



STATE
UNIVERSITY
SYSTEM
of FLORIDA

OFFICE OF THE
BOARD OF GOVERNORS
STATE UNIVERSITY
SYSTEM OF FLORIDA

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

Name: EDWARDS CHARLES BERKLEY Date Completed: 10/20/10
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

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 Trustee 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.)

11 NOV - 1 AM 10:11
 OFFICE OF THE
 BOARD OF GOVERNORS
 STATE UNIVERSITY
 SYSTEM OF FLORIDA

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: EDWARDS CHARLES BERKLEY Date Completed: 10/11/10
Last First Middle and/or Maiden

1. University Board of Interest: Are you applying for reappointment? Yes No
FAMU FAU FGCU FTU FSU NCF UCF UF UNF USF UWF

2. Residence Address: [REDACTED] FT. MYERS FLA 33908
Street City State County Zip Code
239-437-6487 239-565-3481
Area Code/Phone Cell Phone

3. Current Employer or Occupation: LAWYER
Business Address: 1531 HENDRY ST FT MYERS FL 33901
Street Office City State
PO Box 1605 33902 239-334-9500
Post Office Box Suite Zip Code Area Code/Phone Number
E-mail Address: charlie@7-ITATORS.COM

4. Specify the preferred mailing address: Business Home Fax # 239-334-8930

5. List all places of residence for the past five (5) years.
Address City and State From To
14581 HEADWATER BAY LN FT. MYERS FL 1998 2006
[REDACTED] FT. MYERS FL 2006 PRESENT

6. List all former and current residences outside of Florida that you have maintained at any time during adulthood.
Address City and State From To
N/A

7. Date of Birth: [REDACTED] * Place of Birth: BARTOW FL *
8. Social Security No.: [REDACTED] *
9. Driver License No: [REDACTED] * Issuing State: FL *

*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.

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? 1942

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:

<u>Date</u>	<u>Place</u>	<u>Nature</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:

<u>Date</u>	<u>Nature of Violation</u>	<u>Disposition</u>
_____	_____	_____
_____	_____	_____

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 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 No If "Yes", explain.

EDUCATION, LICENSURE, MEMBERSHIPS

22. Education:


A. High School: FT MYERS SR HIGH - FT. MYERS Year Graduated: 1960
(Name and Location)

B. List all postsecondary educational institutions attended:

<u>Name and Location</u>	<u>Date Attended</u>	<u>Certificates/Degrees Received</u>
<u>U of Fla</u>	<u>1960-65</u>	<u>BSBA</u>
<u>U of Fla</u>	<u>1965-68</u>	<u>JD</u>

23. Have you received any degree(s) or professional certification(s) related to the subject matter of this appointment? Yes No 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 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:

<u>License/Certificate Title & Number</u>	<u>Original Issue Date</u>	<u>Issuing Authority</u>	<u>Disciplinary Action/Date</u>
<u>FLA BAR</u>	<u>DELL, 1968</u>	<u>FLA SUPREME CT.</u>	<u>NONE</u>
	<u>1974</u>	<u>DEPT. OF BUS & PROF REG</u> <u>(REAL ESTATE BROKER)</u>	<u>NONE</u>

25. Identify all association memberships and association offices held by you that relate to this appointment:

N/A

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).

Name N/A Mailing Address Office(s) Held & Term Date(s) of Membership

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:

Employer Name and Address Type of Business Occupation/Title Period of Employment

SELF LAWYER

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:

Position Employing Agency Period of Employment

LAWYER THE FLORIDA SENATE
SPECIAL MAGISTRATE LEE COUNTY COMM

1969-70
2009-10

30. Have you ever been responsible or played a role in managing a business or other corporate entity? Yes No "Yes", state the name of the business, the dates of your involvement, and provide a brief description of your involvement.

7UP BOTTLING CO - V. PRES - ADVERTISING	1960-1970
BEACH MOTEL - MAN. PARTNER	1972-1980
ALLEN KNUDSEN - MAN. PARTNER	1974-1986
SNOOT BRAND P.A. PRES	1996-2002

31. Are you or have you ever been a member of the United States armed forces? Yes 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 No If "Yes", please list:

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

Title of Office: BD of REGENTS - BD of FDW
 Term of Appointment: 6 yr
 Confirmation results: Confirmed

34. 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	Term of Office	Level of Government
<u>COUNTY COMM. REP</u>	<u>1972</u>	<u>6 MONTHS</u>	
_____	_____	_____	_____
_____	_____	_____	_____

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).

Meetings Attended	Meetings Missed	Reason for Absence
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

MANY BANK BOARDS - 1972 - 2010
LEE HEATH CARE RES - 2002 - CURRENT

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

Principals Represented

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

I have spent my adult life working for Higher Education

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

To operate the University subject to BOG authority

CONFLICT OF INTEREST

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

N/A

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

N/A

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 If "Yes", explain:

<u>Name of Business</u>	<u>Family Member's Relationship to you</u>	<u>Family Member's Relationship to Business</u>	<u>Business' Relationship to University</u>
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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 If "yes", explain:

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.

<u>Name</u>	<u>Mailing Address</u>	<u>Zip Code</u>	<u>Area Code/Telephone Number</u>
JIM THOMPSON	1318 WALES DR	33901	239-939-1550
TOM SMOLT	1242 FLORIDA AVE	33901	239-334-1492
PAT GERASHTY	1320 ALCAZAR	33901	239-332-8885

CERTIFICATION

STATE OF FLORIDA

COUNTY OF LEE

Before me, the undersigned authority, personally appeared CHARLES B. EDWARDS 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.

Charles B. Edwards

Affiant's signature

Sworn to and subscribed before me on this Monday of OCTOBER, 2010, by

CHARLES B. EDWARDS



Audrey A. Grange

(signature of notary)

AUDREY A. GRANGE

(typed, printed or stamped name)

Notary Public

Commission No.:

My Commission Expires:

Personally Known OR Produced Identification

Type of Identification Produced _____

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]