



STATE  
UNIVERSITY  
SYSTEM  
of FLORIDA  
Board of Governors

OFFICE OF THE  
STATE OF GOVERNORS  
STATE UNIVERSITY  
SYSTEM OF FLORIDA

Application Form 10 OCT 12 AM 10: 22  
University Board of Trustees Position  
State University System of Florida

Name: Marchena                      Marcos                      Raul                      Date Completed: 10/08/2010  
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](mailto: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.)

## 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: Marchena Marcos Raul Date Completed: 10/08/2010  
Last First Middle and/or Maiden

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

2. Residence Address: [REDACTED] Orlando FL Orange 32825  
Street City State County Zip Code  
407-277-4291 407-592-0007  
Area Code/Phone Cell Phone

3. Current Employer or Occupation: Attorney  
Business Address: 976 Lake Baldwin Lane Orlando FL  
Street Office City State  
101 32814 407-658-8566  
Post Office Box Suite Zip Code Area Code/Phone Number  
E-mail Address: mmarchena@mgfirm.com

4. Specify the preferred mailing address: Business  Home  Fax # 407-281-8564

5. List all places of residence for the past five (5) years.  
Address [REDACTED] City and State Orlando, FL From April 2003 To Present

6. List all former and current residences outside of Florida that you have maintained at any time during adulthood.  
Address None City and State  From  To

7. Date of Birth: [REDACTED] \* Place of Birth: Cienfuegos, Cuba \*  
8. Social Security No.: [REDACTED] \*  
9. Driver License No.: [REDACTED] \* 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.

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11. Are you a United States citizen? Yes  No  If "No" explain.

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12. If you are a naturalized citizen, date of naturalization: December 3, 1981

13. Since what year have you been a continuous resident of Florida? 1971

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>
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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>
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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?

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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.

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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.

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

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### EDUCATION, LICENSURE, MEMBERSHIPS

22. Education:

A. High School: Colonial High School, Orlando, FL Year Graduated: 1977  
(Name and Location)

B. List all postsecondary educational institutions attended:

<u>Name and Location</u>	<u>Date Attended</u>	<u>Certificates/Degrees Received</u>
University of Central Florida	1977-1982	BA - Political Science
Stetson University College of Law	1982-1985	JD

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

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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 &amp; Number</u>	<u>Original Issue Date</u>	<u>Issuing Authority</u>	<u>Disciplinary Action/Date</u>
██████████	10/17/1985	Florida Bar	None
██████████	08/25/1981	Fla Real Estate Comm	None

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

Officer and Member, UCF Foundation Board of Directors.

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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).

<u>Name</u>	<u>Mailing Address</u>	<u>Office(s) Held &amp; Term</u>	<u>Date(s) of Membership</u>
Orange County Bar Assoc	880 N. Org Ave, Orlando, FL	None	1985 to Present
Hispanic Bar Assoc	PO Box 2627, Orlando, FL	None	1995 to Present
Hispanic Chamber Cen FI	315 E Robinson, Orlando, FL	None	1983 to Present

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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.

I am a member of the Cuban Club of Orlando which is a club for Cuban immigrants intended to promote the Cuban culture.

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## 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:

<u>Employer Name and Address</u>	<u>Type of Business</u>	<u>Occupation/Title</u>	<u>Period of Employment</u>
Marchena and Graham, PA	Law Firm	Attorney	1988 to Present

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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:

<u>Position</u>	<u>Employing Agency</u>	<u>Period of Employment</u>

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.  
 Marchena and Graham, P.A., 1988 to Present. Law firm. Managing Partner.

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: Florida Transportation Commission/Valencia Community College District Board of Trustees  
 Term of Appointment: 4 Years / 4 Years  
 Confirmation results: Confirmed / 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):

<u>Office Title</u>	<u>Date of Election or Appointment</u>	<u>Term of Office</u>	<u>Level of Government</u>
Planning & Zoning	1992	4 Years	County
Valencia BOT	1999 to 2003	4 Years	District
Citizens Property Ins	2002	2 Years	State
Fla Trans Comm	2004 & 2007	4 Years	State

If your service was on an appointed board(s), committee(s) or council(s):

- A. How frequently were meetings scheduled? Varied by Board - Mostly 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).

<u>Meetings Attended</u>	<u>Meetings Missed</u>	<u>Reason for Absence</u>
* See Below		
_____	_____	_____
_____	_____	_____

\* Generally did not miss more than 2 meetings per year for family vacation.

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.

UCF Foundation, 2008 to Present, New Vice Chairman  
Stepping Stone Foundation, 1997 to 2000, Board Member

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

Orange County, Florida

Orange County, Florida

Principals Represented

Waste Management, Inc. of Florida

I-Con Systems, Inc.

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

I currently serve as a Member and Officer of the UCF Foundation. I previously served as a Member of the Higher Education Funding Council and as Chairman of the Valencia Community College Board of Trustees.

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

A Trustee is responsible for reviewing and adopting policies that will ensure the University staff is able to meet the educational mission of the University. This includes policies regarding education programs, facilities, budgets and other areas too numerous to mention.

### CONFLICT OF INTEREST

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

UCF Foundation Board Member

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



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:

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**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>
Senator Mel Martinez	JP Morgan, 450 S. Orange Ave.	32801	321-558-3910
Mayor Richard Crotty	201 S. Rosalind Ave	32801	407-836-7370
Rep. Dean Cannon	1270 Orange Ave.	32789	407-623-5740

CERTIFICATION

STATE OF Florida

COUNTY OF Orange

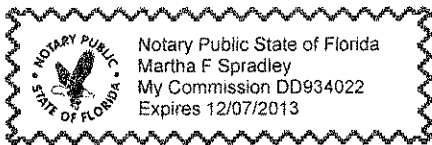
Before me, the undersigned authority, personally appeared Marcos R. Marchena who after being duly sworn, says: 1) that he/she has carefully prepared or read the answers to the foregoing question; 2) that the information contained in said answers is complete and true; 3) that he/she will, as an appointee, 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.

[Signature]  
Affiant's Signature

Sworn to and subscribed before me on this 08 day of October, 2010, by

Marcos R. Marchena

[Signature]  
(signature of notary)



Martha F. Spradley  
(typed, printed or stamped name)  
Notary Public  
Commission No.: DD934022  
My Commission Expires: 12/07/2013

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]

OFFICE OF THE  
BOARD OF GOVERNORS  
STATE UNIVERSITY  
SYSTEM OF FLORIDA

10 OCT 12 AM 10:22

MARCHENA AND GRAHAM, PA

MARCOS R. MARCHENA  
KEITH A. GRAHAM  
YOVANNIE R. STORMS

JUAN CARLOS GOMEZ  
LISA L. HARRISON  
CHRISTOPHER J. WILSON

976 LAKE BALDWIN LANE, SUITE 101  
ORLANDO, FLORIDA 32814  
TELEPHONE (407) 658-8566  
TELECOPIER (407) 281-8564  
WRITER'S E-MAIL: MMARCHENA@MGFIRM.COM  
MSPRADLEY@MGFIRM.COM

October 11, 2010

**VIA FEDERAL EXPRESS**

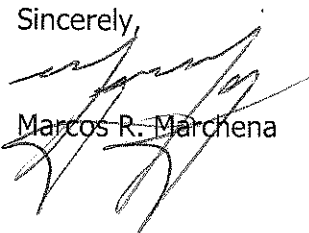
State University System of Florida,  
Board of Governors  
325 W. Gaines Street, Suite 1614  
Tallahassee, FL 32399-0400

To Whom It May Concern:

Enclosed please find my completed Application Form for the University Board of Trustees Position in connection with the University of Central Florida's Board of Trustees.

Please contact me if you have any questions or if you need any additional information.

Sincerely,



Marcos R. Marchena

Enclosure