MARION COUNTY BOARD OF COUNTY COMMISSIONERS

APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

| APPLICATION DATE: 6/3/25 BOARD NAME: 10 VV 13+ Development Council |
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| Name: Occupation: If Retired, previous occupation: Address: City: Phone#: E-mail Address: Separate State: Separate State: Address: Address: |
| MAILING ADDRESS (If different from residence): |
| Address: |
| City: State: ZIP: |
| If yes, please submit a signed Marion County Public Records Act Exempt Form (available upon request). What is your preferred form of communication? Phone Mail Email The following data is collected in accordance with Florida Statute, Section 760.80, for the purpose of statistical reporting and ensuring compliance with diversity and inclusion guidelines. Your responses will be kept confidential and will not affect your application. |
| Gender: Male Prefer not to disclose |
| Physically Disabled: Yes No X Prefer not to disclose |
| Race: African-American Native-American Caucasian X Other Hispanic/Latino Asian -American Prefer not to disclose |
| Are you a registered voter? Yes X No |
| Do you own homestead property in Marion County? Yes No |
| Are you employed by Marion County or have relatives that are Marion County employees? Yes No If yes, please provide position, department and/or relationship to County employee and their position/department |
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| Do you currently work for an entity or agency that either receives funding from, or has a contract with the County to perform services? Yes No |
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| Are you, your spouse, or children, currently an officer, director, or partner in any entity or agency that receives funding from, or has a contract with the county? Yes No |
| If yes, please submit a signed FORM 4a - Disclosure of Business Transaction, Relationship, or Interest. (Available upon request). |
| Have you been convicted (including a withholding of adjudication), pled guilty or pled to a Nolo Contendere (no contest) to a misdemeanor or felony (including a criminal traffic violation)? Yes No |
| A 'YES' answer will not automatically disqualify you from serving on an advisory board. The nature, severity, and date of the offense will be considered in relation to the position. If unsure about the details of a criminal case, contact the relevant agency to ensure accuracy when reporting your history. Failure to do so may result in removal from the board. If you answered 'YES,' please provide details. You may use an additional sheet if needed. |
| WHY DO YOU DESIRE TO SERVE ON THIS/THESE BOARDS? (Include current or previous work experience; community involvement; interests/activities) |
| Too Afformed |
| SERVING ON OTHER BOARDS |
| Do you currently serve on any other boards in Florida, or are you an elected or appointed state, county (Marion County or other county) or municipal ("city") office holder? Yes No |
| Have you ever served on a City or County advisory board? Yes No |
| |
| REFERENCES - Please list three (3) personal and/or business references (PLEASE DO NOT USE COMMISSIONERS or COUNTY ADMINISTRATION STAFF as REFERENCES) |
| Name: Phone Number: BS 2 6 8 6 9 11 Email: Hilly S m & Add Lagran |
| Name: Phone Number: Fen Daley |
| Name: Fric Churchi) Phone Number: Fric Churchi) Phone Number: Fric Churchi) |
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| INITIAL: I authorize Marion County to contact my references and I understand that all statements made on this |
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| application may be verified by Marion County. |
| INITIAL: I understand the responsibilities associated with being a board member, and I have adequate time to serve |
| if appointed. |
| INITIAL: I agree to complete training within six (6) months from the date of my appointment. |
| INITIAL: I understand that submitting this application makes all provided information public record, subject to disclosure under applicable laws unless exempt under Florida Statute 119.071. I confirm the accuracy of all details provided and their suitability for public release. |
| By signing this application, I certify that the information I provided in this application is true and correct, and that any misstatements or material omissions on my application may result in my removal from my appointed position. |
| SIGN: 10/3/25 |
| PRINT: Proh Larkin |
| RECEIVED BY BCC: |
| |

This application will be kept on file for a period of one year from date of receipt by the Board of County Commissioners.

RETURN FORM TO:

MARION COUNTY BOARD OF COUNTY COMMISSIONERS 601 SE 25th Avenue, Ocala, FL 34471 Or via email to: Commissionadmin@marionfl.org

PLEASE CALL THE COMMISSION OFFICE AT (352) 438-2323 IF YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION.

Rich Larkin

General Manager Hilton Ocala 3600 SW 36th Ave Ocala, FL 34474 rlarkin@hilton.com (352) 873-6440

Date: October 3, 2025

To:

Marion County Board of County Commissioners 601 SE 25th Ave Ocala, FL 34471

Dear Commissioners,

I am writing to express my interest in serving the remainder of the unexpired term on the Marion County Board of Commissioners. As the General Manager of the Hilton Ocala and Area Vice President with Meyer Jabara Hotels, I have had the privilege of contributing to the growth and vitality of our local economy through hospitality leadership and community service.

Marion County's tourism industry is a cornerstone of our economic development, generating over \$6.4 million annually in Tourist Development Tax (TDT) revenue. This 4% bed tax, collected from overnight stays, funds essential services such as infrastructure, parks, and public safety—while reducing the tax burden on residents. Tourism now contributes more than \$1 billion in annual economic impact, supports over 11,000 jobs, and generates \$300 million in wages and salaries. The Hilton Ocala plays a central role in this ecosystem, hosting equestrian events, conferences, and leisure travelers who directly contribute to this revenue stream.

In addition to my professional experience, I am deeply committed to serving our community through nonprofit leadership. I am honored to serve on the board of **Hospice of Marion County**, where we provide compassionate end-of-life care and support to families across the region. I also actively support **United Way of Marion County**, particularly the Strong Families initiative, which empowers families to achieve stability and self-sufficiency.

These roles have given me a unique perspective on the challenges and opportunities facing our county—from economic development and workforce readiness to healthcare access and social support. I believe my background in strategic planning, fiscal management, and community engagement can contribute meaningfully to the Board's mission.

I respectfully request your consideration for this appointment. I am eager to serve Marion County with integrity, collaboration, and a deep commitment to the well-being of our residents and the prosperity of our region.

Warm regards,

Rich Larkin

Area Vice President/General Manager, Hilton Ocala Board Member, Hospice of Marion County Supporter, United Way of Marion County