] No [X] If "Yes", explain.

EDUCATION, LICENSURE, MEMBERSHIPS

22. Education:
   A. High School: Academy of the Holy Name, Tampa, FL Year Graduated: 1947

   B. List all postsecondary educational institutions attended:

<table>
<thead>
<tr>
<th>Name and Location</th>
<th>Date Attended</th>
<th>Certificates/Degrees Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briarcliff Junior College</td>
<td>1947-1949</td>
<td>Associate of Art</td>
</tr>
<tr>
<td>University of Wisconsin</td>
<td>1949-1950</td>
<td>None</td>
</tr>
</tbody>
</table>

23. Have you received any degree(s) or professional certification(s) related to the subject matter of this appointment? Yes [ ] No [X] If "Yes", list:

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes [ ] No [X] If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, and/or disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

<table>
<thead>
<tr>
<th>License/Certificate Title &amp; Number</th>
<th>Original Issue Date</th>
<th>Issuing Authority</th>
<th>Disciplinary Action/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 5 of 11
Rev. 8/2010
25. Identify all association memberships and association offices held by you that relate to this appointment:

<table>
<thead>
<tr>
<th>Name</th>
<th>Mailing Address</th>
<th>Office(s) Held &amp; Term</th>
<th>Date(s) of Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

26. Name any business, professional, occupational, civic, or fraternal organization(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

<table>
<thead>
<tr>
<th>Name</th>
<th>Mailing Address</th>
<th>Office(s) Held &amp; Term</th>
<th>Date(s) of Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27. Are you now, or have you within the past four (4) years, been a member of any club or organization that, to your knowledge, in practice or in policy, restricts membership or restricted membership during the time that you belonged, on the basis of race, religion, national origin or gender? Yes □ No [✓] If “yes”, detail the name and nature of the organization, relevant policies and practices, and state whether you intend to continue as a member if appointed by the Board of Governors.

---

**EMPLOYMENT HISTORY AND PROFESSIONAL BACKGROUND**

28. Concerning your current employer and for all of your employment, including self-employment, during the last five years, list your employer’s name, business address, type of business, occupation or job title, and period(s) of employment:

<table>
<thead>
<tr>
<th>Employer Name and Address</th>
<th>Type of Business</th>
<th>Occupation/Title</th>
<th>Period of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regency Centers</td>
<td>Real Estate Development</td>
<td>Chairman Emeritus</td>
<td>1997 - Present</td>
</tr>
</tbody>
</table>

29. Have you ever been employed by any state, district, or local government agency in Florida? Yes □ No [✓] If “Yes”, identify the position(s), the name(s) of the employing agency, and the period(s) of employment, and reason for leaving:

<table>
<thead>
<tr>
<th>Position</th>
<th>Employing Agency</th>
<th>Period of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
30. Have you ever been responsible or played a role in managing a business or other corporate entity? Yes [X] No [ ] “Yes”, state the name of the business, the dates of your involvement, and provide a brief description of your involvement.

Regency Centers Corp, 1963 - 1997, Chairman of the Board

31. Are you or have you ever been a member of the United States armed forces? Yes [X] No [ ] If “Yes” list:

A. Dates of service: ____________________________
B. Branch or component: ________________________
C. Date and type of discharge: ____________________

32. Do you currently hold an office or position (appointive, civil service, or other) with the Federal or any foreign government? Yes [X] No [ ] If “Yes”, please list:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

33. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes [X] No [ ] If “Yes”, list:

Title of Office: UNF Board Florida Board of Governors


Confirmation results: Confirmed

34. Have you ever been elected or appointed to any public office in this state? Yes [X] No [ ] If “Yes”, state the office title, date of election or appointment, term of office, and level of government (city, county, district or state):

<table>
<thead>
<tr>
<th>Office Title</th>
<th>Date of Election or Appointment</th>
<th>Term of Office</th>
<th>Level of Government</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If your service was on an appointed board(s), committee(s) or council(s):
A. How frequently were meetings scheduled? ____________________________
B. If you missed any of the regularly scheduled meetings, state the number of meetings attended, number missed, and the reason(s) for absence(s).

<table>
<thead>
<tr>
<th>Meetings Attended</th>
<th>Meetings Missed</th>
<th>Reason for Absence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 7 of 11
Rev. 8/2010
35. Have you ever served on any profit or not-for-profit board?  
Yes ☑ No ☐  If “Yes”, state the title, date of appointment, length of service, and provide a brief description of your involvement. 
See Attachment A

36. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five years? Yes ☑ No ☐  If “Yes”, please explain:
A. Did you receive any compensation other than reimbursement for expenses? Yes ☑ No ☐
B. Name of agency or entity you lobbied and the principals you represented:

Agency Lobbied

Agency Lobbied

Principal Represented

37. Describe your experiences and interests or elements of your personal history that qualify you for this appointment.

I have been actively involved in education and specifically, the University of North Florida for many years. My involvement has consisted of many themes, including monetary and otherwise. My experiences in contributing to a university based upon quality and with the highest standards has inspired timeless interests in adding value to the next generation with my resources and talents.

38. Describe your understanding of the role of a member of a university board of trustees.

See Attachment B

39. CONFLICT OF INTEREST

Describe any involvement with and/or relationship to the university to which you are applying (other than as a student).

Currently a University Board of Trustee

40. Have you, or any business of which you have been an owner, officer, or employee, held any employment or contractual relationship during the last four (4) years with the university to which you are seeking appointment? Yes ☑ No ☐  If “Yes”, identify:

Name of Business

Your Relationship to Business

Business' Relationship to University
Attachment A

Business:
Joan Wellhouse Newton is currently Chairman Emeritus (since 2000) and co-founder of Regency Centers Corporation, a publicly traded Real Estate Investment Trust. Mrs. Newton and her husband, Martin Stein, founded the company in 1963 and she and her son, Martin Stein, Jr., took the company public on the New York, Stock Exchange on October 28, 1993.

Boards:
- Jacksonville Branch of the Federal Reserve Bank of Atlanta from 1979 to 1983 with terms as Chairman in 1980 and 1983.
- Appointed in 1990 by former President George H.W. Bush to the National Advisory Council for Historic Preservation, and she served four years of her six-year term as Vice Chairman.
- Board of the Jacksonville Community Foundation from 2002 to 2008 where she still serves on the Finance Committee.
- Executive Board of the Bok Tower Gardens from 1997 to 2008, currently Emeritus.
- Formerly on the Boards of Jacksonville University, Jacksonville Symphony Association Jacksonville Children’s Hospital Board, The Garden Club of America, and the Jacksonville Art Museum.
Attachment B

- A trustee participates in the hiring and annual evaluation of the university president.
- A trustee is responsible for approval of the specific mission statement and strategic plan for the university.
- A trustee works to adopt regulations and policies consistent with the mission of the university.
- It is a trustee’s responsibility to preserve the institution’s independence from political, religious, or outside influence; to ensure academic freedom; and to support the President for the operation and administration of the university.
41. Have members of your immediate family (spouse, child, parent(s), sibling(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any employment or contractual relationship during the last four (4) years with the university to which you are seeking appointment? Yes [ ] No [x] If “Yes”, explain:

<table>
<thead>
<tr>
<th>Name of Business</th>
<th>Family Member’s Relationship to you</th>
<th>Family Member’s Relationship to Business</th>
<th>Business’ Relationship to University</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

42. Do you know of any reason why you will not be able to attend fully the duties of the position to which you have been or will be appointed? Yes [ ] No [x] If “yes”, explain:

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REFERENCES

43. List three persons who have known you well during the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

<table>
<thead>
<tr>
<th>Name</th>
<th>Mailing Address</th>
<th>Zip Code</th>
<th>Area Code/Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles E. Commander, III</td>
<td>One Independent Dr. #1300</td>
<td>32202</td>
<td>904-571-4707</td>
</tr>
<tr>
<td>Edward L. Baker</td>
<td>4915 Morven Road</td>
<td>32210</td>
<td>904-384-4064</td>
</tr>
<tr>
<td>A.R. (Pete) Carpenter</td>
<td>12440 Mandarin Road</td>
<td>32203</td>
<td>904-880-4020</td>
</tr>
</tbody>
</table>
CERTIFICATION

STATE OF Florida
COUNTY OF Duval

Before me, the undersigned authority, personally appeared Joan W. Newton who after being duly sworn, says: 1) that he/she has carefully prepared or read the answers to the foregoing question; 2) that the information contained in said answers is complete and true; 3) that he/she will, as an appointee, fully support the Constitutions of the United States and the State of Florida. Be it further known that in signing this document the undersigned understands that a background check by the Florida Department of Law Enforcement will be performed on all nominees who are recommended to the Florida Board of Governors and that he/she has received a copy of the Board of Governors' Statement on the Collection, Use or Release of Social Security Numbers.

Joan W. Newton

Affiant's signature

Sworn to and subscribed before me on this 20 day of October, 2010, by

__________________________

JERILYN W. BREWER
Notary Public
Commission No.: 80995877
My Commission Expires: June 9, 2014
Bonded thru Notary Public Underwriters

Personally Known ___________ OR Produced Identification ___________

Type of Identification Produced ____________________________

Rev. 8/2010
Statement on the Collection, Use, or Release of Social Security Numbers
(Master Document – Revised August 2010)

Florida law requires that public entities provide individuals with a written statement identifying the state or federal law governing the collection, use, or release of social security numbers for each purpose for which the entity collects an individual’s social security number. The collection of social security numbers by the Board of Governors is either specifically authorized by law or imperative for the performance of the Board’s responsibilities as prescribed by law and the Florida Constitution. The following list identifies the purposes for which social security numbers may be collected, used, or released, and the pertinent authority.

Applicants for University Board of Trustee Positions
- For Level 1 and level 2 criminal background checks conducted by the Florida Department of Law Enforcement for employees and/or Board appointees to university boards of trustees [Required by Fla. Admin. Code 11C-6.003 and Fla. Stat. § 119.071(5) (a) 6]
- The disclosure of the social security number is expressly required by federal or state law or a court order [Authorized by Fla. Stat. § 119.071(5) (a) 6]
- The individual expressly consents in writing to the disclosure of his or her social security number [Authorized by Fla. Stat. § 119.071(5) (a) 6]
June 14, 2011

Mr. Morteza “Mori” Hosseini  
Chair, Trustee Nominating Committee  
Mr. Frank T. Brogan, Chancellor  
Florida Board of Governors  
State University System of Florida  
325 West Gaines Street, Suite 1614  
Tallahassee, Florida 32399-0400

Dear Governor Hosseini & Chancellor Brogan:

On behalf of President Delaney, I am forwarding you the application of Mrs. Joan W. Newton for a seat on the University of North Florida Board of Trustees. Mrs. Newton has been an avid supporter of UNF and additionally, of the State University System of Florida.

Mrs. Newton has been actively involved in education and the University of North Florida for many years. Her proven record and experience mark Mrs. Newton as an ideal ambassador for this institution and to the State of Florida.

Sincerely,

Thomas S. Serwatka, Ph.D.  
Vice President and Chief of Staff