

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

Name:	Warren	Cleve	Edward	Date Completed:	4/17/2012
	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

<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 member.	le eligibility f	for appointment as a Univ	ersity Board	d of Trustee
Registered Lobbyist: No 🗸	Yes	Dual Office Holding:	No 🗌	Yes 🗸
Authority: Section 112.313(17), Florida State trustees from having any emplo requiring annual registration un	yment or cor	ntractual relationship as a		
Article II, section 5(a) of the Flor	ida Constitu	tion prohibits any person	from holdir	ng 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

(1) ITA BOARD TERM EXPERTS S/1 2012

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

Name: Warren	Cleve	Edward	Date Com	pleted:
Last	First	Middle and/or Ma	iden	
1. University Board of	of Interest: Are you	applying for rea	nppointment? Y	es No
FAMU √ FAU FC	GCU FIU FSU	NCF UCF	UF UNF	USF UWF
2. Residence Addres	68:	Jacks	onville FL	Duval 32226
	Street	(City State	e County Zip Code
				923-3215
	Area Code/Phone	Connected Constant		Phone
3. Current Employer	-	Essential Capital		
Business Address		000	Jacksonville	FL
	Street 304	Office 32256	City (90	State 4) 398-9411
Post Office Box	Suite	Zip Code	· ·	Code/Phone Number
cleve.w@essentialo	apital.net			
E-mail Address				
4. Specify the preferre	ed mailing address:	Business 🗸	Home ✓ Fax #	(904) 398-4995
5. List all places of res	sidence for the past f	ive (5) years.		
Address Add Day Add Day	City and		From	<u>To</u>
10901 Burnt Mill Roa	ad Jacksonvi	ile, rL	6/2002	3/2012
	- 1000-1000-10			
			·	
List all former and during adulthood.	current residences o <u>r</u>	<u>itside o</u> f Florida	that you have ma	intained at any time
Address	City and		From	To
6055 Hedgerow Cir.	Clemmons	s, NC	5/1982	9/1983

7. Date of Birth:	*	Place of Birth: Ja	icksonville, FL	
8. Social Security No.:	:	*		
9. Driver License No:			* Issuing State	FL e:

^{*}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.

Are you a	United States citizen?	Yes☑No□ If "No"	explain.
If you are	a naturalized citizen, dat	e of naturalization: _	N/A
Since wha	t year have you been a co	ontinuous resident of	Florida? 1983
Are you a	registered Florida voter?	Yes 🗹 No 🗌	
municipal		nance? (Exclude traffi	olation of any federal, state, county of count
<u>Date</u>	<u>Place</u>	<u>Nature</u>	Disposition
	hics for Public Officers a		olation of Part III, Chapter 112, F.S., t s□No☑ If "Yes", give details: Disposition
	ever been suspended fro If "Yes", list:	m any office by the G	overnor of the State of Florida?
Title of Off	ice:	Reason f	or Suspension:
	spension:	Result: I	Reinstated \square Removed \square Resigned \square
Date of Su			

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	nd the date the judgn	nent was entered.		s) that resulted in the judgmen
				ties in the past, that will reflec No If "yes", explain.
	ave you ever been re "Yes", explain.	fused a fidelity, s	urety, performance, or otl	ner bond? Yes□No☑
_ DUC	CATION, LICE	NSURE, MEM	BERSHIPS	
. Ed	ducation:			
A.	High School: Wm	. M. Raines Senior F (Name and	ligh School; Jacksonville, FL Location)	Year Graduated: 1969
В.	List all postsecond	dary educational ir	nstitutions attended:	
- •				
	Name and Location		Date Attended	Certificates/Degrees Received
_,	Jacksonville Univer	sity	1988-1990	MBA
		sity Florida		•
Ha	Jacksonville Univer University of North Florida State Colle	sity Florida ge @ Jacksonville / degree(s) or prof	1988-1990 1977-1980 1975-1977 essional certification(s) re	MBA BS
Ha thi ———————————————————————————————————	Jacksonville Univer University of North Florida State Colle ave you received any is appointment? ave you held or do y orida? Yes Not thority. If any discip er been taken agains	rsity Florida ge @ Jacksonville r degree(s) or prof Yes No I f " ou hold an occupa If "Yes", proviolinary action (fine t you by the issuin	1988-1990 1977-1980 1975-1977 essional certification(s) reyes", list: ational or professional lice ide the title and number, o, probation, suspension, reg authority, state the type	MBA BS AA Plated to the subject matter of the state riginal issue date, and issuing evocation, and/or disbarment) and date of the action taken:
Hathi ————————————————————————————————————	Jacksonville Univer University of North Florida State Colle ave you received any is appointment? ave you held or do yourida? Yes Note Note 1 Note 1 Note 1 Note 1 Note 1 Note 2	rsity Florida ge @ Jacksonville r degree(s) or prof Yes No I f " ou hold an occupa If "Yes", provi	1988-1990 1977-1980 1975-1977 essional certification(s) refer a serional certification (s) refer a serional lice and number, of the probation, suspension, refer a serional lice and number, of the serion of the s	MBA BS AA Plated to the subject matter of the state of the subject matter of the subject matter of the state of the sta

appointment: None			
are now a member, o	professional, occupational r of which you have been a (es), and date(s) of your m	a member during the past	
Name Jacksonville Chamber	Mailing Address	Office(s) Held & Term Board	Date(s) of Membershi 2004-Present
Gamma Beta Boule		Board	2004-Present
Jacksonville Civic Cour	ncil	Doard	2010-Present
organization that, to membership during gender? Yes N	e you within the past four your knowledge, in practithe time that you belonged to If "yes", detail the nate whether you intend to co	ice or in policy, restricts m d, on the basis of race, reli ime and nature of the orga	nembership or restric gion, national origin nization, relevant pol
IPLOYMENT HIS	STORY AND PROFE	ESSIONAL BACKGI	ROUND
Concerning your curr during the last five yo	STORY AND PROFE ent employer and for all o ears, list your employer's r e, and period(s) of employ	f your employment, inclu name, business address, ty	ding self-employme
Concerning your curr during the last five yo	ent employer and for all o ears, list your employer's r e, and period(s) of employ ess <u>Type of Business</u>	f your employment, inclu name, business address, ty ment:	ding self-employme
Concerning your curreduring the last five you occupation or job title Employer Name and Addressential Capital Finance Have you ever been eyes No If "Yes"	ent employer and for all o ears, list your employer's r e, and period(s) of employ ess Type of Business ee, Inc Commercial Lending mployed by any state, dist	of your employment, inclustioname, business address, ty ment: Occupation/Title President trict, or local government and name(s) of the employing	ding self-employme pe of business, Period of Employment 2004-Present agency in Florida?
Concerning your curreduring the last five you occupation or job title Employer Name and Addr Essential Capital Finance Have you ever been eyes No If "Yes" period(s) of employments	ent employer and for all ogens, list your employer's re, and period(s) of employees Type of Business e, Inc. Commercial Lending mployed by any state, distinction and reason for leaving:	of your employment, inclustiname, business address, ty ment: Occupation/Title President trict, or local government and name(s) of the employing	ding self-employment pe of business, Period of Employment 2004-Present agency in Florida? ag agency, and the
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-	rief description of y			
St. Coleren, Inc	1990-1992 Econo		nent Consulting 1997-2000 Financial A	dvisony Sarvica
	•		Financial Advisory Serv	
The Flayers Gro	ap internationar, mo	2000-2000	Tillaholal Pavisory Colv	noc .
. Are you or have If "Yes" list:	e you ever been a m	nember of the	e United States armed	forces? Yes☑ No□
A. Dates of ser	vice: 1970-2000			
B. Branch or co	mponent: USAF(4)	, USAR(26)		
	pe of discharge: 12/		le Discharge	
	ly hold an office or vernment? Yes			, or other) with the Federal
Senate? Yes	No□ If "Yes", I	ist:	-	firmation by the Florida
Senate? Yes Title of Office:	☑ No□ If "Yes", I	ist: s Investment E	Board	firmation by the Florida
Senate? Yes Title of Office:	No□ If "Yes", I	ist: s Investment E	Board	firmation by the Florida
Senate? Yes Title of Office: Term of Appoin	☑ No□ If "Yes", I	ist: s Investment E	Board	firmation by the Florida
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Descripted Descripted Descripted (other description of the description	isiderable experience in the notal planning, and in strate		and non-profit sectors in organizational management and
DNFL Description (other			of a member of a university board of trustees. of the university in order to make timely decisions to effect t
Desci			s students in an environment conducive to learning
	er than as a student).		lationship to the university to which you are applyir
empl which		of which 1	nave been an owner, officer, or employee, held any
TAUTHE	ployment or contractual ch you are seeking app	l relationship du	uring the last four (4) years with the university to es□No☑ If "Yes", identify:

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41.	which members of y employment or cont	our immediate family l	have been owners, officer ling the last four (4) years	bling(s)), or businesses of s, or employees, held any with the university to which
	Name of Business	Family Member's Relationship to you	Family Member's Relationship to Business	Business' Relationship to University
			-	
1 2.			ot be able to attend fully Yes□ No☑ If "yes", ∈	the duties of the position to explain:
RE	<u>FERENCES</u>			
1 3.			ll during the past five (5) xclude your relatives and	years. Include a current, members of the Florida
	<u>Name</u> John Delaney	Mailing Address 1 UNF Drive	<u>Zip Code</u>	Area Code/Telephone Number (904) 620-1000
	Audrey Moran	800 Prudential Dr		(904) 202-4910
	Michael Blaylock	100 N. Myrtle Ave	32203	(904) 630-3176

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CERTIFICATION
STATE OF Florida
COUNTY OF Daval
Before me, the undersigned authority, personally appeared CLEVE WARREW 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.
Affiant's signature
Sworn to and subscribed before me on this 20th day of 4ptil, 2012, by
Cleve Warren.
(signature of notary)
(typed, printed or standped in Antary Public, State of Florida Notary Public Commission No.: My Commission No. DD 890409 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]

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