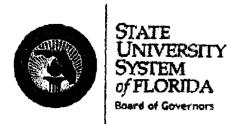
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Received 6-14-11

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Application Form

University Board of Trustees Position

State University System of Florida

Name: Wamble-King Shawn L Date Completed: 6/14/11

Niddle 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

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

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			-		_		-

Name:	Wamble-f	ang Sh	aron		Date	Completed:	6/14/11
	Last	First ل	Mic	idle and/or Ma	niden		
1. Unive	nsity Board of	Interest:	Are you app	plying for rea	appoin tm ent	? Yes No	
FAMU	FAU FGC	CU FIU	PSU :	VCF UCF	UF	UNF X USF	UWF
2. Resid	ience Address	Street			Jackso	State Coun	Duval 32225 ty Zip Code
		(904)2	20-27	12	(904) 314-	3473
		Area Code/	/Phone			Cell Phonc	
3. Curr	ent Employer	or Occupatio	on: <u>B</u>	lue Cros	s Blues	Shield Flo	orida
Busi	ness Address:	4800 D	eerwoo	o Campi	us Park	ibu Jac	Ksonville, FL
		Street		Office	City	State	•
Post Of	fice Box		Suite	Zip Code		Ares Code/Pho	ne Number
	amble @co	meast.	net	·			
E-mail	Address	" LUASU	1150				
4. Specif	y the preferre	d mailing ad	ldress: Busi	iness	Home	Fax #	
	I places of resi		e past five City and State		From		То
Addres	5			mulk, a	-	,	present
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at reth nation and define		7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
	II former and o g adulthood.	urrent resid	ences outsi	de of Florida	that you ha	ve maintaine	d at any time
Addres	_		City and State)	From		To
262	21 21st 8	treet	San to	solo Ca	. 918:	3	2/91
269	7	ad Biva		and Co-		2/91	7/2000
577	5 Mulauca	lean el	Camo	Valley C	~ 1 (A)	<u> </u>	4/2005
7. Date	of Birth:		Plas	ce of Birth:	Berkel.	ey, CA	**
8. Social	Security No.:		و کی پ	*		كسب	
9. Orive	r License No:				Issuin	g State: <u>F</u>	*
*ALL INFO	RMATION MAR	KED WITH A	N ASTER I K I	S REQUIRED	FOR CONDUC	TING BACKGR	OUND SCREENING
	LL BE REDACTI MMITTEE MEM						EE NOMINATING Y NUMBERS.

21 101013	vo amble.	- maiden nan	NL.
Are you a Un	ited States citizen?	Yes☑No☐ If "No" e.	xplain.
If you are a na	aturalized citizen, d	ate of naturalization:	
Since what ye	ar have you been a	continuous resident of Fl	orida? <u>2007</u>
Are you a reg	istered Florida vote	r? Yes No 🗆	
Have you ever	er been arrested, cha w, regulation, or ord	rged, or indicted for viol	ation of any federal, state, county violations for which a fine or civil give details:
<u>Date</u>	<u>Place</u>	Nature	<u>Disposition</u>
Code of Ethic	s for Public Officer	s and Employees? Yes	ation of Part III, Chapter 112, F.S No If "Yes", give details:
<u>Date</u>]	Nature of Violation	<u>Disposition</u>
Have you eve Yes□No 🔽	er been suspended f If "Yes", list:	rom any office by the Go	vernor of the State of Florida?
Title of Office) A	Reason for	r Suspension:
Date of Suspe	ension:	Result: Re	einstated \square Removed \square Resigned
		_	arty to a lawsuit in any court in v

19.	Have any judgments been entered against you as a result of any civil or administrative proceeding(s)? Yes Note 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 \(\subseteq \text{No} \) \(\subseteq \text{Ves}'', \text{ explain.} \)
<u>ED</u>	UCATION, LICENSURE, MEMBERSHIPS
22.	Education:
	A. High School: El Cerrito HS. El Cerrito, CA Year Graduated: 1971
	(Name and Location)
	B. List all postsecondary educational institutions attended:
	Name and Location Date Attended Certificates/Degrees Received
	Univ of the Pacific 5/71-5/75 B.SMA. Communication/Sociolo
	The state was a state of the st
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 Now 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

		p Jantonvil	
١,	Name any business, professional, occupational, civi are now a member, or of which you have been a me- organization address(es), and date(s) of your member	mber during the past:	ation(s) of which you five (5) years, the
	Name Name Mailing Address Council of Comm. Mat.	Office(s) Hold & Term Member	Date(s) of Membership
	Arthur Page South	Hember	
,	International Assoc of bus Comm.		5/07 - presen
		Member	elso - beser
	Conference Board Comm. Workgroup	EVARIDUE	us - prese
	gender? Yes No If "yes", detail the name a and practices, and state whether you intend to contin		
	Governors,	ue as a member if app	ointed by the board of
	•	ue as a member if app	oinled by the Board of
	•	nue as a member if app	ointed by the Board of
	•	ue as a member if app	ointed by the Board of
M	•		
	Governors.	ONAL BACKGR ur employment, include, business address, ty	OUND ding self-employment,
	PLOYMENT HISTORY AND PROFESS Concerning your current employer and for all of your during the last five years, list your employer's name	ONAL BACKGE ur employment, include, business address, ty t: Occupation/Title	COUND ding self-employment, pe of business, Period of Employment 12/06 - Picce
	Concerning your current employer and for all of you during the last five years, list your employer's name occupation or job title, and period(s) of employment	ONAL BACKGE ur employment, include, business address, ty	COUND ding self-employment, pe of business, Period of Employment 12/06 - Purious
	Concerning your current employer and for all of you during the last five years, list your employer's name occupation or job title, and period(s) of employment Employer Name and Address Employer Name and Address Type of Business Bueltos Bueltos Audit Florida Address Have you ever been employed by any state, district, Yes No I i "Yes", identify the position(s), the new content of the position of	ONAL BACKGR ur employment, include, business address, ty t: Occupation/Title Occupation/Title Or local government a	ding self-employment, pe of business, Period of Employment 12/06 - Pucies Strategies 1/05 - April 1/05 - A
	Concerning your current employer and for all of you during the last five years, list your employer's name occupation or job title, and period(s) of employment Employer Name and Address Type of Business Edited State Such Fonds To Such Manner Have you ever been employed by any state, district.	or local government at the (s) of the employin	ding self-employment, pe of business, Period of Employment 12/06 - Pucies Strategies 1/05 - April 1/05 - A

	entity? Yes	ZNo ☐ "Yes", state	e the name of the	business, the dates	s or other corporate of your involvement,
,	Strategix	rief description of you , Doc. Was n 12/2004	ry consul	ting from u	n c4,
	618002-	12/2004	<u> </u>		
	and the second s	and the second s			
31.	Are you or have If "Yes" list:	you ever been a me	ember of the Unit	ed States armed for	rces? Yes No D
	A. Dates of serv	vice:			
		mponent:			
		e of discharge:			
32	Do you currentl any foreign gov	ernment? Yes□	No If "Ŷes", j	olease list:	other) with the Federal o
33.	Senate? Yes	No If "Yes", lis	st:	r	nation by the Florida
	Term of Appoin	tment:			
	Confirmation re	sults:		Was a second and a	
34.	If "Yes", state th	peen elected or apporte te office title, date of y, county, district or	election or appoin		
	Office Title	Date of Election or	Appointment	Term of Office	Level of Government
	A. How frequer	vas on an appointed	cheduled?		
	number misses	a any or the regulari sed, and the reason(s	y scheduled meet s) for absence(s).	ings, state the numb	er of meetings attended,
	Meetings Atten	•	Meetings Missed	L Rea	son for Absence
		Minimum and the second			

	Association to the Preservation of En WICT Public Broadcasting, appl. 2008-p Cultural Council of Greater Jacksmood Florida Hamarid Valuersity, appt in	resent; Board member L. Ado-present; Grand member
5.	Have you ever been a registered lobbyist or have time during the past five years? Yes No A. Did you receive any compensation other than r. B. Name of agency or entity you lobbied and the pagency Lobbied	you lobbied at any level of government at any If "Yes", please explain: eimbursement for expenses? Yes No
7.	Describe your experiences and interests or elementhis appointment.	
	Thoughten involved in a signific CA, CT and FL at board levels the Community/virologogoment, fiscal and strategic enecutions	trequired leadership in greenance,
	11	
	poliformance en buring well being and students; serve as avoice to the formanial and human resources; and	
<u>(O</u>	The role involves: forg-range pl alignment of pro-pands, polikes; Dolformance; en ouring well being and students; serve as avoice to the foracial and human resources; and DNFLICT OF INTEREST	ancine essuring strategic ensuling strong financial a operate enf the instruction ficalty, staff community ensuring a dequate was performance of water tumon and h
	The role involves: firing range pl alignment of pro-parch, politics; Dolfarmance; en burns well been and Students; serve as avoice to the firancial and human resources; and DNFLICT OF INTEREST	ancine essuring strategic ensuling strong financial a operate enf the instruction ficalty, staff community ensuring a dequate was performance of water tumon and h
<u>O</u>	The role involves: fora-range places augment of pro-rands, politice; politices; politices; and students; serve as avoice to the financial and human resources; and ONFLICT OF INTEREST Describe any involvement with and/or relationsh (other than as a student).	n an owner, officer, or employee, held any the last four with the university to

	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 whi you are seeking appointment? Yes No Fig. 1. "Yes", explain:					
	Name of Business	Family Member's Relationship to you	Family Member's Relationship to Business	Business' Relationship to University		
2.			ot be able to attend fully the Yes No I if "yes", e	the duties of the position to xplain		
	Pure and Antonio and Anton					
<u>LE</u>	FERENCES					
RE 3.	List three persons v		l during the past five (5) y			
	List three persons v complete address a	nd telephone number. Ex Nailing Address 1452 Eurwagen Out	xclude your relatives and	members of the Florida wea Code/Telephone Number 51 / 204) 571 - 2238		

CERTIFICATION	
STATE OF Florida	
COUNTY OF Duval	
after being duly sworn, says: 1) that I foregoing question; 2) that the inform that he/she will, as an appointee, ful State of Florida. Be it further known understands that a background check performed on all nominees who are a he/she has received a copy of the Bo Release of Social Security Numbers.	y, personally appeared Should Wamble-King who he/she has carefully prepared or read the answers to the nation contained in said answers is complete and true; 3) ly support the Constitutions of the United States and the that in signing this document the undersigned k by the Florida Department of Law Enforcement will be recommended to the Florida Board of Governors and that and of Governors' Statement on the Collection, Use or
Sworn to and subscribed before me of	on this 14 day of June 20 11, by
Sharon Wambla-King.	
KIMBERLY A. CHANGE Notary Public, State of Florida My Comm. pyp. len. 44 2040	Kemberty A Chance (signature of notary) Kimberty A. Chance
My Comm. exp. Jan. 14, 2013 Comm. No. DD 851773	(typed, printed or stamped name) Notary Public Commission No.: My Commission Expires:

OR Produced Identification

Personally Known

Type of Identification Produced