

# Application Form University Board of Trustees Position State University System of Florida

Name:	Lewis	Suzanne	(none)	_ Date Completed:	Sept. 10, 2012
	Last	First	Middle and/or Maiden		

## **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

<u>PLEASE NOTE:</u> 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 Trustee member.

Registered Lobbyist:	No 🛛	Yes	Dual Office Holding:	No	Yes
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#### 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.)

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## **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

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# PERSONAL INFORMATION Date Completed: Sept. 10, 2012 Are you applying for reappointment? 1. University Board of Interest: UNF Escambia 32503 2. Residence Address: 850.377.2342 850.637.1014 Cell Phone 3. Current Employer or Occupation: **Business Address:** Street Office City State Area Code/Phone Number Zip Code Post Office Box Suite slewis IIII e cox.n Home 4. Specify the preferred mailing address: Business 5. List all places of residence for the past five (5) years. City and State Address From Pensacola 71 DEC 2010 Yellowstone National 6. List all former and current residences outside of Florida that you have maintained at any time during adulthood.

Address	City and State	From	10
100 Mallard Loop	White fish, MT	Mar 2000	Feb 2002
7840 Morton Trace	Cumming, 6A	April 1997	Mar 2000
12713 Ft Caroline Rd	Jacksonville, 76	April 1990	April 1997
2100 Church St.	Christenskd USVICGI	n Islands Jan 1487	June 1988
	,		

Place of Birth: Wheeling, WVA 7. Date of Birth:

Social Security No.:

**Issuing State: Driver License No:** 

\*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.

Have you ever been k	cnown by any	other legal name?	Yes No If "Yes" explain.
Are you a United State	tes citizen?	Yes⊠No□ If "N	o" explain.
If you are a naturalization	ed citizen, dat	e of naturalization:	n/a
Since what year have	you been a co	ntinuous resident	of Florida? 2010
Are you a registered	Florida voter?	Yes No 🗌	
	ation, or ordir	nance? (Exclude tra	violation of any federal, state, county or ffic violations for which a fine or civil 'es" give details:
<u>Date</u> <u>Place</u>	<u>ce</u>	Nature	Disposition
			violation of Part III, Chapter 112, F.S., th
Date		ture of Violation	Yes No If "Yes", give details: <u>Disposition</u>
Yes ☐ No ☑ If "Yes	", list:		Governor of the State of Florida?
Title of Office:		IVE ASIT	
			Reinstated Removed Resigned

19.	proceeding(s)? Yes No 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 If "yes", explain.
21.	Have you ever been refused a fidelity, surety, performance, or other bond? Yes \( \subseteq \text{No \( \subseteq \)} \).  If "Yes", explain.
ED	UCATION, LICENSURE, MEMBERSHIPS
22.	Education:
	A. High School: Semirale High School Sanford, Fl Year Graduated: 1974  (Name and Location)
	B. List all postsecondary educational institutions attended:
	Name and Location  Date Attended  Seminole State College  1974 - 1976  Univ of West Florida  Date Attended  A.A. (Sanford, Fl)  B.A. (Pensawla, Fl)
23.	Have you received any degree(s) or professional certification(s) related to the subject matter of this appointment? Yes No If "Yes", list:  Hanlard Univ JFK School of Government, Senior Executive Training, 1998  Carneige Mellon University, Senior Executive Leadership, 1998
24.	Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes No 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:  License/Certificate Original Issue Date Issuing Authority Disciplinary Action/Date  Title & Number  Secondary Education 1978 Hate of Florida None  Teaching Certificate Bard of Education

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are now a men	ber, or of wh	sional, occupational, nich you have been a nd date(s) of your m	civic, or fraternal organiz member during the past fembership(s).	ation(s) of which you five (5) years, the
Name George Wright		ailing Address POX 65	Office(s) Held & Term Member Board	Date(s) of Membership
Secretary.		ancock, MI	of Directors	
		49930	le years	
organization to membership of gender? You	hat, to your l luring the tin es  No  , l	knowledge, in practi ne that you belonged If "yes", detail the na	(4) years, been a member of ice or in policy, restricts mid, on the basis of race, religione and nature of the organ ontinue as a member if app	embership or restricte gion, national origin o nization, relevant polic
Concerning yo	ur current en	nployer and for all o	SSIONAL BACKGR	ling self-employmen
Concerning yo during the last	ur current en five years, li	nployer and for all o	f your employment, includance, business address, ty	ding self-employment
Concerning yo during the last	ur current en five years, li ob title, and	nployer and for all o st your employer's r	f your employment, included a see that the second seeds of the second seeds of the	ling self-employmen
Concerning yo during the last occupation or j  Employer Name at allowatore N  Have you ever Yes No I	ur current en five years, li ob title, and and Address ochoral Park been employ f "Yes", ident	nployer and for all of st your employer's reperiod(s) of employ  Type of Business  Dept. of Interior  National Park Served by any state, distingtify the position(s), the state of the stat	f your employment, included a seemed, business address, typement:  Occupation/Title Superintendent Vice  Trict, or local government and name(s) of the employing	ding self-employment pe of business,  Period of Employment 2002 - 2011
Concerning yo during the last occupation or j  Employer Name at allowatore N  Have you ever Yes No I	ur current en five years, li ob title, and and Address ochoral Park been employ f "Yes", ident	nployer and for all of st your employer's reperiod(s) of employ Type of Business Dept. of Interior National Park Sex	f your employment, included ame, business address, typement:  Occupation/Title Superintendent Vice  Trict, or local government and name(s) of the employing	ding self-employment pe of business,  Period of Employment 2002 - 2011

	31. Are you or have you ever been a memb If "Yes" list:	er of the United S	States armed force	es? Yes No No
	A. Dates of service:			
	B. Branch or component:			
	C. Date and type of discharge:			
2	Do you currently hold an office or posi any foreign government? Yes No Retired from the Dept of the March 2, 2011.	If "Yes", please Intrior, N	ise list: Vational fark S	Service on
3.	3. Have you previously been appointed to Senate? Yes □ No ☒ If "Yes", list:			
3.	3. Have you previously been appointed to	any office that r	equired confirma	ation by the Florida
3.	B. Have you previously been appointed to Senate? Yes No⊠ If "Yes", list:	any office that r	equired confirma	ation by the Florida
3.	3. Have you previously been appointed to Senate? Yes No If "Yes", list:	any office that r	equired confirma	ation by the Florida
	S. Have you previously been appointed to Senate? Yes No If "Yes", list:  Title of Office:  Term of Appointment:  Confirmation results:	ed to any public o	equired confirma	ation by the Florida
	Have you previously been appointed to Senate? Yes No If "Yes", list:  Title of Office:  Term of Appointment:  Confirmation results:  Have you ever been elected or appoint If "Yes", state the office title, date of elected	ed to any public of tion or appointme):	required confirma	erention by the Florida erential Provides  The Provides American Service (1988)  The Provides American Ser
	B. Have you previously been appointed to Senate? Yes No If "Yes", list:  Title of Office:  Term of Appointment:  Confirmation results:  Have you ever been elected or appoint If "Yes", state the office title, date of elected government (city, county, district or state)	ed to any public of tion or appointme):	required confirma	erention by the Florida erential Provides  The Provides American Service (1988)  The Provides American Ser
	Senate? Yes No If "Yes", list:  Title of Office:  Term of Appointment:  Confirmation results:  Have you ever been elected or appoint If "Yes", state the office title, date of elected government (city, county, district or state)	ed to any public of tion or appointme):	required confirma	erention by the Florida erential Provides  The Provides American Service (1988)  The Provides American Ser
	B. Have you previously been appointed to Senate? Yes No If "Yes", list:  Title of Office:  Term of Appointment:  Confirmation results:  Have you ever been elected or appoint If "Yes", state the office title, date of elected government (city, county, district or state Office Title  Date of Election or Appointed both A. How frequently were meetings scheme.	ed to any public of the tion or appointment ard(s), committeed duled?	required confirma  office in this state ent, term of office,  Ferm of Office  e(s) or council(s):	Yes□ No⊠ , and level of  Level of Government
	B. Have you previously been appointed to Senate? Yes No If "Yes", list:  Title of Office:  Term of Appointment:  Confirmation results:  Have you ever been elected or appoint If "Yes", state the office title, date of election or Appoint If "Yes" and the office Title Date of Election or Appoint If your service was on an appointed both the servi	ed to any public of tion or appointment ard(s), committeed duled?	required confirma  office in this state ent, term of office,  Ferm of Office  e(s) or council(s):	Yes□ No⊠ , and level of  Level of Government

-	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.  Univ of West Florida Business Entropies Inc., 2011 Build and manage public private partnerships in support of Univ. — Univ of Florida Historic St. Augustne, Inc., 2010, Ensure long term presentation & education of state owned historic properties. — The sonoran Institute 2010, inspire & enable community decisions & public policies that regrect land and people of western North America.  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  Principals Represented
37.	Describe your experiences and interests or elements of your personal history that qualify you for this appointment.  As a 32 yr. employee of the National Park Service and Superinterdent of five(5) parks I
	dedicated my professional life to public service through preserving our nations most significant resources through policy, regulation and education. As the chief executive and leader for parks I managed the world's first National Park, a landscape the size of Conneticut, the larges eperating budget (\$35m), more than 800 employees, with more than 3.9m visitors each year. Describe your understanding of the role of a member of a university board of trustees.
	Responsible for implementing and maintaining high quality education programs consistent with the Univ. of West Florida's mission, performance evaluation and developing processes that meet state policy budgeting and education Standards in conjuction with the Univ. President, staff faculty and community.
CC	ONFLICT OF INTEREST
39.	Describe any involvement with and/or relationship to the university to which you are applying (other than as a student).  See item # 35 above. Serve on UWF Business Enterprises, Irc.
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

which men	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. If "Yes", explain:							
Name of Busi	ness	Family Member's Relationship to you	Family Member's Relationship to Busi	Business' Relationess to University	onship			
2. Do you kn which you	ow of any	reason why you will or will be appointed	not be able to attend id? Yes No If "y	fully the duties of the es", explain:	position to			
REFERENCI	ES							
			vell during the past fiv Exclude your relative					
Name Karen Wa	de -	Mailing Address POBOX 287 Fortice	Zip Code MT 59918	Area Code/Telephor				
John Wes			Play Denver CO 8					
Bannus			2 San Francisco, CA		. 9738			

Insance Lewis, September 10, 2012 Page 9 of 11

#### CERTIFICATION

STATE OF Florida COUNTY OF Escambia Before me, the undersigned authority, personally appeared Sozanna Lewis 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. Sworn to and subscribed before me on this 107th day of September 20/2, by Suzanne Lewis (signature of notary) MONIQUE R. RICHARDSON MY COMMISSION # EE 136131 (typed, printed or stamped name) EXPIRES: November 11, 2012

Notary Public

Commission No.: 136131

My Commission Expires: \\.\\. 20\2

Personally Known \_\_\_\_\_ OR Produced Identification \_

Type of Identification Produced Florida Drivers License

# 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]

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