

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: 00174 Seventh Circuit Judicial Nomination Commission
2. Current Employer and Occupation: GiftCounsel.com - Attorney/Capital Fundraising
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.

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Email address danny@giftcounsel.com

Cellular Telephone Number [REDACTED]

Danny B. Berenberg

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

JUN 30 2008

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.

June 20, 2008

Date Completed

1. Name: Mr. Berenberg Danny Bob
MR./MRS./MS. LAST FIRST MIDDLE/MAIDEN

2. Business Address: 200 Executive Way, Suite 206, Ponte Vedra Beach
STREET OFFICE # CITY
Florida 32082 904-371-2611
POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

3. Residence Address: [REDACTED]
STREET CITY COUNTY
[REDACTED]
POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

Specify the preferred mailing address: Business Residence Fax # (904) 686-0252
(optional)

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

ADDRESS	CITY & STATE	FROM	TO
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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
[REDACTED]	[REDACTED]	1995	Today
[REDACTED]	[REDACTED]	1978	1995

5. Date of Birth: September 10, 1944 Place of Birth: Minneapolis, Minnesota

6. Social Security Number: [REDACTED]

7. Driver License Number: B651-162-44-330-0 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: 2000

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

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

A. County of registration: St. Johns B. Current party affiliation: Not affiliated.

12. Education

A. High School: Shattuck School, Fanbault, MN Year Graduated: 1963

(NAME AND LOCATION)

B. List all postsecondary educational institutions attended:

NAME & LOCATION	DATES ATTENDED	CERTIFICATE/DEGREE RECEIVED
<u>University of Minnesota CLA</u>	<u>1963-1967</u>	<u>BA</u>
<u>University of Minnesota Law School</u>	<u>1967-1971</u>	<u>JD</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: May 8, 1968 to April 5, 1977

B. Branch or component: USAR

C. Date & type of discharge: August 3, 1977 - Honorable

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:

DATE	PLACE	NATURE	DISPOSITION
<u>N/A</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.

EMPLOYER'S NAME & ADDRESS	TYPE OF BUSINESS	OCCUPATION/JOB TITLE	PERIOD OF EMPLOYMENT
<u>GiftCounsel.com</u>	<u>Law & Fundraising</u>	<u>Managing Partner</u>	<u>Since 2000</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:

POSITION	EMPLOYING AGENCY	PERIOD OF EMPLOYMENT

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

I am a licensed attorney licensed to practice before the U.S. Supreme Court and other federal courts. I am also licensed in Minnesota. I am also a Certified Fund Raiser - FC 19353.

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:

Juris Doctorate, University of Minnesota, 1971.

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

Minnesota Human Rights Award

Omar Bondorud Human Rights Award

Teamsters Law Enforcement Recognition Award

American Honor Spirit Medal

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

American Bar Association

Minnesota Bar Association

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

Jacksonville Convention Center Commission

2007

1 year

City of Jacksonville

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

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

MEETINGS ATTENDED	MEETINGS MISSED	REASON FOR ABSENCE
N/A		

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
PC19353	2001	Fla. Dept. of Agriculture	None

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
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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
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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
The Hon. John Peyton, Mayor, City of Jacksonville	117 W. Duval St., Jacksonville, FL 32202	32202	(904) 630-2701
Mr. Carl Cannon, Publisher, Florida Times-Union	1 Riverside Ave., Jacksonville, FL 32202	32202	(904) 359-4151
Ms. Ginger Baldwin	648 SW Bryant Ave., Stuart, FL 34994	34994	(722) 747-1166

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
Jacksonville Symphony Orchestra Board		Board Member	2002 - Present
Jacksonville Zoo Board		Board Member	2002 - Present
Visit Jacksonville		Board Member	2006 - Present

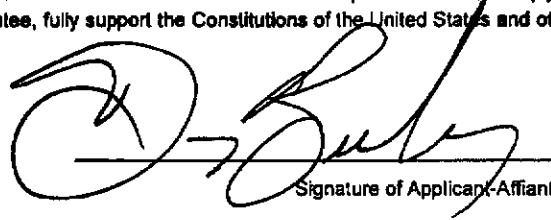
29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes No If "Yes", explain:

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

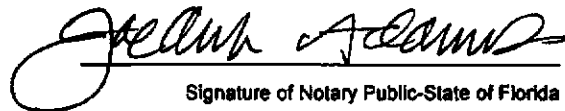
CERTIFICATION

STATE OF FLORIDA, COUNTY OF

Before me, the undersigned Notary Public of Florida, personally appeared Danny Berenberg, 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 27 day of June, 2008


Signature of Notary Public-State of Florida



JoAnn ADAMS
(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 12/02/08

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