



Application Form 10 007 | L. AM 10: 55 University Board of Trustees Position State University System of Florida

| Name: | Crofton | Meg | Gilber | ŧ | Date Completed: 10/11/10 |
|--------------------|---|--|---|---|---|
| | Last | First | Middle | and/or Maiden | |
| INSTI | RUCTIONS | | | | |
| your ap confirn | pplication. If appo | inted, pleas la Senate ar | e be advis nd you wi | sed that your a Il be required | ernors in considering action on appointment is subject to to file an annual financial |
| | type or print clearl ble" where approp | | o not leav | e any questior | ns blank - answer "none" or "not |
| applica PLEAS | tion via mail, emai State I E NOTE: any app | l, or facsimi University: 325 W Ta Tax 850.245.9 lication sub | ile by the System o V. Gaines Ilahassee 9685 mitted by | posted deadling f Florida, Board Street, Suite 1, FL 32399-040 Chancellor of facsimile or e | rd of Governors 1614 0 |
| EXCL | <u>USIONS</u> | | | | |
| The foll membe | | exclude elig | gibility for | appointment | as a University Board of Trustee |
| Registe | red Lobbyist: No | Ye | s | Dual Office | Holding: No 🗸 Yes 🗌 |
| trustees | 112.313(17), Florid | employmen | nt or contr | actual relation | ember of a university board of aship as a legislative lobbyist |

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

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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: | Crofton | Meg | Gilbert |] | Date Comp | leted: 10. | /11/10 |
|------------------------------|----------------------------|------------------|---|----------------------------|--------------|-------------------------|----------|
| | Last | First | Middle and/ | or Maiden | - | | |
| 1. Univ | ersity Board of | Interest: Are | you applying f | or reappoint | ment? Yes | No√ | |
| FAMU |] FAU FGC | CU FIU F | SU NCF | UCF 🔽 UF | | USF | UWF |
| 2. Resi | dence Address | : | M | /inter Park | FL | Orange | 32789 |
| | | Street | -4-4 | City | State | County | Zip Code |
| | | 407-644-8842 | | 17/4 | 407-719-4 | 142 | |
| | | Area Code/Pho | ne | | Cell Ph | ione | |
| 3. Curr | ent Employer | or Occupation: | President, | Walt Disney V | Vorld Resort | | |
| Busi | ness Address: | 1375 Buena Vista | Drive La | ke Buena Vist | a, FL 32830 | | |
| | | Street | Offi | ice City | S | tate | |
| | Box 10,000 | | 32830 | | | 28-2600 | |
| Post Of | ffice Box | Suite | Zip (| Code | Area Co | de/Phone N | umber |
| _ | .crofton@disney Address | .com | | | | | |
| | ll places of resi | | | s. F <u>r</u> | om_ | 407-828-4 To curi | |
| . List al durin Addres | g adulthood. | Dalt | s outside of Flo and State on, GA / Jersey | orida that yo Fro 19 | om_ | tained at To | • |
| | of Birth: | * | Place of Bir | th: San Diego | , CA | | * |

^{*}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.

| | | MINISTER | |
|------------------------------|--|-------------------------|---|
| | | | |
| Are you a U | Jnited States citizen? | Yes☑No☐ If "No" | explain. |
| | | | |
| If you are a | naturalized citizen, dat | te of naturalization: N | lot applicable |
| Since what | year have you been a co | ontinuous resident of I | Florida? 1981 |
| Are you a re | egistered Florida voter? | Yes 🗹 No 🗌 | |
| municipal l | ver been arrested, charg law, regulation, or ordin 6150 or less was paid.) | nance? (Exclude traffic | Plation of any federal, state, county o violations for which a fine or civil give details: |
| Date | <u>Place</u> | <u>Nature</u> | Disposition |
| Has probab Code of Eth | le cause ever been foun | nd that you were in vio | lation of Part III, Chapter 112, F.S., ☐ No ✓ If "Yes", give details: |
| <u>Date</u> | | ture of Violation | Disposition |
| | | | |
| Have you e | zer heen susnended fra | m any office by the Co | warner of the State of Florida? |
| Have you e Yes∐No∫ | ver been suspended from If "Yes", list: | m any office by the Go | overnor of the State of Florida? |
| YesNo_ | If "Yes", list: | | overnor of the State of Florida? or Suspension: |
| YesNo_ | If "Yes", list: | Reason fo | |

| | | | in activities in the past, that will reflect nt? Yes□No☑ If "yes", explain. |
|----------------|--|---|---|
| | ive you ever been refused a fi 'Yes", explain. | delity, surety, performar | nce, or other bond? Yes□No☑ |
| | | | |
| <u>)UC</u> | CATION, LICENSURE, | MEMBERSHIPS | |
| Ed | lucation: | | |
| A. | High School: Satellite High S | chool, Satellite Beach, FL Name and Location) | Year Graduated: 1971 |
| B. | List all postsecondary educa | ntional institutions attend | eđ: |
| | Name and Location Rollins College | <u>Date Attended</u> 1971-1973 | Certificates/Degrees Received |
| | Florida State University Florida State University | Undergrad 1974 1975 | Marketing - BS MBA |
| Ha thi — | ve you received any degree(s s appointment? Yes No | or professional certificated If "Yes", list: | ation(s) related to the subject matter of |
| Ha | orida? Yes□ No☑ If "Ye thority. If any disciplinary act | s", provide the title and r ion (fine, probation, susp | sional license or certificate in the State of number, original issue date, and issuing ension, revocation, and/or disbarment) l the type and date of the action taken: |

| 26. | Metro Orlando Economic De | rectors on Homelessness | nilton Holt - Board | | | | | | |
|-----|---|--|---|---|--|--|--|--|--|
| 26. | Orlando Health - Board of Di Central Florida Commission Metro Orlando Economic De Name any business, profe | rectors on Homelessness | | | | | | | |
| | Central Florida Commission Metro Orlando Economic De Name any business, profe | on Homelessness | > Evacutive Committee / Cha | | | | | | |
| | Name any business, profe | evelopment Commission | Evacutive Committee / Cha | Central Florida Commission on Homelessness | | | | | |
| | | | Metro Orlando Economic Development Commission - Executive Committee / Chair 2010 | | | | | | |
| | 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 See above | Mailing Address | Office(s) Held & Term | Date(s) of Membership | | | | | |
| | organization that, to your membership during the t gender? Yes No ✓ | knowledge, in prac ime that you belonge If "yes", detail the n | r (4) years, been a member tice or in policy, restricts n ed, on the basis of race, rel ame and nature of the orga continue as a member if ap | nembership or restricted igion, national origin or mization, relevant policie | | | | | |
| 28. | Concerning your current o | employer and for all list your employer's | ESSIONAL BACKG of your employment, inch name, business address, t yment: | ıding self-employment, | | | | | |
| | Employer Name and Address Walt Disney World | Type of Business Entertainment | Occupation/Title President | Period of Employment June 1, 1981 - current | | | | | |
| | P.O. Box 10,000 | Elitor tallillolle | riodiditt | dano i, too i danosie | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | WWW.nest.com/ment/ment/ment/ment/ment/ment/ment/men | | | | | | |
| | Lake Buena Vista, FL 32830 | | | | | | | | |
| | Lake Buena Vista, FL 32830 | | | | | | | | |
| | Have you ever been empl | oyed by any state, dientify the position(s), | strict, or local government the name(s) of the employi g: | | | | | | |
| | Have you ever been empl Yes □ No ☑ If "Yes", ide | oyed by any state, dientify the position(s), | the name(s) of the employing: | | | | | | |

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| | | | | |
| Are you or h If "Yes" list: | ive you ever beei | n a member of the U | nited States armed for | rces? Yes□ No☑ |
| A. Dates of s | ervice: | | | |
| | | | | |
| | | | | |
| Do you curre | ntly hold an officovernment? | ce or position (appoi Yes□ No☑ If "Yes' | ntive, civil service, or ', please list: | other) with the Feder |
| | | | | |
| | | | | |
| Have you pre Senate? Ye | viously been app s□No☑ If "Ye | pointed to any office es", list: | that required confirn | nation by the Florida |
| Have you pre Senate? Ye | viously been app s□ No☑ If "Ye : | pointed to any office es", list: | that required confirn | nation by the Florida |
| Have you pro Senate? Ye Title of Office Term of Appe | viously been app S□No☑ If "Ye : ointment: | pointed to any office es", list: | that required confirn | nation by the Florida |
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| Have you pre Senate? Ye Title of Office Term of Appe Confirmation Have you eve If "Yes", state | viously been app No If "Ye intment: results: r been elected or | pointed to any office es", list: c appointed to any puate of election or appo | that required confirn | nation by the Florida |
| Have you pre Senate? Ye Title of Office Term of Appe Confirmation Have you eve If "Yes", state | viously been app No If "Ye intment: results: r been elected on the office title, de | pointed to any office es", list: c appointed to any puate of election or appo | that required confirn | nation by the Florida |
| Have you pro Senate? Ye Title of Office Term of Appe Confirmation Have you eve If "Yes", state government (| viously been app No If "Ye intment: results: r been elected on the office title, de | pointed to any office es", list: appointed to any pure ate of election or appointed to state): | that required confirm | nation by the Florida re? Yes□ No ✓ e, and level of |
| Have you pro Senate? Ye Title of Office Term of Appe Confirmation Have you eve If "Yes", state government (| viously been app No If "Ye intment: results: r been elected on the office title, de | pointed to any office es", list: appointed to any pure ate of election or appointed to state): | that required confirm | re? Yes No |
| Have you pro Senate? Ye Title of Office Term of Appe Confirmation Have you eve If "Yes", state government (| viously been app No If "Ye intment: results: r been elected on the office title, de | pointed to any office es", list: appointed to any pure ate of election or appointed to state): | that required confirm | re? Yes No |
| Have you prosenate? Yes Title of Office Term of Appe Confirmation Have you eve If "Yes", state government (Office Title If your service | viously been apposite No No If "Yest on the office title, do not not not not not not not not not no | pointed to any office es", list: appointed to any purate of election or appointed or state): tion or Appointment | that required confirmulation of the state of | re? Yes No veramen |
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| Orlando Health 3/07 ongoing Board of Directors Metro Orlando EDC 3/07 ongoing Executive Committee (Chair 2010) Central Fla Commission on Homelessness 2/08 ongoing Board member 5. Have you ever been a registered lobbyist or have you lobbied at any level of government at at 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 7. Describe your experiences and interests or elements of your personal history that qualify you this appointment. As President of WDW, I recognize UCF's important role in the region's cultural and economic vibrancy. W for example, is the #1 employer of UCF engineering students and UCF alumni hold important positions in entertainment, HR, communications and finance divisions of the Disney Co. Personally, education has leben one of my passions and this is an opportunity for me to "give back' in a way that benefits UCF/central. 5. Describe your understanding of the role of a member of a university board of trustees. To be flduclary and a conduit between the university and community it serves. The Trustee's chief role is clarify and support the university's mission. The success of the mission depends on the Board's diligence in a number of areas, such as supporting and assessing performance of the president. The Board must a ensure adequate financial resources are provided and managed wisely. ONFLICT OF INTEREST Describe any involvement with and/or relationship to the university to which you are applyif (other than as a student). None 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∠ No∠ If "Yes", identify: Name of Business Business' Relationship to University | Metro Orlando EDC 3/07 ongoing Executive Committee (Chair 2010) Central Fla Commission on Homelessness 2/08 ongoing Board member 6. Have you ever been a registered lobbyist or have you lobbied at any level of governmentime during the past five years? Yes No If "Yes", please explain: A. Did you receive any compensation other than reimbursement for expenses? Yes B. Name of agency or entity you lobbied and the principals you represented: | |
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| CERTIFICATION | | |
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| STATE OF Florida | | |
| COUNTY OF Orange | | |
| Before me, the undersigned authority, pafter being duly sworn, says: 1) that he/foregoing question; 2) that the informat that he/she will, as an appointee, fully state of Florida. Be it further known that understands that a background check be performed on all nominees who are received a copy of the Board Release of Social Security Numbers. | ion contained in said answers support the Constitutions of the tin signing this document the young the Florida Department of I commended to the Florida Boa | is complete and true; 3) he United States and the e undersigned aw Enforcement will be rd of Governors and that |
| | Affiant's signature | |
| Sworn to and subscribed before me on t | this 12 thday of Openium | ∕ ,20 / Û, by |
| Meg Crofton. | y and the second | · · · · · · · · · · · · · · · · · · · |
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| | Commission No.: My Commission Expires: | Notary Public State of Florida Joan R Sartori My Commission DD633247 Expires 03/03/2011 |
| Personally Known OR P | roduced Identification | · · · · · · · · · · · · · · · · · · · |
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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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