

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

Park: Homosassa Springs Wildlife State Park Date: 2/20/2019

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 1/1/2019 To 1/31/2019

**Gross Sales**

Sales Location(s): Multiple \$97,701.51

*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: - \$5,419.26

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

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

**Total Gross Sales** = \$92,282.25

**Monthly Compensation**

Monthly Commission (14% rate x Total Gross Sales) \$12,919.52

State Use Tax (6% rate x Monthly Commission) + \$775.17

State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$775.17

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** = \$12,919.52

**Capital Improvements Spending**

Monthly Deposit Amount: 2% x Total Gross Sales \$1,845.65

Monthly Spending \$0.00

Total Deposits, Year to Date \$42,443.57

Total Disbursements, Year to Date	\$20,838.00
Current Balance	\$21,605.57

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

2/14/19  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Preparer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Preparer Name

Return this form to the Department's Agreement Manager

**Sales Locations Detail**

Catering Food	\$ 4,208.06
Catering Service Charges	\$ 711.94
Wildside Café	\$ 24,765.84
Gator Bites	\$ 8,175.88
Popcorn	\$ 249.61
Pretzel Cart	\$ 5,466.95
Pepper Creek Terrace	\$ 700.00
Nest of Treasures	\$ 31,354.89
State of Elegance	\$ 16,649.08
<b>Total Sales</b>	<b>\$92,282.25</b>

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: 3/20/2019

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 2/1/2019 To 2/28/2019

**Gross Sales**

Sales Location(s): Multiple \$137,696.49

*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: - \$7,448.67

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

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

**Total Gross Sales** = **\$130,247.82**

**Monthly Compensation**

Monthly Commission (14% rate x Total Gross Sales) \$18,234.69

State Use Tax (6% rate x Monthly Commission) + \$1,094.08

State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$1,094.08

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** = **\$18,234.69**

**Capital Improvements Spending**

Monthly Deposit Amount: 2% x Total Gross Sales \$2,604.96

Monthly Spending \$0.00

Total Deposits, Year to Date \$45,048.52



Total Disbursements, Year to Date	<u>\$20,838.00</u>
Current Balance	<u>\$24,210.52</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

3/14/19  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Preparer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Preparer Name

Return this form to the Department's Agreement Manager

**Sales Locations Detail**

Catering Food	<u>\$ 6,243.88</u>
Catering Service Charges	<u>\$ 1,561.49</u>
Wildside Café	<u>\$ 34,175.88</u>
Gator Bites	<u>\$ 15,970.16</u>
Popcorn	<u>\$ 3,600.89</u>
Pretzel Cart	<u>\$ 6,895.36</u>
Pepper Creek Terrace	<u>\$ 2,121.00</u>
Nest of Treasures	<u>\$ 36,578.72</u>
State of Elegance	<u>\$ 23,100.44</u>
<b>Total Sales</b>	<u><u>\$130,247.82</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: 4/20/2019

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 3/1/2019 To 3/31/2019

**Gross Sales**

Sales Location(s): Multiple \$178,099.91

*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>\$9,741.32</u>
Total Funds from Concessionaire Employee Food Consumption:	-	<u>\$0.00</u>
Total Customer Refunds: # of Refunds: _____	-	<u>\$0.00</u>
<b>Total Gross Sales</b>	<b>=</b>	<b><u>\$168,358.59</u></b>

**Monthly Compensation**

Monthly Commission (14% rate x Total Gross Sales)		<u>\$23,570.20</u>
State Use Tax (6% rate x Monthly Commission)	+	<u>\$1,414.21</u>
State Use Tax Exempt Amount (enter \$0.00 if not exempt)	-	<u>\$1,414.21</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>
<b>Total Monthly Compensation Due</b>	<b>=</b>	<b><u>\$23,570.20</u></b>

**Capital Improvements Spending**

Monthly Deposit Amount: 2% x Total Gross Sales		<u>\$3,367.17</u>
Monthly Spending		<u>\$3,035.14</u>
Total Deposits, Year to Date		<u>\$48,415.69</u>

Total Disbursements, Year to Date	<u>\$23,873.14</u>
Current Balance	<u>\$24,542.55</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

4/16/19

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer Name

Return this form to the Department's Agreement Manager

**Sales Locations Detail**

Catering Food	\$ 10,723.33
Catering Service Charges	<u>\$ 1,482.10</u>
Wildside Café	<u>\$ 40,913.74</u>
Gator Bites	<u>\$ 17,535.43</u>
Popcorn	<u>\$ 5,900.02</u>
Pretzel Cart	<u>\$ 12,043.47</u>
Pepper Creek Terrace	<u>\$ 1,950.00</u>
Nest of Treasures	<u>\$ 51,215.18</u>
State of Elegance	<u>\$ 26,595.32</u>
<b>Total Sales</b>	<u><u>\$168,358.59</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: 5/20/2019

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 4/1/2019 To 4/30/2019

**Gross Sales**

Sales Location(s): Multiple \$130,781.82

*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>\$7,051.05</u>
Total Funds from Concessionaire Employee Food Consumption:	-	<u>\$0.00</u>
Total Customer Refunds: # of Refunds: _____	-	<u>\$0.00</u>
<b>Total Gross Sales</b>	<b>=</b>	<b><u>\$123,730.77</u></b>

**Monthly Compensation**

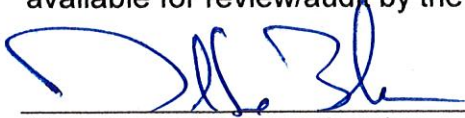
Monthly Commission (14% rate x Total Gross Sales)		<u>\$17,322.31</u>
State Use Tax (6% rate x Monthly Commission)	+	<u>\$1,039.34</u>
State Use Tax Exempt Amount (enter \$0.00 if not exempt)	-	<u>\$1,039.34</u>
Monthly Vending Machine Fee: \$30 # of Machines: <u>0</u>	+	<u>\$0.00</u>
Monthly Utility Fee(s) to Park	+	<u>\$0.00</u>
Pass through fee Pavilion rentals	+	_____
Other Payments ( <i>identify</i> ) _____	+	_____
<b>Total Monthly Compensation Due</b>	<b>=</b>	<b><u>\$17,322.31</u></b>

**Capital Improvements Spending**

Monthly Deposit Amount: 2% x Total Gross Sales		<u>\$2,474.62</u>
Monthly Spending		<u>\$0.00</u>
Total Deposits, Year to Date		<u>\$50,890.31</u>

Total Disbursements, Year to Date	\$23,873.14
Current Balance	\$27,017.17

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

5/15/19  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Preparer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Preparer Name

Return this form to the Department's Agreement Manager

**Sales Locations Detail**

Catering Food	\$ 2,481.79
Catering Service Charges	\$ 480.70
Wildside Café	\$ 27,641.04
Gator Bites	\$ 12,855.97
Popcorn	\$ 2,271.98
Pretzel Cart	\$ 7,337.00
Pepper Creek Terrace	\$ 2,327.36
Nest of Treasures	\$ 47,210.49
State of Elegance	\$ 19,624.44
Interactive Camp	\$ 1,500.00
<b>Total Sales</b>	<b>\$123,730.77</b>

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: 6/20/2019

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 5/1/2019 To 5/31/2019

**Gross Sales**

Sales Location(s): Multiple \$65,014.98

*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: - \$3,284.40

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

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

**Total Gross Sales** = **\$61,730.58**

**Monthly Compensation**

Monthly Commission (14% rate x Total Gross Sales) \$8,642.28

State Use Tax (6% rate x Monthly Commission) + \$518.54

State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$518.54

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** = **\$8,642.28**

**Capital Improvements Spending**

Monthly Deposit Amount: 2% x Total Gross Sales \$1,234.61

Monthly Spending \$0.00

Total Deposits, Year to Date \$52,124.92

Total Disbursements, Year to Date	\$23,873.14
Current Balance	\$28,251.78

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.

  
 \_\_\_\_\_  
 Signature of Concessionaire

6/17/19  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Preparer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Preparer Name

Return this form to the Department's Agreement Manager

**Sales Locations Detail**

Catering Food	\$ 2,178.40
Catering Service Charges	\$ 316.08
Wildside Café	\$ 17,171.26
Gator Bites	\$ 6,733.82
Popcorn	\$ -
Pretzel Cart	\$ 1,633.39
Pepper Creek Terrace	\$ 900.00
Nest of Treasures	\$ 19,616.45
State of Elegance	\$ 9,881.18
Interactive Camp	\$ 3,300.00
<b>Total Sales</b>	<b>\$61,730.58</b>

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: 7/20/2019

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: ~~From 6/1/2019 To 6/30/2019~~

**Gross Sales**

Sales Location(s): Multiple \$65,062.81

*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>\$3,313.89</u>
Total Funds from Concessionaire Employee Food Consumption:	-	<u>\$0.00</u>
Total Customer Refunds: # of Refunds: _____	-	<u>\$0.00</u>
<b>Total Gross Sales</b>	<b>=</b>	<b><u>\$61,748.92</u></b>

**Monthly Compensation**

Monthly Commission (14% rate x Total Gross Sales)		<u>\$8,644.85</u>
State Use Tax (6% rate x Monthly Commission)	+	<u>\$518.69</u>
State Use Tax Exempt Amount (enter \$0.00 if not exempt)	-	<u>\$518.69</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> ) _____	+	_____
<b>Total Monthly Compensation Due</b>	<b>=</b>	<b><u>\$8,644.85</u></b>

**Capital Improvements Spending**

Monthly Deposit Amount: 2% x Total Gross Sales		<u>\$1,234.98</u>
Monthly Spending		<u>\$0.00</u>
Total Deposits, Year to Date		<u>\$53,359.90</u>



Total Disbursements, Year to Date	<u>\$33,873.14</u>
Current Balance	<u>\$19,486.76</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

7/16/19  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Preparer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Preparer Name

Return this form to the Department's Agreement Manager

**Sales Locations Detail**

Catering Food	\$ 2,439.35
Catering Service Charges	\$ 467.87
Wildside Café	\$ 19,188.93
Gator Bites	\$ 7,064.01
Popcorn	\$ -
Pretzel Cart	\$ -
Pepper Creek Terrace	\$ 600.00
Nest of Treasures	\$ 18,518.18
State of Elegance	\$ 10,720.58
Interactive Camp	\$ 2,750.00
<b>Total Sales</b>	<u>\$61,748.92</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: 8/20/2019  
 Concessionaire Name: Cape Leisure Homosassa, LLC  
 Period Covered: From 7/1/2019 To 7/31/2019

**Gross Sales**

Sales Location(s): Multiple \$74,383.17  
*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>\$3,930.35</u>
Total Funds from Concessionaire Employee Food Consumption:	-	<u>\$0.00</u>
Total Customer Refunds: # of Refunds: _____	-	<u>\$0.00</u>
<b>Total Gross Sales</b>	<b>=</b>	<b><u>\$70,452.82</u></b>

**Monthly Compensation**

Monthly Commission (14% rate x Total Gross Sales)		<u>\$9,863.39</u>
State Use Tax (6% rate x Monthly Commission)	+	<u>\$591.80</u>
State Use Tax Exempt Amount (enter \$0.00 if not exempt)	-	<u>\$591.80</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> ) _____	+	_____
<b>Total Monthly Compensation Due</b>	<b>=</b>	<b><u>\$9,863.39</u></b>

**Capital Improvements Spending**

Monthly Deposit Amount: 2% x Total Gross Sales		<u>\$1,409.06</u>
Monthly Spending		<u>\$0.00</u>
Total Deposits, Year to Date		<u>\$54,768.96</u>

Total Disbursements, Year to Date	<u>\$43,523.14</u>
Current Balance	<u>\$11,245.81</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

8/15/19  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Preparer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Preparer Name

Return this form to the Department's Agreement Manager

**Sales Locations Detail**

Catering Food	<u>\$ 1,847.71</u>
Catering Service Charges	<u>\$ 419.40</u>
Wildside Café	<u>\$ 24,916.70</u>
Gator Bites	<u>\$ 10,057.03</u>
Popcorn	<u>\$ -</u>
Pretzel Cart	<u>\$ -</u>
Pepper Creek Terrace	<u>\$ 1,020.00</u>
Nest of Treasures	<u>\$ 28,468.78</u>
State of Elegance	<u>\$ 3,198.20</u>
Interactive Camp	<u>\$ 525.00</u>
<b>Total Sales</b>	<u><u>\$70,452.82</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: 9/20/2019

Concessionaire Name: Cape Leisure Homosassa, LLC

Period Covered: From 8/1/2019 To 8/31/2019

**Gross Sales**

Sales Location(s): Multiple \$37,798.26

*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: - \$1,977.24

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

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

**Total Gross Sales** = **\$35,821.02**

**Monthly Compensation**

Monthly Commission (14% rate x Total Gross Sales) \$5,014.94

State Use Tax (6% rate x Monthly Commission) + \$300.90

State Use Tax Exempt Amount (enter \$0.00 if not exempt) - \$300.90

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** = **\$5,014.94**

**Capital Improvements Spending**

Monthly Deposit Amount: 2% x Total Gross Sales \$716.42

Monthly Spending \$0.00

Total Deposits, Year to Date \$55,485.38

Total Disbursements, Year to Date	<u>\$43,523.14</u>
Current Balance	<u>\$11,962.23</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

9/17/19  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Preparer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Preparer Name

Return this form to the Department's Agreement Manager

**Sales Locations Detail**

Catering Food	<u>\$ 1,075.55</u>
Catering Service Charges	<u>\$ 215.11</u>
Wildside Café	<u>\$ 15,791.07</u>
Gator Bites	<u>\$ 4,713.34</u>
Popcorn	<u>\$ -</u>
Pretzel Cart	<u>\$ -</u>
Pepper Creek Terrace	<u>\$ 350.00</u>
Nest of Treasures	<u>\$ 13,675.95</u>
State of Elegance	<u>\$ -</u>
Interactive Camp	<u>\$ -</u>
<b>Total Sales</b>	<u><u>\$35,821.02</u></u>

Note: Totals do not include Sales Tax collected.

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

Park: Ellie Schiller Homosassa Springs Wildlife State Park

Date: 10/29/19  
 Revised-(Original submitted on 10/18/19)

Concessionaire Name: Springs Provision Company, LLC

Period Covered: From 9/17/2019 To 9/30/2019

Note: First day as concessionaire is 9/17/19

**Gross Sales**

Sale Location(s): Multiple \$ 13,570.37

*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 +\$ 0.00

*Subcontractor is defined in paragraph 11 of the 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: -\$ 769.41

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

**Total Gross Sales:** = \$ 12,800.96

**Monthly Compensation**

Monthly Commission (18% rate x Total Gross Sales) \$ 2,304.17

State Use Tax (5.7% rate x Monthly Commission) +\$ 131.34

State Use Tax Exempt Amount (enter \$0.00 if not exempt) -\$ 131.34

Park Admission Fees Collected +\$ 0.00

# of Paid Visitors: \_\_\_\_\_ # of Free Entry Visitors \_\_\_\_\_

Credit Card processing fees borne by the Concessionaire (limited to Park Admission Fees and other Department-approved fees) -\$ 0.00

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

Pass through fee Pavilion rentals +\$ 0.00

Othe Payments (identify) \_\_\_\_\_ +\$ 0.00

**Total Monthly Compensation Due:** = \$ 2,304.17



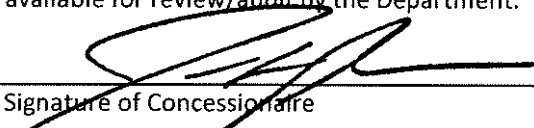
**EXHIBIT D**

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

**Capital Improvement Account** (*Does not commence until Jan. 1, 2022*)

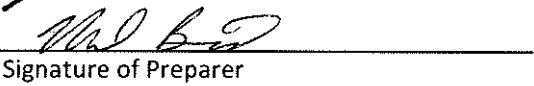
Monthly Deposit Amount: _____ % x Total Gross Sales	\$ _____
Monthly Spending	\$ _____
End of month balance	\$ _____
Total Deposits, Year to Date	\$ _____
Total Disbursements, Year to Date	\$ _____

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

10/29/19  
\_\_\_\_\_  
Date

*Revised-(Original submitted on 10/18/19)*

  
\_\_\_\_\_  
Signature of Preparer

10/29/19  
\_\_\_\_\_  
Date

*Revised-(Original submitted on 10/18/19)*

Merit Bender  
\_\_\_\_\_  
Preparer Name

Return this form to the Department's Agreement Manager.

**Sales Locations Detail**

Visitor Center Shop	3,946.18
West Entrance Shop	4,227.50
Café	5,396.69
	<u><u>13,570.37</u></u>

**EXHIBIT D**

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

Park: Ellie Schiller Homosassa Springs Wildlife State Park Date: November 13, 2019

Concessionaire Name: Springs Provision Company, LLC

Period Covered: From 10/1/2019 To 10/31/2019

**Gross Sales**

Sale Location(s): Multiple \$ 43,304.72

*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 +\$ 0.00

*Subcontractor is defined in paragraph 11 of the 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: -\$ 2,598.28

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

**Total Gross Sales:** = \$ 40,706.44

**Monthly Compensation**

Monthly Commission (18% rate x Total Gross Sales) \$ 7,327.16

State Use Tax (5.7% rate x Monthly Commission) +\$ 417.65

State Use Tax Exempt Amount (enter \$0.00 if not exempt) -\$ 417.65

Park Admission Fees Collected +\$ 9,900.00

# of Paid Visitors: \_\_\_\_\_ # of Free Entry Visitors \_\_\_\_\_

Credit Card processing fees borne by the Concessionaire (limited to Park Admission Fees and other Department-approved fees) -\$ 0.00

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

Pass through fee Pavilion rentals +\$ 0.00

Othe Payments (identify) \_\_\_\_\_ +\$ 0.00

**Total Monthly Compensation Due:** = \$ 17,227.16

**EXHIBIT D**

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

**Capital Improvement Account (Does not commence until Jan. 1, 2022)**

Monthly Deposit Amount: _____ % x Total Gross Sales	\$ _____
Monthly Spending	\$ _____
End of month balance	\$ _____
Total Deposits, Year to Date	\$ _____
Total Disbursements, Year to Date	\$ _____

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

11/13/19  
\_\_\_\_\_  
Date

Doreen Q. Welch  
\_\_\_\_\_  
Signature of Preparer

11/13/19  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer Name

Return this form to the Department's Agreement Manager.

**Sales Locations Detail**

Visitor Center Shop	13,281.06
West Entrance Shop	15,046.20
Online Store (commissionable sales only)	737.59
Pepper Creek Terrace	2,226.00
Café	12,013.87
	<u><u>43,304.72</u></u>



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

Park: Ellie Schiller Homosassa Springs Wildlife State Park Date: December 13, 2019

Concessionaire Name: Springs Provision Company, LLC

Period Covered: From 11/1/2019 To 11/30/2019

**Gross Sales**

Sale Location(s): Multiple \$ 69,121.20

*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 +\$ 0.00

*Subcontractor is defined in paragraph 11 of the 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: -\$ 4,914.23

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

**Total Gross Sales:** = \$ 64,206.97

**Monthly Compensation**

Monthly Commission (18% rate x Total Gross Sales) \$ 11,557.25

State Use Tax (5.7% rate x Monthly Commission) +\$ 658.76

State Use Tax Exempt Amount (enter \$0.00 if not exempt) -\$ 658.76

Park Admission Fees Collected +\$ \_\_\_\_\_

# of Paid Visitors: \_\_\_\_\_ # of Free Entry Visitors \_\_\_\_\_

Credit Card processing fees borne by the Concessionaire (limited to Park Admission Fees and other Department-approved fees) -\$ 0.00

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

Pass through fee Pavilion rentals +\$ 0.00

Other Payments (identify) Online Sales for Passes +\$ 15,540.00

**Total Monthly Compensation Due:** = \$ 27,097.25

**EXHIBIT D**

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

**Capital Improvement Account** *(Does not commence until Jan. 1, 2022)*

Monthly Deposit Amount: \_\_\_\_\_ % x Total Gross Sales \$ \_\_\_\_\_

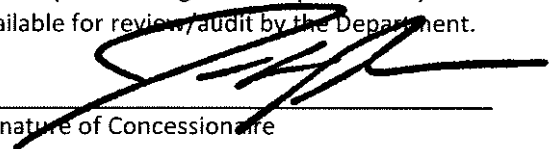
Monthly Spending \$ \_\_\_\_\_

End of month balance \$ \_\_\_\_\_

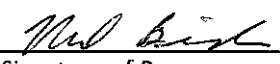
Total Deposits, Year to Date \$ \_\_\_\_\_

Total Disbursements, Year to Date \$ \_\_\_\_\_

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

12/16/19  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Preparer

12/16/19  
\_\_\_\_\_  
Date

Nest Borden  
\_\_\_\_\_  
Preparer Name

Return this form to the Department's Agreement Manager.

**Sales Locations Detail**

Visitor Center Shop	15,159.98
West Entrance Shop	30,440.47
Online Store (commissionable sales only)	2,581.30
Pepper Creek Terrace	1,942.01
Café	18,997.44
	<b>69,121.20</b>

**EXHIBIT D**

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

Park: Ellie Schiller Homosassa Springs Wildlife State Park Date: January 15, 2020

Concessionaire Name: Springs Provision Company, LLC

Period Covered: From 12/1/2019 To 12/31/2019

**Gross Sales**

Sale Location(s): Multiple \$ 92,862.94

*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 +\$ 0.00

*Subcontractor is defined in paragraph 11 of the 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: -\$ 7,443.76

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

**Total Gross Sales:** = \$ 85,419.18

**Monthly Compensation**

Monthly Commission (18% rate x Total Gross Sales) \$ 15,375.45

State Use Tax (5.7% rate x Monthly Commission) +\$ 876.40

State Use Tax Exempt Amount (enter \$0.00 if not exempt) -\$ 876.40

Park Admission Fees Collected +\$ \_\_\_\_\_

# of Paid Visitors: \_\_\_\_\_ # of Free Entry Visitors \_\_\_\_\_

Credit Card processing fees borne by the Concessionaire (limited to Park Admission Fees and other Department-approved fees) -\$ 0.00

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

Pass through fee Pavilion rentals +\$ 0.00

Other Payments (identify) Online Sales for Passes +\$ 37,662.20

**Total Monthly Compensation Due:** = \$ 53,037.65

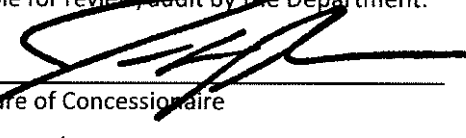
**EXHIBIT D**

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


**Capital Improvement Account** (*Does not commence until Jan. 1, 2022*)

Monthly Deposit Amount: _____ % x Total Gross Sales	\$ _____
Monthly Spending	\$ _____
End of month balance	\$ _____
Total Deposits, Year to Date	\$ _____
Total Disbursements, Year to Date	\$ _____

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

1/15/20  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Preparer

1/15/20  
\_\_\_\_\_  
Date

Nest Binder  
\_\_\_\_\_  
Preparer Name

Return this form to the Department's Agreement Manager.

**Sales Locations Detail**

Visitor Center Shop	18,789.76
West Entrance Shop	41,413.94
Online Store (commissionable sales only)	4,962.68
Pepper Creek Terrace	434.00
Café	27,262.56
	<u><u>92,862.94</u></u>