



# Application Form 10 AUG 13 AM 10: 25 **University Board of Trustees Position** State University System of Florida

Name:	Suarez	Ricardo		Date Completed:	August 9, 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

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.

1,	J	O	0 11			
<u>EXCLUSIONS</u>						
The following condition member.	ns exclude	eligibility f	or appoints	nent as a Univ	ersity Board o	of Trustee
Registered Lobbyist:	No 🗸	Yes 🔲	Dual Of	fice Holding:	No 🗹	Yes
Authority: Section 112.313(17), Flor trustees from having an requiring annual registi	ny employ	ment or cor	ntractual rela	ationship as a	<i>y</i>	
Article II coction 5(a) of	f the Florie	la Constitu	tion mechibi	te any narcan	from holding	more the

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

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## PERSONAL INFORMATION

Last  niversity Board of  J FAU FGC  esidence Address		Middle and/or Mayou applying for re	aiden	mpleted: Au Yes No	
J□ FAU√ FGC			appointment?	Yes No	
	CU FIU FS	SU_NCF_ UCI			····
esidence Address			F UF UN	F USF	UWF
	:	Dacula, G.	A 30019		
	Street		City St	ate County	Zip Code
	770 614 5586		404 4:	32 7650	
	Area Code/Phon	2	C	ell Phone	
urrent Employer (	or Occupation:	Vice President,	Construction & En	gineering for A	T&T
usiness Address:	675 W Peachtree	Street NW , Atlanta,	GA		
	Street	Office	City	State	
	4512	30375	4	04 432 7650	
t Office Box	Suite	Zip Code	Are	ea Code/Phone N	lumber
s5450@att.com					
nail Address					
			F <u>rom</u> June, 2008 t	-	
81 Willow Rd, Guilfo	ord, CT		August 200	7 to June 2008	
611 Floral Valley Dr	ive, Dacula, GA		June 2002	to August 2007	
ring adulthood.		and a fiducina of devine and antique another	that you have i		-
	*	Place of Birth: '*		ate: GA	*
	usiness Address:  t Office Box s5450@att.com hail Address ecify the preferred st all places of residences 81 Willow Rd, Guilfo 611 Floral Valley Dr st all former and coring adulthood. dress one  te of Birth:	usiness Address:  4512  t Office Box Suite  s5450@att.com hail Address ecify the preferred mailing address at all places of residence for the pasters City a Dacula, GA  81 Willow Rd, Guilford, CT 611 Floral Valley Drive, Dacula, GA  at all former and current residences ring adulthood. dress City a City a Cone  te of Birth:  * cial Security No.:	usiness Address:    G75 W Peachtree Street NW , Atlanta,   Street	usiness Address:  675 W Peachtree Street NW , Atlanta, GA  Street Office City 4512 30375 4  t Office Box Suite Zip Code Are s5450@att.com hail Address ecify the preferred mailing address: Business Home Factorial Places of residence for the past five (5) years.  City and State From Dacula, GA June, 2008 to 611 Floral Valley Drive, Dacula, GA June 2002  St all former and current residences outside of Florida that you have string adulthood.  City and State From Dacula, GA June 2002  St all former and current residences outside of Florida that you have string adulthood.  City and State From Dacula State	usiness Address:    675 W Peachtree Street NW , Atlanta, GA

<sup>\*</sup>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.

	cause my father had the sa	ame name.	
Are you a	United States citizen?	Yes☑No□ If "No"	explain.
If you are a	a naturalized citizen, da	te of naturalization: _a	round May of 1988
Since what	t year have you been a c	continuous resident of	Florida? Resident of FL from 1970-200
Are you a i	registered Florida voter	? Yes□No ☑	
municipal		inance? (Exclude traffic	<b>Dilation of any federal, state, county o</b> violations for which a fine or civil ' give details:
<u>Date</u>	<u>Place</u>	<u>Nature</u>	<u>Disposition</u>
	hics for Public Officers		Disposition  Disposition
		om any office by the G	overnor of the State of Florida?
Yes No	✓ If "Yes", list:		
Yes□No Title of Off	☑ If "Yes", list:	Reason for	overnor of the State of Florida? or Suspension: Reinstated□Removed□ Resigned□

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		d.					
			d in activities in the past, that will reflect ent? Yes□No☑ If "yes", explain.				
	ive you ever been refused a fidelity 'Yes", explain.	y, surety, performa	ance, or other bond? Yes□No☑				
<u> </u>	CATION, LICENSURE, ME	EMBERSHIPS					
. Ed	Education:						
A.	High School: Miami Senior High so	chool	Year Graduated: 1982				
	(Name	and Location)					
В.	List all postsecondary education	al institutions atter	nded:				
	Name and Location	Date Attended	Certificates/Degrees Received				
	Miami Dade Community College	1982-1985	Associates in Science				
	FAU	1985-1988	Bachelors in Electrical Engineering				
	UM	1998-2001	MBA & MSIE				
thi Ma	is appointment? Yes☑ No□	If "Yes", list:	ication(s) related to the subject matter of gineering, countless leadership certificates from				
Flo	orida? Yes□ No☑ If "Yes", p thority. If any disciplinary action (	rovide the title and fine, probation, sus suing authority, sta	essional license or certificate in the State of number, original issue date, and issuing spension, revocation, and/or disbarment) ate the type and date of the action taken:  Authority Disciplinary Action/Date				

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	appointment: none							
	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).							
	•	Mailing Address	Office(s) Held & Term	Date(s) of Membership				
	CT Technology Council	Manieg 1 Met Cop	Board member	6 months (moved)				
	NSORO Foundation		Board Member	in review process				
	organization that, to your membership during the tigender? Yes No ✓ and practices, and state wl Governors.	me that you belonged, of If "yes", detail the name	on the basis of race, rel e and nature of the orga	igion, national origin o mization, relevant polici				
•	PLOYMENT HISTO  Concerning your current eduring the last five years,	mployer and for all of y list your employer's nar	our employment, inch ne, business address, t	ıding self-employment,				
•	Concerning your current eduring the last five years, occupation or job title, and	employer and for all of y list your employer's nar d period(s) of employme	our employment, inch ne, business address, t ent:	uding self-employment, ype of business,				
	Concerning your current eduring the last five years,	mployer and for all of y list your employer's nar	our employment, inch ne, business address, t	ıding self-employment,				
•	Concerning your current eduring the last five years, occupation or job title, and	employer and for all of y list your employer's nar d period(s) of employmo Type of Business	our employment, inch ne, business address, t ent: Occupation/Title	uding self-employment ype of business,  Period of Employment				
•	Concerning your current eduring the last five years, occupation or job title, and Employer Name and Address	employer and for all of y list your employer's nar d period(s) of employme Type of Business Telecommunications Telecommunications oyed by any state, distri-	our employment, inch me, business address, t ent:  Occupation/Title Vice President General Manager  ct, or local government name(s) of the employi	uding self-employment ype of business,  Period of Employment 2007- Present 2001-2007				

In my current role employees. My gr	I am responsible	of your involvemen	ıt.	Ť		
employees. My gi		a face a O OO stallage and				
<del></del>				pense budget, and 8500		
for AT&T's South	<del> </del>		<del></del>	ne and wireless network for		
	East region that	includes LA, MS, AL,	TN, KY, GA, SC, NC a	ınd Florida.		
Are you or have If "Yes" list:	you ever been	a member of the U	nited States armed f	forces? Yes No		
A. Dates of serv	ice:					
C. Date and typ	e of discharge:					
		ce or position (appo ∕es□ No☑ If "Yes		or other) with the Federal (		
Senate? Yes□	No☑ If "Yes	s", list:	•	rmation by the Florida		
Title of Office:						
Term of Appoint	tment:		NAMES AND ASSESSMENT OF THE PARTY OF THE PAR			
Confirmation res	sults:			WWW. 1944-194-194-194-194-194-194-194-194-194		
	e office title, da	ate of election or app	ublic office in this so pointment, term of off			
Office Title	Date of Elect	tion or Appointment	Term of Office	Level of Government		
		II I I I I I I I I I I I I I I I I I I	New York Control of the Property of the Control of			
	ntly were meeti	ings scheduled?	eetings, state the num	. ,		
	d any of the reg					
B. If you missed		ason(s) for absence(s	).	C		

	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. President of the Angela Garden's Homeowner's association, 1989-1991. Served as the president of the
	homeowner's association of a community of 200 homes in the North Miami Lakes area.
	Served on the Board of Directors a very brief period of time on the Connecticut Technology Council, 2008.
	In this role, I provided guidance on how to best position the State of CT to leverage emerging technologies.
	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
	Describe your experiences and interests or elements of your personal history that qualify you for this appointment.
	My family immigrated from Cuba in 1970, leaving everything behind and my parents struggled to make my li
	better. I worked from the time I was 12 to help out and had to pay for my own college education. I truly under
	stand what freedom means, the value of a good education and how that education helps one in life.
	My children are now attending UCF and FAU and it is time for me to give back to the state that helped my fa
	Describe your understanding of the role of a member of a university board of trustees.  To serve as a steering team that will help influence the future of our State Universities. We'll make decisions
	on how to most effectively utilize the resources and funding made available to the college. This board will al
	implement cost effective polocy and help implement the highest level education programs that are in line with the university's mission. I believe that with my corporate experience, I can add significant value to this team
)	NFLICT OF INTEREST  Describe any involvement with and/or relationship to the university to which you are applying (other than as a student).
	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
	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:

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<del>1</del> 1.	which members of y employment or cont	our immediate family h	ave been owners, office ng the last four (4) year	ibling(s)), or businesses of rs, or employees, held any s with the university to which
	Name of Business	Family Member's Relationship to you	Family Member's Relationship to Business	Business' Relationship to University
<b>£</b> 2.		Do you know of any reason why you will not be a which you have been or will be appointed? Yes		
RE	<u>FERENCES</u>			
<b>1</b> 3.				years. Include a current, d members of the Florida
	<u>Name</u> Oscar Primelles	Mailing Address Oscar.Primelles@mas	<u>Zip Code</u> tec.com	Area Code/Telephone Number 786-972-0427
	Wayne Trevisol	theboys2@bellsouth.n		5617160882
	Ernie Carey	ec9096@att.com	······································	(214) 464-5444

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CERTIFICATION
STATE OF Georgia
COUNTY OF Fulton
Before me, the undersigned authority, personally appeared <u>licardo</u> <u>sugrez</u> 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 10 day of August, 2010, by Michelle Brightuell.
Signature of notary)
(signature of notary)  Michelle Brightwell
(typed, printed or stamped name) Notary Public Commission No.: NA My Commission Expires: July 15, 2012
Personally Known OR Produced Identification
Гуре of Identification Produced

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