

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

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 locations on this line; and, list the name and total sales of each location on an attached second sheet.

Subcontractor(s): None + 0

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

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 | <u>\$1,420.00</u> |
| Current Balance | <u>\$21,057.67</u> |

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.

| | |
|---|----------------|
|  | <u>2/14/18</u> |
| Signature of Concessionaire | Date |

| | |
|-----------------------|-------|
| <hr/> | <hr/> |
| Signature of Preparer | Date |

Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

| | |
|-----------------------|---------------------------|
| Catering Food | <u>\$613.21</u> |
| Wildside Café | <u>\$20,981.45</u> |
| Gator Bites | <u>\$6,111.05</u> |
| Visitor Center Coffee | <u>\$0.00</u> |
| Vending | <u>\$0.00</u> |
| Popcorn | <u>\$0.00</u> |
| Pretzel Cart | <u>\$1,519.44</u> |
| Pepper Creek Terrace | <u>\$0.00</u> |
| Catering Facility | <u>\$1,305.66</u> |
| Nest of Treasures | <u>\$23,550.59</u> |
| State of Elegance | <u>\$16,027.90</u> |
| Total Sales | <u><u>\$70,109.30</u></u> |

Note: Totals do not include Sales Tax collected.

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

Park: Homosassa Springs Wildlife State Park Date: 3/20/2018

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 2/1/2018 To 2/28/2018

Gross Sales

Sales Location(s): Multiple \$135,737.60

If there are multiple point of sale locations, please include the total sales for all locations on this line; and, list the name and total sales of each location on an attached second sheet.

Subcontractor(s): None + 0

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

Total Taxes Collected: - \$7,317.78

Total Funds from Concessionaire Employee Food Consumption: - \$0.00

Total Customer Refunds: # of Refunds: _____ - \$0.00

Total Gross Sales = **\$128,419.82**

Monthly Compensation

Monthly Commission (14% rate x Total Gross Sales) \$17,978.77

State Use Tax (6% rate x Monthly Commission) + \$1,078.73

State Use Tax Exempt Amount (enter \$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 Total Gross Sales \$2,568.40

Monthly Spending \$0.00

Total Deposits, Year to Date \$25,046.06

| | |
|-----------------------------------|--------------------|
| Total Disbursements, Year to Date | <u>\$3,979.00</u> |
| Current Balance | <u>\$21,067.06</u> |

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.

| | |
|---|--------------------------|
|  _____ Signature of Concessionaire | 3/19/18 _____ Date |
|---|--------------------------|

| | |
|--------------------------------|---------------|
| _____ Signature of Preparer | _____ Date |
|--------------------------------|---------------|

Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

| | |
|-----------------------|----------------------------|
| Catering Food | <u>\$1,905.70</u> |
| Wildside Café | <u>\$32,822.99</u> |
| Gator Bites | <u>\$16,265.64</u> |
| Visitor Center Coffee | <u>\$0.00</u> |
| Vending | <u>\$0.00</u> |
| Popcorn | <u>\$0.00</u> |
| Pretzel Cart | <u>\$7,488.04</u> |
| Pepper Creek Terrace | <u>\$980.00</u> |
| Catering Facility | <u>\$0.00</u> |
| Nest of Treasures | <u>\$40,273.68</u> |
| State of Elegance | <u>\$28,683.77</u> |
| Total Sales | <u><u>\$128,419.82</u></u> |

Note: Totals do not include Sales Tax collected.

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

Park: Homosassa Springs Wildlife State Park Date: 4/20/2018

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 3/1/2018 To 3/31/2018

Gross Sales

Sales Location(s): Multiple \$178,047.11

If there are multiple point of sale locations, please include the total sales for all locations on this line; and, list the name and total sales of each location on an attached second sheet.

Subcontractor(s): None + 0

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

| | | |
|--|---|----------------------------|
| Total Taxes Collected: | - | <u>\$6,330.66</u> |
| Total Funds from Concessionaire Employee Food Consumption: | - | <u>\$0.00</u> |
| Total Customer Refunds: # of Refunds: _____ | - | <u>\$0.00</u> |
| Total Gross Sales | = | <u>\$171,716.45</u> |

Monthly Compensation

| | | |
|---|---|---------------------------|
| Monthly Commission (14% rate x Total Gross Sales) | | <u>\$24,040.30</u> |
| State Use Tax (6% rate x Monthly Commission) | + | <u>\$1,442.42</u> |
| State Use Tax Exempt Amount (enter \$0.00 if not exempt) | - | <u>\$1,442.42</u> |
| Monthly Vending Machine Fee: \$30 # of Machines: <u>0</u> | + | <u>\$0.00</u> |
| Monthly Utility Fee(s) to Park | + | <u>\$0.00</u> |
| Pass through fee Pavilion rentals | + | <u> </u> |
| Other Payments (<i>identify</i>) _____ | + | <u> </u> |
| Total Monthly Compensation Due | = | <u>\$24,040.30</u> |

Capital Improvements Spending

| | |
|--|---------------------------|
| Monthly Deposit Amount: 2% x Total Gross Sales | <u>\$3,434.33</u> |
| Monthly Spending | <u>\$0.00</u> |
| Total Deposits, Year to Date | <u>\$28,480.39</u> |

| | |
|-----------------------------------|--------------------|
| Total Disbursements, Year to Date | <u>\$3,979.00</u> |
| Current Balance | <u>\$24,501.39</u> |

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.



 Signature of Concessionaire

4/17/18

 Date

 Signature of Preparer

 Date

 Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

| | |
|-----------------------|---------------------|
| Catering Food | <u>\$4,991.08</u> |
| Wildside Café | <u>\$43,435.28</u> |
| Gator Bites | <u>\$18,705.15</u> |
| Visitor Center Coffee | <u>\$0.00</u> |
| Vending | <u>\$0.00</u> |
| Popcorn | <u>\$0.00</u> |
| Pretzel Cart | <u>\$10,372.62</u> |
| Pepper Creek Terrace | <u>\$2,009.00</u> |
| Catering Facility | <u>\$0.00</u> |
| Nest of Treasures | <u>\$60,273.14</u> |
| State of Elegance | <u>\$31,930.18</u> |
| Total Sales | <u>\$171,716.45</u> |

Note: Totals do not include Sales Tax collected.

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

Park: Homosassa Springs Wildlife State Park Date: 5/20/2018

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 4/1/2018 To 4/30/2018

Gross Sales

Sales Location(s): Multiple \$114,976.53

If there are multiple point of sale locations, please include the total sales for all locations on this line; and, list the name and total sales of each location on an attached second sheet.

Subcontractor(s): None + 0

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

| | | |
|--|----------|----------------------------|
| Total Taxes Collected: | - | <u>\$6,262.66</u> |
| Total Funds from Concessionaire Employee Food Consumption: | - | <u>\$0.00</u> |
| Total Customer Refunds: # of Refunds: _____ | - | <u>\$0.00</u> |
| Total Gross Sales | = | <u>\$108,713.87</u> |

Monthly Compensation

| | |
|---|-----------------------------|
| Monthly Commission (14% rate x Total Gross Sales) | <u>\$15,219.94</u> |
| State Use Tax (6% rate x Monthly Commission) | + <u>\$913.20</u> |
| State Use Tax Exempt Amount (enter \$0.00 if not exempt) | - <u>\$913.20</u> |
| Monthly Vending Machine Fee: \$30 # of Machines: <u>0</u> | + <u>\$0.00</u> |
| Monthly Utility Fee(s) to Park | + <u>\$0.00</u> |
| Pass through fee Pavilion rentals | + |
| Other Payments (<i>identify</i>) _____ | + |
| Total Monthly Compensation Due | = <u>\$15,219.94</u> |

Capital Improvements Spending

| | |
|--|---------------------------|
| Monthly Deposit Amount: 2% x Total Gross Sales | <u>\$2,174.28</u> |
| Monthly Spending | <u>\$0.00</u> |
| Total Deposits, Year to Date | <u>\$30,654.67</u> |

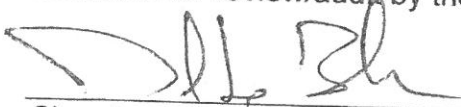
Total Disbursements, Year to Date

\$3,979.00

Current Balance

\$26,675.67

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.



Signature of Concessionaire

5/15/18

Date

Signature of Preparer

Date

Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

| | |
|----------------------|----------------------------|
| Catering Food | <u>\$4,127.46</u> |
| Wildside Café | <u>\$30,685.04</u> |
| Gator Bites | <u>\$12,512.32</u> |
| Pretzel Cart | <u>\$4,463.21</u> |
| Pepper Creek Terrace | <u>\$2,800.00</u> |
| Nest of Treasures | <u>\$34,658.76</u> |
| State of Elegance | <u>\$18,842.08</u> |
| Interactive Camp | <u>\$625.00</u> |
| Total Sales | <u><u>\$108,713.87</u></u> |

Note: Totals do not include Sales Tax collected.

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

Park: Homosassa Springs Wildlife State Park Date: 6/20/2018

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 5/1/2018 To 5/31/2018

Gross Sales

Sales Location(s): Multiple \$58,163.88

If there are multiple point of sale locations, please include the total sales for all locations on this line; and, list the name and total sales of each location on an attached second sheet.

Subcontractor(s): None + 0

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

| | | |
|--|----------|---------------------------|
| Total Taxes Collected: | - | <u>\$3,014.31</u> |
| Total Funds from Concessionaire Employee Food Consumption: | - | <u>\$0.00</u> |
| Total Customer Refunds: # of Refunds: _____ | - | <u>\$0.00</u> |
| Total Gross Sales | = | <u>\$55,149.57</u> |

Monthly Compensation

| | | |
|---|----------|--------------------------|
| Monthly Commission (14% rate x Total Gross Sales) | | <u>\$7,720.94</u> |
| State Use Tax (6% rate x Monthly Commission) | + | <u>\$463.26</u> |
| State Use Tax Exempt Amount (enter \$0.00 if not exempt) | - | <u>\$463.26</u> |
| Monthly Vending Machine Fee: \$30 # of Machines: <u>0</u> | + | <u>\$0.00</u> |
| Monthly Utility Fee(s) to Park | + | <u>\$0.00</u> |
| Pass through fee Pavilion rentals | + | <u> </u> |
| Other Payments (<i>identify</i>) _____ | + | <u> </u> |
| Total Monthly Compensation Due | = | <u>\$7,720.94</u> |

Capital Improvements Spending

| | | |
|--|--|--------------------|
| Monthly Deposit Amount: 2% x Total Gross Sales | | <u>\$1,102.99</u> |
| Monthly Spending | | <u>\$0.00</u> |
| Total Deposits, Year to Date | | <u>\$31,757.66</u> |

| | |
|-----------------------------------|--------------------|
| Total Disbursements, Year to Date | <u>\$17,004.00</u> |
| Current Balance | <u>\$14,753.66</u> |

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.

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|---|--------------------------|
|  _____ Signature of Concessionaire | 6/15/18 _____ Date |
|---|--------------------------|

| | |
|--------------------------------|---------------|
| _____ Signature of Preparer | _____ Date |
|--------------------------------|---------------|

Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

| | |
|----------------------|---------------------------|
| Catering Food | <u>\$1,354.31</u> |
| Wildside Café | <u>\$15,332.83</u> |
| Gator Bites | <u>\$5,425.64</u> |
| Pretzel Cart | <u>\$0.00</u> |
| Pepper Creek Terrace | <u>\$1,500.00</u> |
| Nest of Treasures | <u>\$18,941.04</u> |
| State of Elegance | <u>\$10,745.75</u> |
| Interactive Camp | <u>\$1,850.00</u> |
| Total Sales | <u><u>\$55,149.57</u></u> |

Note: Totals do not include Sales Tax collected.

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

Park: Homosassa Springs Wildlife State Park Date: 7/20/2018Concessionaire Name: Cape Leisure Homosassa, LLCPeriod Covered: From 6/1/2018 To 6/30/2018**Gross Sales**Sales Location(s): Multiple \$65,396.20*If there are multiple point of sale locations, please include the total sales for all locations on this line; and, list the name and total sales of each location on an attached second sheet.*Subcontractor(s): None + 0*Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.*

| | | |
|--|----------|---------------------------|
| Total Taxes Collected: | - | <u>\$3,593.19</u> |
| Total Funds from Concessionaire Employee Food Consumption: | - | <u>\$0.00</u> |
| Total Customer Refunds: # of Refunds: _____ | - | <u>\$0.00</u> |
| Total Gross Sales | = | <u>\$61,803.01</u> |

Monthly Compensation

| | |
|---|----------------------------|
| Monthly Commission (14% rate x Total Gross Sales) | <u>\$8,652.42</u> |
| State Use Tax (6% rate x Monthly Commission) | + <u>\$519.15</u> |
| State Use Tax Exempt Amount (enter \$0.00 if not exempt) | - <u>\$519.15</u> |
| Monthly Vending Machine Fee: \$30 # of Machines: <u>0</u> | + <u>\$0.00</u> |
| Monthly Utility Fee(s) to Park | + <u>\$0.00</u> |
| Pass through fee Pavilion rentals | + _____ |
| Other Payments (<i>identify</i>) _____ | + _____ |
| Total Monthly Compensation Due | = <u>\$8,652.42</u> |

Capital Improvements Spending

| | |
|--|---------------------------|
| Monthly Deposit Amount: 2% x Total Gross Sales | <u>\$1,236.06</u> |
| Monthly Spending | <u>\$0.00</u> |
| Total Deposits, Year to Date | <u>\$32,993.72</u> |

Total Disbursements, Year to Date

\$17,004.00

Current Balance

\$15,989.72

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.



Signature of Concessionaire

7/17/18

Date

Signature of Preparer

Date

Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

| | |
|----------------------|---------------------------|
| Catering Food | <u>\$4,105.44</u> |
| Wildside Café | <u>\$20,704.62</u> |
| Gator Bites | <u>\$7,513.46</u> |
| Pretzel Cart | <u>\$0.00</u> |
| Pepper Creek Terrace | <u>-\$1,974.30</u> |
| Nest of Treasures | <u>\$17,704.05</u> |
| State of Elegance | <u>\$11,749.74</u> |
| Interactive Camp | <u>\$2,000.00</u> |
| Total Sales | <u><u>\$61,803.01</u></u> |

Note: Totals do not include Sales Tax collected.

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

Park: Homosassa Springs Wildlife State Park Date: 8/20/2018

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 7/1/2018 To 7/31/2018

Gross Sales

Sales Location(s): Multiple \$74,007.87

If there are multiple point of sale locations, please include the total sales for all locations on this line; and, list the name and total sales of each location on an attached second sheet.

Subcontractor(s): None + 0

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

Total Taxes Collected: - \$3,942.60

Total Funds from Concessionaire 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 Monthly 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 rentals + _____

Other Payments (*identify*) _____ + _____

Total Monthly Compensation Due = \$9,809.14

Capital Improvements Spending

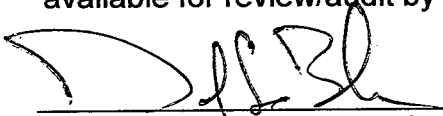
Monthly Deposit Amount: 2% x Total Gross Sales \$1,401.31

Monthly Spending \$3,834.00

Total Deposits, Year to Date \$34,395.02

| | |
|-----------------------------------|--------------------|
| Total Disbursements, Year to Date | <u>\$20,838.00</u> |
| Current Balance | <u>\$13,557.02</u> |

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.



 Signature of Concessionaire

8/16/18

 Date

 Signature of Preparer

 Date

 Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

| | |
|----------------------|---------------------------|
| Catering Food | <u>\$ 2,351.65</u> |
| Wildside Café | <u>\$ 21,936.92</u> |
| Gator Bites | <u>\$ 10,071.54</u> |
| Pretzel Cart | <u>\$ -</u> |
| Pepper Creek Terrace | <u>\$ 2,150.00</u> |
| Nest of Treasures | <u>\$ 19,024.33</u> |
| State of Elegance | <u>\$ 13,830.83</u> |
| Interactive Camp | <u>\$ 700.00</u> |
| Total Sales | <u><u>\$70,065.27</u></u> |

Note: Totals do not include Sales Tax collected.

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

Park: Homosassa Springs Wildlife State Park Date: 9/20/2018

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 8/1/2018 To 8/31/2018

Gross Sales

Sales Location(s): Multiple \$58,860.15

If there are multiple point of sale locations, please include the total sales for all locations on this line; and, list the name and total sales of each location on an attached second sheet.

Subcontractor(s): None + 0

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

Total Taxes Collected: - \$3,180.44

Total Funds from Concessionaire Employee Food Consumption: - \$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 Monthly Commission) + \$467.71

State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$467.71

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 = **\$7,795.16**

Capital Improvements Spending

Monthly Deposit Amount: 2% x Total Gross Sales \$1,113.59

Monthly Spending \$0.00

Total Deposits, Year to Date \$35,508.62

| | |
|-----------------------------------|--------------------|
| Total Disbursements, Year to Date | <u>\$20,838.00</u> |
| Current Balance | <u>\$14,670.62</u> |

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.



 Signature of Concessionaire

9/17/18

 Date

 Signature of Preparer

 Date

 Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

| | |
|----------------------|--------------------|
| Catering Food | \$ 471.70 |
| Wildside Café | \$ 15,733.10 |
| Gator Bites | \$ 7,234.46 |
| Pretzel Cart | \$ - |
| Pepper Creek Terrace | \$ 2,779.00 |
| Nest of Treasures | \$ 18,394.58 |
| State of Elegance | \$ 11,066.87 |
| Interactive Camp | \$ - |
| Total Sales | <u>\$55,679.71</u> |

Note: Totals do not include Sales Tax collected.

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

Park: Homosassa Springs Wildlife State Park Date: 10/20/2018

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 9/1/2018 To 9/30/2018

Gross Sales

Sales Location(s): Multiple \$48,845.51

If there are multiple point of sale locations, please include the total sales for all locations on this line; and, list the name and total sales of each location on an attached second sheet.

Subcontractor(s): None + 0

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

Total Taxes Collected: - \$2,529.16

Total Funds from Concessionaire Employee Food Consumption: - \$0.00

Total Customer Refunds: # of Refunds: _____ - \$0.00

Total Gross Sales = **\$46,316.35**

Monthly Compensation

Monthly Commission (14% rate x Total Gross Sales) \$6,484.29

State Use Tax (6% rate x Monthly Commission) + \$389.06

State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$389.06

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 = **\$6,484.29**

Capital Improvements Spending

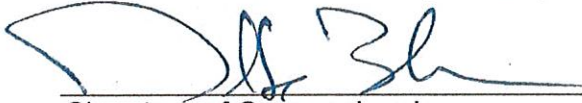
Monthly Deposit Amount: 2% x Total Gross Sales \$926.33

Monthly Spending \$0.00

Total Deposits, Year to Date \$36,434.95

| | |
|-----------------------------------|--------------------|
| Total Disbursements, Year to Date | <u>\$20,838.00</u> |
| Current Balance | <u>\$15,596.95</u> |

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.



Signature of Concessionaire

10/18/17

Date

Signature of Preparer

Date

Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

| | |
|--------------------------|---------------------------|
| Catering Food | <u>\$ 5,400.76</u> |
| Catering Service Charges | <u>\$ 833.73</u> |
| Wildside Café | <u>\$ 13,301.60</u> |
| Gator Bites | <u>\$ 4,997.48</u> |
| Pretzel Cart | <u>\$ -</u> |
| Pepper Creek Terrace | <u>\$ 350.00</u> |
| Nest of Treasures | <u>\$ 12,966.41</u> |
| State of Elegance | <u>\$ 8,466.37</u> |
| Interactive Camp | <u>\$ -</u> |
| Total Sales | <u><u>\$46,316.35</u></u> |

Note: Totals do not include Sales Tax collected.

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

Park: Homosassa Springs Wildlife State Park Date: 11/20/2018

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 10/1/2018 To 10/31/2018

Gross Sales

Sales Location(s): Multiple \$55,167.71

If there are multiple point of sale locations, please include the total sales for all locations on this line; and, list the name and total sales of each location on an attached second sheet.

Subcontractor(s): None + 0

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

| | | |
|--|----------|---------------------------|
| Total Taxes Collected: | - | <u>\$2,985.36</u> |
| Total Funds from Concessionaire Employee Food Consumption: | - | <u>\$0.00</u> |
| Total Customer Refunds: # of Refunds: _____ | - | <u>\$0.00</u> |
| Total Gross Sales | = | <u>\$52,182.35</u> |

Monthly Compensation

| | |
|---|----------------------------|
| Monthly Commission (14% rate x Total Gross Sales) | <u>\$7,305.53</u> |
| State Use Tax (6% rate x Monthly Commission) | + <u>\$438.33</u> |
| State Use Tax Exempt Amount (enter \$0.00 if not exempt) | - <u>\$438.33</u> |
| Monthly Vending Machine Fee: \$30 # of Machines: <u>0</u> | + <u>\$0.00</u> |
| Monthly Utility Fee(s) to Park | + <u>\$0.00</u> |
| Pass through fee Pavilion rentals | + _____ |
| Other Payments (<i>identify</i>) _____ | + _____ |
| Total Monthly Compensation Due | = <u>\$7,305.53</u> |

Capital Improvements Spending

| | |
|--|--------------------|
| Monthly Deposit Amount: 2% x Total Gross Sales | <u>\$1,043.65</u> |
| Monthly Spending | <u>\$0.00</u> |
| Total Deposits, Year to Date | <u>\$37,478.60</u> |

| | |
|-----------------------------------|-------------|
| Total Disbursements, Year to Date | \$20,838.00 |
| Current Balance | \$16,640.60 |

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.



 Signature of Concessionaire

11/14/18

 Date

 Signature of Preparer

 Date

 Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

| | |
|--------------------------|--------------------|
| Catering Food | \$ 3,160.81 |
| Catering Service Charges | \$ 632.16 |
| Wildside Café | \$ 13,577.62 |
| Gator Bites | \$ 4,628.57 |
| Pretzel Cart | \$ - |
| Pepper Creek Terrace | \$ 2,100.00 |
| Nest of Treasures | \$ 17,783.23 |
| State of Elegance | \$ 9,314.35 |
| Interactive Camp | \$ - |
| Total Sales | \$52,182.35 |

Note: Totals do not include Sales Tax collected.

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

Park: Homosassa Springs Wildlife State Park Date: 12/20/2018

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 11/1/2018 To 11/30/2018

Gross Sales

Sales Location(s): Multiple \$75,466.36

If there are multiple point of sale locations, please include the total sales for all locations on this line; and, list the name and total sales of each location on an attached second sheet.

Subcontractor(s): None + 0

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

Total Taxes Collected: - \$4,122.65

Total Funds from Concessionaire 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) \$9,988.12

State Use Tax (6% rate x Monthly 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 rentals + _____

Other Payments (identify) _____ + _____

Total Monthly Compensation Due = \$9,988.12

Capital Improvements Spending

Monthly Deposit Amount: 2% x Total Gross Sales \$1,426.87

Monthly Spending \$0.00

Total Deposits, Year to Date \$38,905.47

| | |
|-----------------------------------|--------------------|
| Total Disbursements, Year to Date | <u>\$20,838.00</u> |
| Current Balance | <u>\$18,067.47</u> |

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.



 Signature of Concessionaire

12/18/18

 Date

 Signature of Preparer

 Date

 Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

| | |
|--------------------------|---------------------------|
| Catering Food | <u>\$ 5,972.44</u> |
| Catering Service Charges | <u>\$ 970.05</u> |
| Wildside Café | <u>\$ 19,167.94</u> |
| Gator Bites | <u>\$ 6,360.95</u> |
| Pretzel Cart | <u>\$ -</u> |
| Pepper Creek Terrace | <u>\$ 1,400.00</u> |
| Nest of Treasures | <u>\$ 25,131.83</u> |
| State of Elegance | <u>\$ 12,340.50</u> |
| Interactive Camp | <u>\$ -</u> |
| Total Sales | <u><u>\$71,343.71</u></u> |

Note: Totals do not include Sales Tax collected.

EXHIBIT D

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

Park: Homosassa Springs Wildlife State Park Date: 1/20/2019

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 12/1/2018 To 12/31/2018

Gross Sales

Sales Location(s): Multiple \$89,549.12

If there are multiple point of sale locations, please include the total sales for all locations on this line; and, list the name and total sales of each location on an attached second sheet.

Subcontractor(s): None + 0

Subcontractor is defined in paragraph 11 of this Agreement. If there are multiple subcontractors, please include the total gross sales for all subcontractors on this line; and, list the name and total gross sales of each subcontractor on an attached second sheet.

Total Taxes Collected: - \$4,926.87

Total Funds from Concessionaire Employee Food Consumption: - \$0.00

Total Customer Refunds: # of Refunds: - \$0.00

Total Gross Sales = **\$84,622.25**

Monthly Compensation

Monthly Commission (14% rate x Total Gross Sales) \$11,847.12

State Use Tax (6% rate x Monthly 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 rentals +

Other Payments (*identify*) +

Total Monthly Compensation Due = **\$11,847.12**

Capital Improvements Spending

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 | <u>\$20,838.00</u> |
| Current Balance | <u>\$19,759.92</u> |

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.



 Signature of Concessionaire

1/15/19

 Date

 Signature of Preparer

 Date

 Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

| | |
|--------------------------|--------------------|
| Catering Food | \$ 1,769.33 |
| Catering Service Charges | \$ 349.15 |
| Wildside Café | \$ 21,601.63 |
| Gator Bites | \$ 7,215.91 |
| Popcorn | \$ 4,463.20 |
| Pretzel Cart | \$ 4,858.93 |
| Pepper Creek Terrace | \$ 655.00 |
| Nest of Treasures | \$ 28,962.38 |
| State of Elegance | \$ 14,746.72 |
| Total Sales | <u>\$84,622.25</u> |

Note: Totals do not include Sales Tax collected.