

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

Park: Homosassa Springs Wildlife State Park Date: 2/20/2017

Concessionaire Name: Cape Leisure Corporation

Period Covered: From 1/1/2017 To 1/31/2017

<u>Point of Sale/Location of Cash Receipt (excluding base fee amount)</u>	<u>Gross Sales Subtotal</u>
<u>In-Park Food Sales</u>	<u>\$38,988.49</u>
<u>Retail</u>	<u>\$51,067.61</u>
<u>Pepper Creek Terrace</u>	<u>\$700.00</u>
<u>Vending (Net of Sales Tax)</u>	<u>\$924.53</u>

Please refer to the definition of a subcontractor as specified in this agreement. If there are multiple subcontractors, please include the total for all subcontractors on this line; and, list the name of each subcontractor on this form, or on an attached second sheet. If additional space is required, attach second sheet.

<u>Total Gross Sales</u>	<u>\$91,680.63</u>
Monthly Commission: Level Fee/ <u>13</u> % of Gross	<u>\$11,918.48</u>
Use Tax: _____ % of Monthly Commission	<u>Exempt</u>
Other Payments (identify) <u>Refrigerated Vending</u>	<u>\$90.00</u>
Total Payable	<u>\$12,008.48</u>
Use Tax Exemptions	_____

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 record available for review/audit by the Department.

 2-14-17
 Signature of Concessionaire Date


 Signature of Accountant Date

 Accountant Name

Return this form to the Park Manager

Monthly Spending	\$0.00
Total Deposits, Year to Date	\$2,858.99
Total Disbursements, Year to Date	0
Current Balance	\$ 2,858.99

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

3/20/17

 Date

 Signature of Preparer

 Date

 Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

Wildside Café	35,624.44
Gator Bites	17,554.38
Visitor Center Coffee	3,771.62
Vending	579.00
Popcorn	-
Pretzel Cart	8,052.21
Pepper Creek Terrace	3,347.59
Nest of Treasures	49,439.61
State of Elegance	32,876.79
Total Sales	151,245.64

Note: Totals are inclusive of 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: 4/20/2017

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 3/1/2017 To 3/31/2017

Gross Sales

Sales Location(s): Multiple \$191,527.90

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: - 10,506.68

Total Funds from Concessionaire Employee Food Consumption: - 0

Total Customer Refunds: # of Refunds: - 0

Total Gross Sales = **\$181,021.22**

Monthly Compensation

Monthly Commission (14% rate x Total Gross Sales) \$25,342.97

State Use Tax (6% rate x Monthly Commission) + \$1,520.58

State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$1,520.58

Monthly Vending Machine Fee: # of Machines: 2 + \$60.00

Monthly Utility Fee(s) to Park + \$0.00

Pass through fee Pavilion rentals +

Other Payments (*identify*) +

Total Monthly Compensation Due = **\$25,402.97**

Capital Improvements Spending

Monthly Deposit Amount: 2% x Total Gross Sales \$3,620.42

Monthly Spending \$0.00

Total Deposits, Year to Date \$2,858.99

Total Disbursements, Year to Date	<u>0</u>
Current Balance	<u>\$6,479.41</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

4-17-17

 Date

 Signature of Preparer

 Date

 Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

Wildside Café	<u>41,902.00</u>
Gator Bites	<u>20,550.57</u>
Visitor Center Coffee	<u>4,768.26</u>
Vending	<u>471.70</u>
Popcorn	<u>-</u>
Pretzel Cart	<u>9,306.95</u>
Pepper Creek Terrace	<u>-</u>
Nest of Treasures	<u>64,518.81</u>
State of Elegance	<u>39,502.93</u>
Total Sales	<u>181,021.22</u>

Note: Totals do not include Sales Tax collected.

Total Disbursements, Year to Date	<u>0</u>
Current Balance	<u>\$9,413.74</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.

Julie Lane
Signature of Concessionaire

5-18-17
Date

Signature of Preparer

Date

Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

Wildside Café	<u>35,478.52</u>
Gator Bites	<u>17,140.55</u>
Visitor Center Coffee	<u>3,621.53</u>
Vending	<u>1,447.77</u>
Popcorn	<u>-</u>
Pretzel Cart	<u>6,209.33</u>
Pepper Creek Terrace	<u>964.15</u>
Nest of Treasures	<u>51,083.00</u>
State of Elegance	<u>30,771.46</u>
Total Sales	<u>146,716.31</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: 6/20/2017

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 5/1/2017 To 5/31/2017

Gross Sales

Sales Location(s): Multiple \$83,389.45

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: - 4,534.35

Total Funds from Concessionaire Employee Food Consumption: - 0

Total Customer Refunds: # of Refunds: - 0

Total Gross Sales = **\$78,855.10**

Monthly Compensation

Monthly Commission (14% rate x Total Gross Sales) \$11,039.71

State Use Tax (6% rate x Monthly Commission) + \$662.38

State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$662.38

Monthly Vending Machine Fee: # of Machines: 2 + \$60.00

Monthly Utility Fee(s) to Park + \$0.00

Pass through fee Pavilion rentals +

Other Payments (*identify*) +

Total Monthly Compensation Due = **\$11,099.71**

Capital Improvements Spending

Monthly Deposit Amount: 2% x Total Gross Sales \$1,577.10

Monthly Spending \$0.00

Total Deposits, Year to Date \$9,413.74

Total Disbursements, Year to Date	<u>0</u>
Current Balance	<u>\$10,990.84</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

6-15-17

 Date

 Signature of Preparer

 Date

 Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

Wildside Café	<u>20,029.59</u>
Gator Bites	<u>9,719.51</u>
Visitor Center Coffee	<u>1,722.35</u>
Vending	<u>888.68</u>
Popcorn	<u>-</u>
Pretzel Cart	<u>1,302.24</u>
Pepper Creek Terrace	<u>1,264.62</u>
Nest of Treasures	<u>27,933.36</u>
State of Elegance	<u>15,994.75</u>
Total Sales	<u>78,855.10</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: 7/20/2017

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 6/1/2017 To 6/30/2017

Gross Sales

Sales Location(s): Multiple \$89,004.45

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: - 4,807.73

Total Funds from Concessionaire Employee Food Consumption: - 0

Total Customer Refunds: # of Refunds: _____ - 0

Total Gross Sales = **\$84,196.72**

Monthly Compensation

Monthly Commission (14% rate x Total Gross Sales) \$11,787.54

State Use Tax (6% rate x Monthly Commission) + \$707.25

State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$707.25

Monthly Vending Machine Fee: \$30 # of Machines: 2 + \$60.00

Monthly Utility Fee(s) to Park + \$0.00

Pass through fee Pavilion rentals + _____

Other Payments (*identify*) _____ + _____

Total Monthly Compensation Due = **\$11,847.54**

Capital Improvements Spending

Monthly Deposit Amount: 2% x Total Gross Sales \$1,683.93

Monthly Spending \$0.00

Total Deposits, Year to Date \$10,990.85

Total Disbursements, Year to Date 0
 Current Balance \$12,674.78

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.

 7-17-17
 Signature of Concessionaire Date

 Signature of Preparer Date

 Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

Wildside Café	<u>21,308.73</u>
Gator Bites	<u>9,763.49</u>
Visitor Center Coffee	<u>1,630.48</u>
Vending	<u>-</u>
Popcorn	<u>-</u>
Pretzel Cart	<u>-</u>
Pepper Creek Terrace	<u>-</u>
Nest of Treasures	<u>32,795.06</u>
State of Elegance	<u>18,698.96</u>
Total Sales	<u>84,196.72</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: 8/20/2017

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 7/1/2017 To 7/31/2017

Gross Sales

Sales Location(s): Multiple \$113,120.21

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: - 6,133.68

Total Funds from Concessionaire Employee Food Consumption: - 0

Total Customer Refunds: # of Refunds: 0 - 0

Total Gross Sales = \$106,986.53

Monthly Compensation

Monthly Commission (14% rate x Total Gross Sales) \$14,978.11

State Use Tax (6% rate x Monthly Commission) + \$898.69

State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$898.69

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 = \$14,978.11

Capital Improvements Spending

Monthly Deposit Amount: 2% x Total Gross Sales \$2,139.73

Monthly Spending \$0.00

Total Deposits, Year to Date \$12,674.78

Total Disbursements, Year to Date 0
 Current Balance \$14,814.51

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

8/15/17

 Date

 Signature of Preparer

 Date

 Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

Wildside Café	27,745.66
Gator Bites	12,501.45
Visitor Center Coffee	2,003.12
Vending	-
Popcorn	-
Pretzel Cart	-
Pepper Creek Terrace	1,215.09
Nest of Treasures	38,385.80
State of Elegance	25,135.41
Total Sales	106,986.53

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: 9/20/2017

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 8/1/2017 To 8/31/2017

Gross Sales

Sales Location(s): Multiple \$69,884.54

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: - 3,712.90

Total Funds from Concessionaire Employee Food Consumption: - 0

Total Customer Refunds: # of Refunds: - 0

Total Gross Sales = **\$66,171.64**

Monthly Compensation

Monthly Commission (14% rate x Total Gross Sales) \$9,264.03

State Use Tax (6% rate x Monthly Commission) + \$555.84

State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$555.84

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 = **\$9,264.03**

Capital Improvements Spending

Monthly Deposit Amount: 2% x Total Gross Sales \$1,323.43

Monthly Spending \$0.00

Total Deposits, Year to Date \$16,137.94

Total Disbursements, Year to Date	<u>0</u>
Current Balance	<u>\$16,137.94</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

9/18/17

 Date

 Signature of Preparer

 Date

 Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

Catering Food	<u>0</u>
Wildside Café	<u>19,213.40</u>
Gator Bites	<u>7,487.65</u>
Visitor Center Coffee	<u>33.43</u>
Vending	<u>-</u>
Popcorn	<u>-</u>
Pretzel Cart	<u>-</u>
Pepper Creek Terrace	<u>-</u>
Catering Facility	<u>888.68</u>
Nest of Treasures	<u>22,496.59</u>
State of Elegance	<u>16,051.89</u>
Total Sales	<u>66,171.64</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: 10/20/2017

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 9/1/2017 To 9/30/2017

Gross Sales

Sales Location(s): Multiple \$30,236.42

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>\$1,652.36</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>\$28,584.06</u>

Monthly Compensation

Monthly Commission (14% rate x Total Gross Sales)	<u>\$4,001.77</u>
State Use Tax (6% rate x Monthly Commission)	+ <u>\$240.11</u>
State Use Tax Exempt Amount (enter \$0.00 if not exempt)	- <u>\$240.11</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>\$4,001.77</u>

Capital Improvements Spending

Monthly Deposit Amount: 2% x Total Gross Sales	<u>\$571.68</u>
Monthly Spending	<u>\$0.00</u>
Total Deposits, Year to Date	<u>\$16,709.62</u>

Total Disbursements, Year to Date	0
Current Balance	<u>\$16,709.62</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	10-17-17 _____ Date
---	---------------------------

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

Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

Catering Food	<u>\$3,111.70</u>
Wildside Café	<u>\$6,915.12</u>
Gator Bites	<u>\$2,879.48</u>
Visitor Center Coffee	<u>\$0.00</u>
Vending	<u>\$0.00</u>
Popcorn	<u>\$0.00</u>
Pretzel Cart	<u>\$0.00</u>
Pepper Creek Terrace	<u>\$1,246.69</u>
Catering Facility	<u>\$0.00</u>
Nest of Treasures	<u>\$8,587.71</u>
State of Elegance	<u>\$5,843.36</u>
Total Sales	<u><u>\$28,584.06</u></u>

Note: Totals do not include Sales Tax collected.

Total Deposits	\$	-
----------------	----	---

Total Disbursements, Year to Date 0
 Current Balance \$17,756.51

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

11/15/17

 Date

 Signature of Preparer

 Date

 Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

Catering Food	<u>\$492.59</u>
Wildside Café	<u>\$14,049.79</u>
Gator Bites	<u>\$5,711.75</u>
Visitor Center Coffee	<u>\$1.89</u>
Vending	<u>\$0.00</u>
Popcorn	<u>\$1,222.17</u>
Pretzel Cart	<u>\$248.83</u>
Pepper Creek Terrace	<u>\$703.77</u>
Catering Facility	<u>\$497.17</u>
Nest of Treasures	<u>\$18,112.64</u>
State of Elegance	<u>\$11,304.08</u>
Total Sales	<u><u>\$52,344.68</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: 12/20/2017

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 11/1/2017 To 11/30/2017

Gross Sales

Sales Location(s): Multiple \$71,275.67

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>\$3,952.99</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>\$67,322.68</u>

Monthly Compensation

Monthly Commission (14% rate x Total Gross Sales)	<u>\$9,425.18</u>
State Use Tax (6% rate x Monthly Commission)	+ <u>\$565.51</u>
State Use Tax Exempt Amount (enter \$0.00 if not exempt)	- <u>\$565.51</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>\$9,425.18</u>

Capital Improvements Spending

Monthly Deposit Amount: 2% x Total Gross Sales	<u>\$1,346.45</u>
Monthly Spending	<u>\$0.00</u>
Total Deposits, Year to Date	<u>\$19,102.96</u>

Total Disbursements, Year to Date 0
 Current Balance \$19,102.96

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.

 12-14-17
 Signature of Concessionaire Date

 Signature of Preparer Date

 Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

Catering Food	<u>\$961.15</u>
Wildside Café	<u>\$16,964.82</u>
Gator Bites	<u>\$7,458.53</u>
Visitor Center Coffee	<u>\$0.00</u>
Vending	<u>\$0.00</u>
Popcorn	<u>\$0.00</u>
Pretzel Cart	<u>\$763.78</u>
Pepper Creek Terrace	<u>\$0.00</u>
Catering Facility	<u>\$1,863.35</u>
Nest of Treasures	<u>\$23,946.71</u>
State of Elegance	<u>\$15,364.34</u>
Total Sales	<u><u>\$67,322.68</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: 1/20/2018
 Concessionaire Name: Cape Leisure Homosassa, LLC
 Period Covered: From 12/1/2017 To 12/31/2017

Gross Sales

Sales Location(s): Multiple \$104,477.11

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>\$5,851.30</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>\$98,625.81</u>

Monthly Compensation

Monthly Commission (14% rate x Total Gross Sales)	<u>\$13,807.61</u>
State Use Tax (6% rate x Monthly Commission)	+ <u>\$828.46</u>
State Use Tax Exempt Amount (enter \$0.00 if not exempt)	- <u>\$828.46</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>\$13,807.61</u>

Capital Improvements Spending

Monthly Deposit Amount: 2% x Total Gross Sales	<u>\$1,972.52</u>
Monthly Spending	<u>\$1,420.00</u>
Total Deposits, Year to Date	<u>\$21,075.48</u>

Total Disbursements, Year to Date	\$1,420.00
Current Balance	\$19,655.48

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

1-17-18

 Date

 Signature of Preparer

 Date

 Preparer Name

Return this form to the Department's Agreement Manager

Sales Locations Detail

Catering Food	\$4,539.66
Wildside Café	\$22,937.54
Gator Bites	\$8,179.22
Visitor Center Coffee	\$0.00
Vending	\$0.00
Popcorn	\$5,754.17
Pretzel Cart	\$7,832.78
Pepper Creek Terrace	\$0.00
Catering Facility	\$343.58
Nest of Treasures	\$30,191.96
State of Elegance	\$18,846.90
Total Sales	\$98,625.81

Note: Totals do not include Sales Tax collected.