

Application for Board of Trustees Position

The information submitted will be used by the Board of Governors in considering action on your application. The questionnaire <u>MUST BE COMPLETED IN FULL</u>. Answer "none" or "not applicable" where appropriate. Completed applications should be sent to the attention of Dr. Krista Kahn, Board of Governors, 325 W. Gaines Street, Suite 1614, Tallahassee, FL 32399-0400. Please type or print.

If appointed, you will be required to file financial disclosure statements.

				2/18/09
				Date Completed
1.	Name: Kahn Last	S. First		Lawrence Middle and/or (Maiden)
2.	University Board of Interest:	Florida Internationa	University Boa	ard of Trustees
	Are you applying for reappointr	nent? Yes 🗌 No 🏻		
3.	Residence Address: Street	City		County
4.	Current Employer or Occupatio	n: <u>President and</u>	d CEO, Lowell l	Homes, Inc.
	Business Address: 80 SW 8th Street	Office#/Suite	Miami	City
	Post Office Box	33130 Suite Zip Co	de	(305)577-8550 Area Code/Phone Number
5.	SLKahn@LowellHomesInc.com E-mail Address Specify the preferred mailing a		Home [Fax # _(305)577-8650
6.	List all places of residence for the	he past five (5) years.		
	Address City and	l State	From	То
		,		
7.	List all former and current resid	lences outside of Flo	rida that you ha	ave maintained at any time
	Address City and	1 State	From	<u>To</u>

8.	Date of Birth: 8/13/46 * Place of Birth: Memphis, TN
9.	Social Security No.:*
10.	Driver License No: * Issuing State: Florida
11.	Have you ever used or been known by any other legal name? Yes \(\subseteq No \(\subseteq \) If "Yes" explain.
12.	Are you a United States citizen? Yes X No I If "No" explain.
13.	If you are a naturalized citizen, date of naturalization:
14.	Since what year have you been a continuous resident of Florida?
15.	Are you a registered Florida voter? Yes No I If "Yes" list:
	County of Registration Miami Date
16.	Education:
	A. High School: Fast High School Year Graduated: 1964 (Name and Location)
	B. List all postsecondary educational institutions attended:
	Name and Location Date Attended Certificates/Degrees Received
	Harvard University, Boston, Massachusetts 1971-72 MBA Amherst College 1964-1968 BA
	1
17.	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: $8/68-12/70$
	B. Branch or component: U.S. Navy
	C. Date and type of discharge: Honorable 12/70

<u>Date</u>	<u>Place</u>	Nature	Disposition
during the	last five years, list		mployment, including self-employme business address, type of busine
		of Business Occupation/ W 8 St., Ste. 1870, Mian	Title Period of Employment ni, Florida, Real estate developmen
President	& CEO, Founded	Lowell Homes, Inc in 198	6.
Yes 🔲 N	lo 🔀 If "Yes", ide	entify the position(s), the nad reason for leaving:	cal government agency in Florida? me(s) of the employing agency, and t Period of Employment
Yes N period(s)	lo 🔀 If "Yes", ide	entify the position(s), the na	me(s) of the employing agency, and t
Yes N period(s) Position	o N If "Yes", ide of employment, and	entify the position(s), the naid reason for leaving: Employing Agency	me(s) of the employing agency, and t
Yes N period(s) Position State your	experiences and in the language of the languag	entify the position(s), the nad reason for leaving: Employing Agency terests or elements of your particles of the Airchard	period of Employment Period of Employment personal history that qualify you for the wation Tamenter the College "Lives of Consequence
Yes Neriod(s) Position State your appointment four heave	experiences and in the Regional Chair	entify the position(s), the nad reason for leaving: Employing Agency terests or elements of your particles of the Amherst are the control of the Amherst are with a control of the amherst are also and the amherst are also anot also and the amherst are also and the amherst are also and the	period of Employment Period of Employment personal history that qualify you for the wation. Tamenter the Consequence of the Executive Comments
Yes New New Yes New Ye	experiences and in the Regional Chair and particular for the Board received any degree	entify the position(s), the nad reason for leaving: Employing Agency terests or elements of your parties of the Amherst elently served as Claumic council. In the Process of the Process	period of Employment Period of Employment Decreonal history that qualify you for the College Lives of Consequence airman of the Executive Compast completed a two year to make FIU Foundation on (s) or designation (s) including awar

Do you currently hold an office or position (appointive, civil service, or other) with the Federal any foreign government? Yes No No if "Yes", please list:
Have you ever been elected or appointed to any public office in this state? Yes No If "Yes", state the office title, date of election or appointment, term of office, and level of
government (city, county, district or state): Office Title Date of Election or Appointment PELYON City of Miami Downtown Development Authorite 1988-1995 Level of Government City
If your service was on an appointed board(s), committee(s) or council(s):
A. How frequently were meetings scheduled?
A. How frequently were meetings scheduled? Monthly 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). Meetings Attended Meetings Missed Reason for Absence Do not have records Have you ever served on any profit or not-for-profit board? Yes No I If "Yes", state the title, date of appointment, length of service, and provide a brief description your involvement. Vice Chairman of the Board of Directors of Baptist Hospital of Miami; Director, FIU/Foundati
 A. How frequently were meetings scheduled?

Board of Governors Board of Trustees Application

Page 4

28.	Describe any involvement with and/or relationship to the university to which you are applying or any other educational institution with which you are/were affiliated (other than as a student).				
	Board member, FIU Foundation Inc. Board of Directors				
	Cand Past Chairman				
	Describe your understanding of the role of a board of trustee member in ensuring the fiduciary and academic well-being of the university. Trustees pust ensure the financial viability and integrity of the University. Academic excellence and freedom must also be preserved. Trustees should oversee the strict compliance with all state and University rules and procedures.				
30.	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 \(\subseteq\) No \(\subseteq\) If "Yes", give details:				
	<u>Date</u> <u>Nature of Violation</u> <u>Disposition</u>				
31.	Have you ever been suspended from any office by the Governor of the State of Florida? Yes No No If "Yes", list:				
	Title of Office Reason for Suspension:				
	Date of suspension: Result: Reinstated _ Removed _ Resigned _				
32.	Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes No No I If "Yes", list:				
	Title of Office:				
	Term of Appointment:				
	Confirmation results:				
33.	Have you ever been refused a fidelity, surety, performance, or other bond? Yes No X If "Yes", explain:				

34.	Florida? Yes 🔀 No	If "Yes", providion (fine, probation, su	e the title and nuspension, revo	umber, original cation, and/or	ase or certificate in the State of l issue date, and issuing authority. disbarment) has ever been taken en:
	License/Certificate	Original Issue Date	Issuing	Authority	Disciplinary Action/Date
	Title & Number R <u>es.) Estate Brokes</u> BK245299	1970'5	Florida	DEFR	none
	DRATIETY				
	General Contracto	or 1970's	Porida	DEPR	none
	000 001 225				
35.	contractual or othe	r direct dealings d y in Florida, includi	uring the last ng the univers	t four (4) ye sity to which y	icer, or employee, held any ars with any state or local you have been appointed or
	Name of Business	Your Relationship	<u>to Business</u>	<u>Busi</u>	ness' Relationship to University
36.	which members of contractual or othe	your immediate fan r direct dealings d y in Florida, includ	nily have been luring the las ing the unive	n owners, off st four (4) y rsity to which plain: lember's), sibling(s)), or businesses of icers, or employees, held any ears with any state or local you have been appointed or Business' Relationship to University
37.	time during the past	five years? Yes any compensation ot	No 🔼 If "Y her than reimb	es", explain: ursement for ipals you repr	ny level of government at any expenses? Yes No sesented:

38.	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.
ć	Name Mailing Address Zip Code Area Code/Telephone Number
39.	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).
Buile	Name Mailing Address Office(s) Held & Term Date(s) of Membership Let's Association of South Florida 15225 N.W. 77th Ave President 1996-87 1975 - Present Miami, Lakes, FL 33014
40.	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 \(\subseteq \text{No \(\subseteq \text{If "yes", explain:}} \)
41.	Are you now, or have you within the past three 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.
42.	Have you ever been the object of any equal employment opportunity complaint or any civil action based upon discrimination in the work place? Yes No No is if "yes", explain and provide details of the outcome:
43.	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 No If "yes", what type and where?

44.	Have any judgments been entered against you as a result of any civil or administrative proceeding(s)? Yes No No In "yes", identify the proceeding(s) that resulted in the judgment and the date the judgment was entered.
4 5.	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 No If "yes", please explain.
46.	Is there anything that you were not questioned about in your application that you should make known to us at this time that impugns your integrity, character and fitness for the position you are seeking? Yes No No If "yes", please explain.

STATE OF FLORIDA, COUNTY OF MIGHT DADE

Before me, the undersigned authority, personally appeared S. Lawrence who after being duly sworn, say: 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 I understand that a Level 2 background check by the Florida Department of Law Enforcement will be performed on all nominees who are recommended to the Florida Board of Governors.
Affiant's signature Sworn to and subscribed before me on this S day of SUMUL200 by SANDERON NAME OF SIGNATURE OF NOTATION (signature of notary)
(typed, printed or stamped name) Notary Public Commission No.: My Commission Expires: Notary Public State of Florida Susan Serrats-Leibel My Commission DD556214 Expires 06/27/2010
Personally KnownOR Produced Identification Type of Identification Produced

MEMORANDUM

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR 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 Board of Governors State University System of Florida 325 W. Gaines Street, Suite 1614 Tallahassee, FL 32399-0400 (850) 245-0466