From: solodev@seminolecountyfl.gov

To: Williams, Timothy

Subject: Request for Board Appointments

Date: Friday, March 21, 2025 2:52:48 PM

Contact Information

First Name * Richard (Rick)
Middle Initial
Last Name * Donohue
Email Address * rick.donohue@hilton.com
Cell Phone Number 3308074212
Office Phone Number 4075713410
Home Phone Number

Home Address

Address * 1205 Moses Creek Court Address 2 City * Oviedo State * FL Zipcode * 32765

Work/Office Address

Address 225 Shorecrest Dr Address 2 City Altamonte Springs State FL Zipcode 32701

Employment Information

Employer Embassy Suites Orlando North Position General Manager How Long 3 years

Education

High School Ellet High, Akron, Ohio College Kent State University, Kent, Ohio

Degree Received

If you currently or have ever held a professional or business license or certificate, please provide the title, issue date and issuing authority. If any disciplinary action has been taken, please state the type and date of the action taken:

Board Interest

Please list the Boards or Committees on which you would prefer to be considered for appointment: **Tourist Development Council**Do you wish to be considered for other Boards? **yes**

Please state your experience and interests that you feel would qualify you as a candidate for appointment to the Board/Committee(s): Have served on Seminole TDT and had to resign due to taking another job outside of Seminole County. Have served as Chairman of Board of Directors of Central Pinellas Chamber of Commerce and was on the board and executive committee for 10 years

Florida law requires that members of certain boards file a detailed financial disclosure form. Would you be willing to serve on such a board? * **no**

Tell Us About Yourself

Are you a resident of Seminole County? * yes
Are you a registered voter? * yes
Do you own property in Seminole County? * yes
Have you ever served on a County Board? * yes
If yes, when and which boards(s)? Seminole County TDT

Seminole County strives to ensure that all County Boards are representative of the community. To assist in this endeavor, please check the applicable boxes:

Ethnicity * hispanic Gender * male Date Of Birth 12-18-1969

Reference 1

Name **George Glover**Address
Phone Number **813.629.4404**

Reference 2

Name **Tom Morrissette** Address Phone Number **727.584.2321**

Reference 3

Name **Joe Falanga** Address Phone Number **727.418.6492**

Certification

The Appointment Information Form, when completed and filed with the County Commission Office, is a PUBLIC RECORD under Chapter 119, Florida Statutes, and therefore is open to public inspection by any person.

[x] I understand the responsibilities associated with being a Board member, and I have adequate time to serve on the above Board(s). *