

FOR THE GOVERNOR'S APPOINTMENT OFFICE  
The Capitol, Tallahassee, Florida 32399-0001

The information from this page has been requested and will be used exclusively by the GOVERNOR'S OFFICE.  
Please type or use black ink.

- 1. Board of Interest: Orange County Commission
- 2. Current Employer and Occupation: Daily Graphics & Design
- 3. Are you applying for reappointment: Yes  No
- 4. \*Do you have a disability? Yes  No  If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

- 5. \*Sex: Male  Female
- 6. \*Race: White  Native-American/Alaskan Native   
Hispanic-American  Asian/Pacific Islander   
African-American

7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor.

Email address rod@dailygraphics.net

Cellular Telephone Number 321-229-1142

RODNEY E. REYNOLDS (ROD)

Applicant's Name, including name commonly used (Please print)

\* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis.

RECEIVED

MAY 3 2010

GOVERNOR'S APPOINTMENTS OFFICE

# QUESTIONNAIRE FOR GUBERNATORIAL APPOINTMENTS

The information from this questionnaire will be used by the Governor's office and, where applicable, The Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Please type or print in black ink.

5/02/10

1. Name: Reynolds Rodney Date Completed E.  
MR/MRS/MS FIRST MIDDLE/MAIDEN

2. Business Address: P.O. Box 770430 Winter Garden, FL 34777-0430  
STREET OFFICE # CITY  
FLORIDA 34777-0430 407-877-7222  
POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

3. Residence Address: 1308 Vic Kay Court ORANGE  
STREET CITY COUNTY  
FLORIDA 34787 321-225-1142  
POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

Specify the preferred mailing address: Business  Residence  Fax # 407-877-9296  
(optional)

4. A. List all your places of residence for the last five (5) years.

ADDRESS	CITY & STATE	FROM	TO
<u>1308 Vic Kay Court</u>	<u>Winter Garden, FL</u>	<u>1990</u>	<u>present</u>

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

ADDRESS	CITY & STATE	FROM	TO
<u>NONE</u>			

5. Date of Birth 3/18/57 Place of Birth: Winter Garden, Florida

6. Social Security Number: \_\_\_\_\_

7. Driver License Number: R543-925-54-095-0 Issuing State: FLORIDA

8. Have you ever used or been known by any other legal name? Yes  No  If "Yes" Explain \_\_\_\_\_

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

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

10. Since what year have you been a continuous resident of Florida? 1957

11. Are you a registered Florida voter? Yes  No  If "Yes" list:

A. County of registration: ORANGE B. Current party affiliation: TEA

12. Education

A. High School: Lakeview High School Year Graduated: 1975  
(NAME AND LOCATION)

B. List all postsecondary educational institutions attended:

<small>NAME &amp; LOCATION</small>	<small>DATES ATTENDED</small>	<small>CERTIFICATES/DEGREES RECEIVED</small>
<u>Davis Lipscomb College</u>	<u>75-80</u>	<u>B/A Business Management &amp; Economics</u>

13. Are you or have you ever been a member of the armed forces of the United States? Yes  No  If "Yes" list:

A. Dates of service: \_\_\_\_\_  
B. Branch or component: \_\_\_\_\_  
C. Date & type of discharge: \_\_\_\_\_

14. 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.) If "Yes" give details:

<small>DATE</small>	<small>PLACE</small>	<small>NATURE</small>	<small>DISPOSITION</small>
<u>NO</u>			

15. Concerning your current employer and for all of your 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.

<small>EMPLOYER'S NAME &amp; ADDRESS</small>	<small>TYPE OF BUSINESS</small>	<small>OCCUPATION/JOB TITLE</small>	<small>PERIOD OF EMPLOYMENT</small>
<u>Daily Graphics</u>	<u>Marketing collateral</u>	<u>Sales</u>	<u>21 yrs</u>

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes  No  If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

<small>POSITION</small>	<small>EMPLOYING AGENCY</small>	<small>PERIOD OF EMPLOYMENT</small>

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

previous Governorial Appointee - Jeb Bush Gov.  
Winter Green City Commission

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

Business Management Degree  
Former City Commissioner

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes  No  If "Yes", list:

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

None

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes  No  If "Yes", list:

19. A. 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, state, federal):

OFFICE TITLE	DATE OF ELECTION OR APPOINTMENT	TERM OF OFFICE	LEVEL OF GOVERNMENT
City Commissioner	May 2005	1 year	local/city

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

- (1) How frequently were meetings scheduled: Bi-Monthly
- (2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

MEETINGS ATTENDED	MEETINGS MISSED	REASON FOR ABSENCE
<u>100% Attendance</u>		

20. 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:

DATE	NATURE OF VIOLATION	DISPOSITION

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes  No  If "Yes", list:

- A. Title of office: \_\_\_\_\_ C. Reason for suspension: \_\_\_\_\_
- B. Date of suspension: \_\_\_\_\_ D. Result: Reinstated  Removed  Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

- A. Title of Office: \_\_\_\_\_
- B. Term of Appointment: \_\_\_\_\_
- C. Confirmation results: \_\_\_\_\_

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

\_\_\_\_\_

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, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

LICENSE/CERTIFICATE TITLE & NUMBER	ORIGINAL ISSUE DATE	ISSUING AUTHORITY	DISCIPLINARY ACTION DATE
<u>08342</u>	<u>06/07</u>	<u>City of Ocoee</u>	<u>None</u>

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

NAME OF BUSINESS	YOUR RELATIONSHIP TO BUSINESS	BUSINESS RELATIONSHIP TO AGENCY

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes  No  If "Yes", explain:

NAME OF BUSINESS	FAMILY MEMBER'S RELATIONSHIP TO YOU	FAMILY MEMBER'S RELATIONSHIP TO BUSINESS	BUSINESS RELATIONSHIP TO AGENCY

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

A. Did you receive any compensation other than reimbursement for expenses? Yes  No

B. Name of agency or entity you lobbied and the principal(s) you represented:

AGENCY LOBBIED	PRINCIPAL REPRESENTED

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

NAME	MAILING ADDRESS	ZIP CODE	AREA CODE/PHONE NUMBER
Mike Cliburn	7214 Chesterhill Dr.	MT. DORA, FL	32757 352-383-5749
Mike Johnson	3725 Rose of Sharon Dr.	Orlando, FL	32808 407-298-3882 (Johnson #) / 407-832-0333 (Imbriani #)
Eddie Imbriani	1316 Vic Key Court,	Winter Garden, FL	34787

28. Name any business, professional, occupational, civic, or fraternal organizations(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	MAILING ADDRESS	OFFICE(S) HELD & TERM	DATE(S) OF MEMBERSHIP
NONE			

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No  If "Yes", explain:

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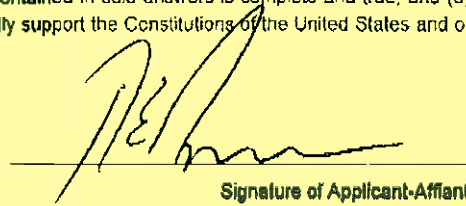
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30. If required by law or administrative rule, will you file financial disclosure statements? Yes  No

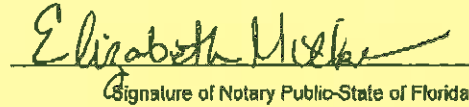
### CERTIFICATION

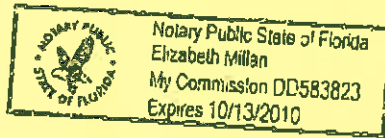
#### STATE OF FLORIDA, COUNTY OF

Before me, the undersigned Notary Public of Florida, personally appeared ROONEY E. RICHMOND who, after being duly sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

  
Signature of Applicant-Affiant

Sworn to and subscribed before me  
this 3 day of May, 2010.

  
Signature of Notary Public-State of Florida



**Elizabeth Millan**  
\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 10/13/10

Personally Known  OR Produced Identification   
Type of Identification Produced \_\_\_\_\_

(seal)

**MEMORANDUM**

AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS, WHICH MAY BE VIEWED BY ANYONE UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR 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 Public Records Law. Please indicate what section of Florida Statutes provides this in your particular situation.

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE OFFICE OF THE ATTORNEY GENERAL.**

The office of the Attorney General  
PL-01, The Capitol  
Tallahassee, Florida 32399  
(850) 487-1963