| Park: Homosassa Springs Wildlife State Park | Date: | 2/20/2018 |
|--|---------------------|-------------|
| Concessionaire Name: Cape Leisure Homosassa, LLC | | |
| Period Covered: From 1/1/2018 | To_ | 1/31/2018 |
| Gross Sales | | |
| Sales Location(s): Multiple | | \$74,242.15 |
| If there are multiple point of sale locations, please include the total sales for all line; and, list the name and total sales of each location on an attached second s | locations sheet. | on this |
| Subcontractor(s): None | + | 0 |
| Subcontractor is defined in paragraph 11 of this Agreement. If there are muliple subcontractors, please include the total gross sales for all subcontractors on this the name and total gross sales of each subcontractor on an attached second state. | is line; an | d, list |
| Total Taxes Collected: | | \$4,132.85 |
| Total Funds from Concessionaire Employee Food Consumption: | - = | \$0.00 |
| Total Customer Refunds: # of Refunds: | | \$0.00 |
| Total Gross Sales | = | \$70,109.30 |
| Monthly Compensation | | |
| Monthly Commission (14% rate x Total Gross Sales) | | \$9,815.30 |
| State Use Tax (6% rate x Monthly Commission) | + | \$588.92 |
| State Use Tax Exempt Amount (enter \$0.00 if not exempt) | | \$588.92 |
| Monthly Vending Machine Fee: \$30 # of Machines:0 | | \$0.00 |
| Monthly Utility Fee(s) to Park | + | \$0.00 |
| Pass through fee Pavilion rentals | | |
| Other Payments (identify) | + | |
| Total Monthly Compensation Due | =_ | \$9,815.30 |
| Capital Improvements Spending | | |
| Monthly Deposit Amount: 2% x Total Gross Sales | | \$1,402.19 |
| Monthly Spending | - | \$0.00 |
| Total Deposits, Year to Date | - | \$22,477.67 |

| | Total Disbursements, Year to Date | | \$1,420.00 |
|---|---|--|---|
| | Current Balance | | \$21,057.67 |
| < | CERTIFICATION: I certify that this monthly gross sales based upon actual gross receipts for the period covered available for review/audit by the Department. Signature of Concessionaire | statement is true and correct and recorded in the accounting | and is ng records |
| | Signature of Preparer | Date | |
| | Preparer Name Return this form to the Department's Agreement Manag | er | |
| | Sales Locations Detail Catering Food Wildside Café Gator Bites Visitor Center Coffee Vending Popcorn | | \$613.21 \$20,981.45 \$6,111.05 \$0.00 \$0.00 |
| | Pretzel Cart Pepper Creek Terrace Catering Facility | : | \$0.00 \$1,519.44 \$0.00 \$1,305.66 |
| | Nest of Treasures | | \$23,550.59 |
| | State of Elegance Total Sales | = | \$16,027.90 |
| | i otal Sales | | \$70,109.30 |

| Park: Homosassa Springs Wil | dlife State Park | Date: 3/20/2018 |
|--|--|--|
| Concessionaire Name: Ca | ape Leisure Homosassa, LLC | |
| Period Covered: Fr | om2/1/2018 | To2/28/2018 |
| Gross Sales | | |
| | ultiple | \$135,737.60 |
| If there are multiple point of sale loc line; and, list the name and total sale | cations, please include the total a les of each location on an attach | sales for all locations on this ed second sheet. |
| Subcontractor(s): | one | +0 |
| Subcontractor is defined in paragra subcontractors, please include the the name and total gross sales of e | total gross sales for all subcontra | actors on this line; and, list |
| Total Taxes Collected: | | - \$7,317.78 |
| Total Funds from Concessionaire E | mployee Food Consumption: | - \$0.00 |
| Total Customer Refunds: | # of Refunds: | - \$0.00 |
| Total Gross Sales | | = \$128,419.82 |
| Monthly Compensation | | |
| Monthly Commission (14% rate x To | otal Gross Sales) | \$17,978.77 |
| State Use Tax (6% rate x Monthly C | commission) | + \$1,078.73 |
| State Use Tax Exempt Amount (ent | er \$0.00 if not exempt) | - \$1,078.73 |
| Monthly Vending Machine Fee: \$ | 30 # of Machines: 0 | + \$0.00 |
| Monthly Utility Fee(s) to Park | | + \$0.00 |
| Pass through fee Pavilion rentals | | + |
| Other Payments (identify) | | + |
| Total Monthly Compensation Due | | = \$17,978.77 |
| Capital Improvements Spending | | |
| Monthly Deposit Amount: 2% x Tota | l Gross Sales | \$2,568.40 |
| Monthly Spending | | \$0.00 |
| Total Deposits, Year to Date | | \$25,046.06 |
| | | |

\$128,419.82

| Total Disbursements, Year to Date | 20.070.00 |
|---|---|
| | \$3,979.00 |
| Current Balance | \$21,067.06 |
| CERTIFICATION: I certify that this monthly based upon actual gross receipts for the pe available for review/audit by the Department Signature of Concessionaire | gross sales statement is true and correct and is priod covered and recorded in the accounting records at. |
| Signature of Preparer | Date |
| Preparer Name Return this form to the Department's Agreer | ment Manager |
| Sales Locations Detail Catering Food Wildside Café Gator Bites | \$1,905.70 \$32,822.99 \$16,265.64 |
| Visitor Center Coffee Vending Popcorn | \$0.00 \$0.00 \$0.00 |
| Pretzel Cart Pepper Creek Terrace Catering Facility | \$7,488.04 \$980.00 \$0.00 |
| Nest of Treasures State of Elegance | \$0.00 \$40,273.68 \$28,683.77 |
| Total Sales | \$129,440,92 |

| Park: Homosassa Spi | rings Wildlife State Park | Date: | 4/20/2018 |
|---|--|-------------------------------|--------------------------------|
| Concessionaire Name: | Cape Leisure Homosassa, LLC | | 4,20,2010 |
| Period Covered: | From3/1/2018 | То | 3/31/2018 |
| Gross Sales | | | |
| Sales Location(s): | Multiple | | \$170.047.44 |
| If there are multiple point of line; and, list the name and | sale locations, please include the total sales fo total sales of each location on an attached seco | r all locations and sheet. | \$178,047.11 s on this |
| Subcontractor(s): | None | | |
| march, picase iliciu | paragraph 11 of this Agreement. If there are mude the total gross sales for all subcontractors of les of each subcontractor on an attached secon | | od, list |
| Total Taxes Collected: | | | *** *** *** |
| Total Funds from Concession | naire Employee Food Consumption: | | \$6,330.66 \$0.00 |
| Total Customer Refunds: | # of Refunds: | _ | \$0.00 |
| Total Gross Sales | | **** | \$171,716.45 |
| Monthly Compensation | | - | |
| Monthly Commission (14% ra | ate x Total Gross Sales) | | Na towards construction on the |
| State Use Tax (6% rate x Mo | | - | \$24,040.30 |
| State Use Tax Exempt Amou | | + | \$1,442.42 |
| Monthly Vending Machine Fe | e: \$30 # of Machines: | - | \$1,442.42 |
| Monthly Utility Fee(s) to Park | | + | \$0.00 |
| Pass through fee Pavilion ren | | + | \$0.00 |
| Other Payments (identify) | | + | |
| Total Monthly Compensation | n Due | + | |
| | | Militar Mana | \$24,040.30 |
| Capital Improvements Spend | dina | | |
| Monthly Deposit Amount: 2% > | | | |
| Monthly Spending | 2.23 | - | \$3,434.33 |
| | | | \$0.00 |
| Total Deposits, Year to Date | | | \$28,480.39 |

\$171,716.45

Total Disbursements, Year to Date \$3,979.00 Current Balance \$24,501.39 CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the accounting records available for review/audit by the Department. H | 17 | 18 Signature of Concessionaire Signature of Preparer Date Preparer Name Return this form to the Department's Agreement Manager Sales Locations Detail Catering Food \$4,991.08 Wildside Café \$43,435.28 Gator Bites \$18,705.15 Visitor Center Coffee \$0.00 Vending \$0.00 Popcorn \$0.00 Pretzel Cart \$10,372.62 Pepper Creek Terrace \$2,009.00 Catering Facility \$0.00 Nest of Treasures \$60,273.14 State of Elegance \$31,930.18 **Total Sales**

| Park: Homosassa Springs | Wildlife State Park | Date: 5/20/2018 |
|--|--|-----------------------------|
| Concessionaire Name: | Cape Leisure Homosassa, LLC | |
| Period Covered: | From4/1/2018 | To 4/30/2018 |
| Gross Sales | | |
| Sales Location(s): If there are multiple point of sale | Multiple locations, please include the total sales for all sales of each location on an attached as a sales. | \$114,976.53 |
| line; and, list the name and total | sales of each location on an attached second | locations on this sheet. |
| Subcontractor(s): | None | + 0 |
| subcontractors, please include the | graph 11 of this Agreement. If there are muliple he total gross sales for all subcontractors on the of each subcontractor on an attached second si | |
| Total Taxes Collected: | | \$6,262.66 |
| Total Funds from Concessionaire | Employee Food Consumption: | - \$0.00 |
| Total Customer Refunds: | # of Refunds: | - \$0.00 |
| Total Gross Sales | | = \$108,713.87 |
| Monthly Compensation | | |
| Monthly Commission (14% rate x | Total Gross Sales) | £15 010 01 |
| State Use Tax (6% rate x Monthly | | \$15,219.94 |
| State Use Tax Exempt Amount (e | | + \$913.20 |
| Monthly Vending Machine Fee: | ¢20 # -£8# 1: | - \$913.20 |
| Monthly Utility Fee(s) to Park | \$30 # of Machines:0 | +\$0.00 |
| Pass through fee Pavilion rentals | | +\$0.00 |
| Other Payments (identify) | | + |
| The state of the s | | + |
| Total Monthly Compensation Du | ie ie | = \$15,219.94 |
| Capital Improvements Spending | 1 | |
| Monthly Deposit Amount: 2% x To | | |
| Monthly Spending | | \$2,174.28 |
| 50 V 50 - 0 | | \$0.00 |
| Total Deposits, Year to Date | | \$30,654.67 |
| | | |

| Total Disbursements, Year to Date | | |
|---|---|--|
| | | \$3,979.00 |
| Current Balance | | \$26,675.67 |
| CERTIFICATION | | |
| CERTIFICATION: I certify that this monthly gross sales based upon actual gross receipts for the period covere available for review/audit by the Department. Signature of Concessionaire | statement is true and correct d and recorded in the account 5/15/18 Date | and is ing records |
| | | |
| Signature of Preparer | Date | |
| Preparer Name | | |
| Return this form to the Department's Agreement Manage | er | |
| Sales Locations Detail Catering Food Wildside Café Gator Bites Pretzel Cart Pepper Creek Terrace Nest of Treasures State of Elegance Interactive Camp Total Sales Note: Totals do not include Sales Tax collected. | | \$4,127.46 \$30,685.04 \$12,512.32 \$4,463.21 \$2,800.00 \$34,658.76 \$18,842.08 \$625.00 \$108,713.87 |

| Park: Homosassa Springs | Wildlife State Park | Date: | 6/20/2018 |
|---|---|-------------------------|-------------|
| Concessionaire Name: | Cape Leisure Homosassa, LLC | | |
| Period Covered: | From 5/1/2018 | То | 5/31/2018 |
| Gross Sales | | | |
| Sales Location(s): | Multiple | | \$58,163.88 |
| If there are multiple point of sale line; and, list the name and total | e locations, please include the total sales for all I sales of each location on an attached second | l locations I sheet. | on this |
| Subcontractor(s): | None | + | 0 |
| subcontractors, please include t | ngraph 11 of this Agreement. If there are mulip the total gross sales for all subcontractors on the of each subcontractor on an attached second s | his line: and | d, list |
| Total Taxes Collected: | | - | \$3,014.31 |
| | re Employee Food Consumption: | | \$0.00 |
| Total Customer Refunds: | # of Refunds: | | \$0.00 |
| Total Gross Sales | | =_ | \$55,149.57 |
| Monthly Compensation | | | |
| Monthly Commission (14% rate | x Total Gross Sales) | | \$7,720.94 |
| State Use Tax (6% rate x Month | ly Commission) | + | \$463.26 |
| State Use Tax Exempt Amount (| (enter \$0.00 if not exempt) | | \$463.26 |
| Monthly Vending Machine Fee: | \$30 # of Machines: 0 | | \$0.00 |
| Monthly Utility Fee(s) to Park | | | \$0.00 |
| Pass through fee Pavilion rentals | s | | |
| Other Payments (identify) | | + | |
| Total Monthly Compensation I | Due | = | \$7,720.94 |
| | | | |
| Capital Improvements Spending | ng | | |
| Monthly Deposit Amount: 2% x T | Total Gross Sales | | \$1,102.99 |
| Monthly Spending | | | \$0.00 |
| Total Deposits, Year to Date | | | \$31,757.66 |
| | | | |

| Total Disbursements, Year to Date | \$17,004.0 |
|--|---|
| Current Balance | \$14,753.6 |
| CERTIFICATION: I certify that this monthly gross sales based upon actual gross receipts for the period covere available for review/audit by the Department. Signature of Concessionaire | statement is true and correct and is d and recorded in the accounting records |
| Signature of Preparer | Date |
| Preparer Name Return this form to the Department's Agreement Management | ger |
| Sales Locations Detail | |
| Catering Food Wildside Café | \$1,354.3 |
| Gator Bites | \$15,332.83 |
| Pretzel Cart | \$5,425.64 \$0.00 |
| Pepper Creek Terrace | \$1,500.00 |
| Nest of Treasures | \$18,941.04 |
| State of Elegance | \$10,745.75 |
| Interactive Camp | \$1,850.00 |
| Total Sales | \$55,149.57 |

| Park: Homosassa Spring | s Wildlife State Park | Date: | 7/20/2018 |
|--|---|---------------------------------|---------------------|
| Concessionaire Name: | Cape Leisure Homosassa, LLC | | |
| Period Covered: | From 6/1/2018 | То | 6/30/2018 |
| Gross Sales | | | |
| Sales Location(s): | Multiple | | \$65,396.20 |
| If there are multiple point of sa | ale locations, please include the total sales f tal sales of each location on an attached sec | or all locations cond sheet. | on this |
| Subcontractor(s): | None | + | <u> </u> |
| subcontractors, please includ | aragraph 11 of this Agreement. If there are noie the total gross sales for all subcontractors as of each subcontractor on an attached sec | on this line; an | d, list |
| Total Taxes Collected: | | شنه معنینینی | \$3,593.19 |
| Total Funds from Concession | naire Employee Food Consumption: | | \$0.00 |
| Total Customer Refunds: | # of Refunds: | <u></u> | \$0.00 |
| Total Gross Sales | | | \$61,80 <u>3.01</u> |
| Monthly Compensation | | | v. |
| Monthly Commission (14% ra | ate x Total Gross Sales) | _ | \$8,652.42 |
| State Use Tax (6% rate x Mo | nthly Commission) | + | \$519.15 |
| State Use Tax Exempt Amou | ınt (enter \$0.00 if not exempt) | | \$519.15 |
| Monthly Vending Machine Fe | _ | +_ | \$0.00 |
| Monthly Utility Fee(s) to Park | (| +_ | \$0.00 |
| Pass through fee Pavilion re | ntals | `+_ | |
| Other Payments (identify) | | + | |
| Total Monthly Compensati | on Due | =_ | \$8,652.42 |
| Oital luarrayamanta Sna | anding | | |
| Capital Improvements Spe | | | \$1,236.06 |
| Monthly Deposit Amount: 29 | O A TOTAL GIUSS GAIGS | · - | \$0.00 |
| Monthly Spending Total Deposits, Year to Date | | - | \$32,993.72 |
| HODELLISONSITS YEST TO Date | 7 | _ | T 1 |

| | \$17,004.00 |
|--|---------------------------------------|
| | \$15,989.72 |
| ss sales statement is true and conditions and conditions are conditions. | rect and is counting records |
| 7/17/18 | , , , , , , , , , , , , , , , , , , , |
| Date | |
| | |
| Date | |
| | |
| | |
| ent Manager | |
| | |
| | |
| • | \$4,105.44 |
| | \$20,704.62 |
| | \$7,513.46 |
| | \$0.00 |
| | -\$1,974.30 |
| | \$17,704.05 |
| | \$11,749.74 |
| | \$2,000.00 |
| | \$61,803.01 |
| | Date |

| Park: Homosassa Springs | Wildlife State Park | Date: | 8/20/2018 |
|---|---|----------------------------|-------------|
| Concessionaire Name: | Cape Leisure Homosassa, LLC | | |
| Period Covered: | From7/1/2018 | То | 7/31/2018 |
| Gross Sales | | | |
| Sales Location(s): | Multiple | | \$74,007.87 |
| If there are multiple point of sale line; and, list the name and total | e locations, please include the total sales for I sales of each location on an attached seco | all locations nd sheet. | on this |
| Subcontractor(s): | None | + | 0 |
| subcontractors, please include t | ngraph 11 of this Agreement. If there are multhe total gross sales for all subcontractors or of each subcontractor on an attached secon | n this line; and | d, list |
| Total Taxes Collected: | | | \$3,942.60 |
| Total Funds from Concessionain | re Employee Food Consumption: | | \$0.00 |
| Total Customer Refunds: | # of Refunds: | - | \$0.00 |
| Total Gross Sales | | = | \$70,065.27 |
| Monthly Compensation | | | |
| Monthly Commission (14% rate | x Total Gross Sales) | | \$9,809.14 |
| State Use Tax (6% rate x Month | nly Commission) | + | \$588.55 |
| State Use Tax Exempt Amount | (enter \$0.00 if not exempt) | | \$588.55 |
| Monthly Vending Machine Fee: | \$30 # of Machines:0 | + | \$0.00 |
| Monthly Utility Fee(s) to Park | | + | \$0.00 |
| Pass through fee Pavilion rental | ls | + | |
| Other Payments (identify) | | + | |
| Total Monthly Compensation | Due | = | \$9,809.14 |
| Capital Improvements Spendi | ina | | |
| Monthly Deposit Amount: 2% x | | | \$1,401.31 |
| • | | | \$3,834.00 |
| Monthly Spending | | | |
| Total Deposits, Year to Date | | | \$34,395.02 |

| Total Disbursements, Year to Date | | | \$20,838.00 |
|--|---|----------------|---------------------|
| Current Balance | | | \$13,557.02 |
| CERTIFICATION: I certify that this monthly gross sales based upon actual gross receipts for the period covere available for review/audit by the Department. Signature of Concessionaire | s statement is true and corrected and recorded in the account | and i | is ecords |
| Signature of Preparer | Date | | |
| Preparer Name | | | |
| Return this form to the Department's Agreement Mana | nger | | |
| Sales Locations Detail | | | |
| Catering Food | | \$ | 2,351.65 |
| Wildside Café | | \$ | 21,936.92 |
| Gator Bites | | \$ | 10,071.54 |
| Pretzel Cart | | \$ | - |
| Pepper Creek Terrace | | \$ \$ \$ | 2,150.00 |
| Nest of Treasures | | <u>\$</u> | 19,024.33 |
| State of Elegance | | \$ | 13,830.83 700.00 |
| Interactive Camp | | — | |
| Total Sales | | | \$70,065.27 |

| Park: Homosassa Springs | Wildlife State Park | Date: | 9/20/2018 |
|--|--|---|-------------|
| Concessionaire Name: | Cape Leisure Homosassa, L | LC | |
| Period Covered: | From 8/1/2018 | То | 8/31/2018 |
| Gross Sales | | | |
| Sales Location(s): | Multiple | | \$58,860.15 |
| If there are multiple point of sale line; and, list the name and total | locations, please include the sales of each location on an | total sales for all location attached second sheet. | ns on this |
| Subcontractor(s): | None | + | 0 |
| Subcontractor is defined in para subcontractors, please include a the name and total gross sales | he total gross sales for all sub | bcontractors on this line; a | and, list |
| Total Taxes Collected: | | | \$3,180.44 |
| Total Funds from Concessional | e Employee Food Consumpti | on: - | \$0.00 |
| Total Customer Refunds: | # of Refunds: | | \$0.00 |
| Total Gross Sales | | = . | \$55,679.71 |
| Monthly Compensation | | | |
| Monthly Commission (14% rate | x Total Gross Sales) | | \$7,795.16 |
| State Use Tax (6% rate x Month | ly Commission) | + . | \$467.71 |
| State Use Tax Exempt Amount | (enter \$0.00 if not exempt) | | \$467.71 |
| Monthly Vending Machine Fee: | \$30 # of Machines: | | \$0.00 |
| Monthly Utility Fee(s) to Park | · | +. | \$0.00 |
| Pass through fee Pavilion renta | s | + | |
| Other Payments (identify) | | + | |
| Total Monthly Compensation | Due | = | \$7,795.16 |
| Capital Improvements Spend | ng | | |
| Monthly Deposit Amount: 2% x | | | \$1,113.59 |
| Monthly Spending | | | \$0.00 |
| Total Deposits, Year to Date | | | \$35,508.62 |

| Total Disbursements, Year to Date | | \$20,838.00 |
|--|--|---|
| Current Balance | | \$14,670.62 |
| CERTIFICATION: I certify that this monthly gross based upon actual gross receipts for the period cavailable for review/audit by the Department. Signature of Concessionaire | sales statement is true and coovered and recorded in the accorded in the accor | rrect and is counting records |
| Signature of Preparer | Date | |
| Preparer Name | | |
| Return this form to the Department's Agreement | Manager | |
| | | |
| Sales Locations Detail Catering Food Wildside Café Gator Bites Pretzel Cart Pepper Creek Terrace Nest of Treasures State of Elegance Interactive Camp | | \$ 471.70 \$ 15,733.10 \$ 7,234.46 \$ - \$ 2,779.00 \$ 18,394.58 \$ 11,066.87 \$ - |
| Total Sales | | <u>\$55,679.71</u> |

1

| Park: Homosas | ssa Springs Wildli | fe State Park | Date: _ | 10/20/2018 |
|---|---|---|---|-------------|
| Concessionaire Nan | ne: Cap | e Leisure Homosassa, LLC | | |
| Period Covered: | Fron | n9/1/2018 | То_ | 9/30/2018 |
| Gross Sales | | | | |
| Sales Location(s): | Multi | iple | | \$48,845.51 |
| If there are multiple line; and, list the nar | point of sale locat me and total sales | tions, please include the total s s of each location on an attach | sales for all locations ed second sheet. | on this |
| Subcontractor(s): | None | e | + | 0 |
| subcontractors, plea | ase include the tot | n 11 of this Agreement. If there fal gross sales for all subcontra th subcontractor on an attache | actors on this line; ar | nd, list |
| Total Taxes Collecte | | | | \$2,529.16 |
| | | ployee Food Consumption: | - = | \$0.00 |
| Total Customer Refu | unds: | # of Refunds: | | \$0.00 |
| Total Gross Sales | | | = | \$46,316.35 |
| Monthly Compensa | <u>ation</u> | | | |
| Monthly Commission | n (14% rate x Tota | al Gross Sales) | | \$6,484.29 |
| State Use Tax (6% r | rate x Monthly Cor | mmission) | + | \$389.06 |
| State Use Tax Exem | npt Amount (enter | \$0.00 if not exempt) | | \$389.06 |
| Monthly Vending Ma | achine Fee: \$30 | # of Machines:0 | + | \$0.00 |
| Monthly Utility Fee(s | s) to Park | | + | \$0.00 |
| Pass through fee Pa | avilion rentals | | + | 70 |
| Other Payments (ide | entify) | | + | |
| Total Monthly Com | pensation Due | | =_ | \$6,484.29 |
| Capital Improveme | ents Spending | | | |
| Monthly Deposit Am | ount: 2% x Total (| Gross Sales | - | \$926.33 |
| Monthly Spending | | | | \$0.00 |
| Total Deposits, Year | r to Date | | | \$36,434.95 |

| Total Disbursements, Year to Date | | | \$20,838.00 |
|--|------|----------------------------------|-------------|
| Current Balance | | | \$15,596.95 |
| CERTIFICATION: I certify that this monthly gross sale based upon actual gross receipts for the period cover available for review/audit by the Department. Signature of Concessionaire | | | |
| | | | |
| Signature of Preparer | Date | | |
| Preparer Name Return this form to the Department's Agreement Man | ager | | |
| Onland and the Date! | | | |
| Sales Locations Detail Catering Food | | Ф | 5,400.76 |
| Catering Food Catering Service Charges | | \$ | 833.73 |
| Wildside Café | | \$ | 13,301.60 |
| Gator Bites | | \$ | 4,997.48 |
| Pretzel Cart | | \$ | - |
| Pepper Creek Terrace | | \$ | 350.00 |
| Nest of Treasures | | _\$_ | 12,966.41 |
| State of Elegance | | \$ \$ \$ \$ \$ \$ | 8,466.37 |
| Interactive Camp | | \$ | - |
| Total Sales | | | \$46,316.35 |

Monthly Report of Concessionaire's Gross Sales (Due by the 20th of each month)

| Park: | Homosassa Spri | ngs Wildlife State Park | Date: | 11/20/2018 |
|-------------------------|---|--|-----------------------------------|-----------------------|
| Concess | sionaire Name: | Cape Leisure Homosassa, LLC | 7 | |
| Period C | Covered: | From10/1/2018 | То | 10/31/2018 |
| Gross S | Sales_ | | | |
| Sales Lo | ocation(s): | Multiple | · | \$55,167.71 |
| If there a line; and | are multiple point of d, list the name and | sale locations, please include the total sales total sales of each location on an attached s | for all locations econd sheet. | on this |
| Subconf | tractor(s): | None | + | 0 |
| subconf | ractors, please inclu | paragraph 11 of this Agreement. If there are ude the total gross sales for all subcontractorales of each subcontractor on an attached se | rs on this line; an | d, list |
| Total Ta | exes Collected: | | - <u>-</u> | \$2,985.36 |
| Total Fu | unds from Concession | onaire Employee Food Consumption: | - = | \$0.00 |
| | ustomer Refunds: | # of Refunds: | <u> </u> | \$0.00 \$52,182.35 |
| Total G | ross Sales | | · = | φ52,102.33 |
| Monthl | y Compensation | | | |
| Monthly | Commission (14% | rate x Total Gross Sales) | | \$7,305.53 |
| State U | se Tax (6% rate x M | onthly Commission) | + _ | \$438.33 |
| State U | se Tax Exempt Amo | ount (enter \$0.00 if not exempt) | , <u>-</u> | \$438.33 |
| Monthly | Vending Machine l | Fee: \$30 # of Machines:0 | +_ | \$0.00 |
| Monthly | / Utility Fee(s) to Pa | rk | + | \$0.00 |
| Pass th | rough fee Pavilion r | rentals | + | |
| Other F | Payments (identify) | | +_ | |
| Total N | Monthly Compensa | tion Due | =_ | \$7,305.53 |
| Canita | l Improvements Sp | pending | | |
| - | | 2% x Total Gross Sales | _ | \$1,043.65 |
| | y Spending | | _ | \$0.00 |
| | | to | | \$37,478.60 |
| i otai L | eposits, Year to Da | ıc | | |

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\$52,182.35

| Voor to Data | | \$20,838.00 |
|--|---|---|
| Total Disbursements, Year to Date | | \$16,640.60 |
| Current Balance | | ψ10,040.00 |
| | | |
| CERTIFICATION: I certify that this monthly gross sal based upon actual gross receipts for the period cove available for review/audit by the Department. | es statement is true and corre red and recorded in the accou | ct and is inting records |
| Signature of Concessionaire | 1//14/18 Date | <u></u> |
| Signature of Concessionalio | | |
| | | |
| Signature of Preparer | Date | |
| Preparer Name | | |
| Return this form to the Department's Agreement Ma | nager | |
| , and the second | | |
| | | |
| | | |
| Sales Locations Detail | | |
| Catering Food | | \$ 3,160.81 |
| Catering Food Catering Service Charges | | \$ 632.16 |
| Wildside Café | | \$ 13,577.62 |
| Gator Bites | | \$ 4,628.57 |
| Pretzel Cart | | \$ 632.16 \$ 13,577.62 \$ 4,628.57 \$ - \$ 2,100.00 \$ 17,783.23 |
| Pepper Creek Terrace | | \$ 2,100.00 |
| Nest of Treasures | | \$ 17,783.23 |
| Nest of Treasures | | \$ 9,314.35 |

Note: Totals do not include Sales Tax collected.

State of Elegance Interactive Camp

Total Sales

| Park: Homosassa Springs | Wildlife State Park | Date: | 12/20/2018 |
|---|---|---------------------------|-------------|
| Concessionaire Name: | Cape Leisure Homosassa, LLC | | |
| Period Covered: | From11/1/2018 | To | 11/30/2018 |
| <u>Gross Sales</u> | | | |
| Sales Location(s): | Multiple | | \$75,466.36 |
| If there are multiple point of sale line; and, list the name and total | e locations, please include the total sales for a I sales of each location on an attached secon | all locations d sheet. | on this |
| Subcontractor(s): | None | + | 0 |
| subcontractors, please include t | ngraph 11 of this Agreement. If there are mulip The total gross sales for all subcontractors on The of each subcontractor on an attached second | this line; an | d, list |
| Total Taxes Collected: | | | \$4,122.65 |
| Total Funds from Concessionain | re Employee Food Consumption: | | \$0.00 |
| Total Customer Refunds: | # of Refunds: | | \$0.00 |
| Total Gross Sales | | = | \$71,343.71 |
| Monthly Compensation | | | |
| Monthly Commission (14% rate | x Total Gross Sales) | 4 | \$9,988.12 |
| State Use Tax (6% rate x Month | nly Commission) | + _ | \$599.29 |
| State Use Tax Exempt Amount | (enter \$0.00 if not exempt) | | \$599.29 |
| Monthly Vending Machine Fee: | \$30 # of Machines:0 | +_ | \$0.00 |
| Monthly Utility Fee(s) to Park | | + | \$0.00 |
| Pass through fee Pavilion renta | ls | + | |
| Other Payments (identify) | | +_ | |
| Total Monthly Compensation | Due | =_ | \$9,988.12 |
| Canital Improvements Second | ina | | |
| Capital Improvements Spend | | | \$1,426.87 |
| Monthly Deposit Amount: 2% x | Tulai Uluss Sales | - | |
| Monthly Spending | | 8 | \$0.00 |
| Total Deposits, Year to Date | | _ | \$38,905.47 |

| Total Disbursements, Year to Date | - | \$ | 20,838.00 |
|--|--|----------------------|--|
| Current Balance | - | \$ | 318,067.47 |
| CERTIFICATION: I certify that this monthly gross sales so based upon actual gross receipts for the period covered available for review/audit by the Department. Signature of Concessionaire | and recorded in the accounting the last statement is true and correct and recorded in the accounting the last statement is true and correct and and recorded in the accounting the last statement is true and correct and and recorded in the accounting the last statement is true and correct and and recorded in the accounting the last statement is true and correct and and recorded in the accounting the last statement is true and correct and and recorded in the accounting the last statement is true and correct and and recorded in the accounting the last statement is true and correct and and recorded in the accounting the last statement is true and correct and and recorded in the accounting the last statement is true and recorded in the accounting the last statement is true and accounting the last statement is true and accounting the last statement is true and accounting the last statement is true accounting to the last statement is | nd is | cords |
| Signature of Preparer | Date | | |
| Preparer Name Return this form to the Department's Agreement Manag | er | | |
| Sales Locations Detail Catering Food Catering Service Charges Wildside Café Gator Bites Pretzel Cart Pepper Creek Terrace Nest of Treasures State of Elegance Interactive Camp Total Sales | | \$ \$ \$ \$ | 5,972.44 970.05 19,167.94 6,360.95 - 1,400.00 25,131.83 12,340.50 - \$71,343.71 |

| Park: Homosassa Springs | Wildlife State Park | Date: | 1/20/2019 |
|--|---|--------------------------------------|------------------|
| Concessionaire Name: | Cape Leisure Homosassa, LLC | | |
| Period Covered: | From 12/1/2018 | То | 12/31/2018 |
| Gross Sales | | | |
| Sales Location(s): | Multiple | | \$89,549.12 |
| If there are multiple point of sale line; and, list the name and tota | e locations, please include the total sale Il sales of each location on an attached | s for all locations second sheet. | on this |
| Subcontractor(s): | None | + | 0 |
| subcontractors, please include | agraph 11 of this Agreement. If there and the total gross sales for all subcontracto of each subcontractor on an attached s | ors on this line; an | d, list |
| Total Taxes Collected: | | | \$4,926.87 |
| Total Funds from Concessional | ire Employee Food Consumption: | | \$0.00 |
| Total Customer Refunds: | # of Refunds: | - | \$0.00 |
| Total Gross Sales | | = | \$84,622.25 |
| Monthly Compensation | | | |
| Monthly Commission (14% rate | e x Total Gross Sales) | | \$11,847.12 |
| State Use Tax (6% rate x Mont | hly Commission) | + | \$710.83 |
| State Use Tax Exempt Amount | (enter \$0.00 if not exempt) | | \$710.83 |
| Monthly Vending Machine Fee: | \$30 # of Machines:0 | +_ | \$0.00 |
| Monthly Utility Fee(s) to Park | | + | \$0.00 |
| Pass through fee Pavilion renta | als | + | |
| Other Payments (identify) | | + | |
| Total Monthly Compensation | Due | | \$11,847.12 |
| | | | |
| Capital Improvements Spend | | | 44 000 45 |
| Monthly Deposit Amount: 2% x | Total Gross Sales | _ | \$1,692.45 |
| Monthly Spending | | | \$0.00 |
| Total Deposits, Year to Date | | | \$40,597.92 |

| Total Disbursements, Year to Date | | \$20,838.00 |
|---|--|---|
| Current Balance | | \$19,759.92 |
| CERTIFICATION: I certify that this monthly gross so based upon actual gross receipts for the period covavailable for review/audit by the Department. Signature of Concessionaire | ales statement is true and covered and recorded in the acceptance of the state of t | orrect and is ecounting records |
| Signature of Preparer | Date | |
| Preparer Name Return this form to the Department's Agreement M | - anager | |
| Sales Locations Detail Catering Food Catering Service Charges Wildside Café Gator Bites Popcorn Pretzel Cart Pepper Creek Terrace Nest of Treasures State of Elegance | | \$ 1,769.33 \$ 349.15 \$ 21,601.63 \$ 7,215.91 \$ 4,463.20 \$ 4,858.93 \$ 655.00 \$ 28,962.38 \$ 14,746.72 \$84,622.25 |
| Total Sales | | \$84,622.25 |