

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: February 21, 2020

Concessionaire Name: Springs Provision Company, LLC

Period Covered: From 1/1/2020 To 1/31/2020

Gross Sales

Sale Location(s): Multiple \$ 92,233.61

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: -\$ 6,125.02

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

Total Gross Sales: = \$ 86,108.59

Monthly Compensation

Monthly Commission (18% rate x Total Gross Sales) \$ 15,499.55

State Use Tax (5.7% rate x Monthly Commission) +\$ 883.47

State Use Tax Exempt Amount (enter \$0.00 if not exempt) -\$ 883.47

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 +\$ 13,860.00

Total Monthly Compensation Due: = \$ 29,359.55

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

2/24/20

Date

Signature of Preparer

2/24/20

Date

NEIL BENDER

Preparer Name

Return this form to the Department's Agreement Manager.

Sales Locations Detail

Visitor Center Shop	20,866.85
West Entrance Shop	43,674.20
Online Store (commissionable sales only)	1,171.97
Pepper Creek Terrace	0.00
Café	26,520.59
	<u><u>92,233.61</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: March 13, 2020

Concessionaire Name: Springs Provision Company, LLC

Period Covered: From 2/1/2020 To 2/29/2020

Gross Sales

Sale Location(s): Multiple \$ 130,021.41

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: -\$ 8,958.76

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

Total Gross Sales: = \$ 121,062.65

Monthly Compensation

Monthly Commission (18% rate x Total Gross Sales) \$ 21,791.28

State Use Tax (5.7% rate x Monthly Commission) +\$ 1,242.10

State Use Tax Exempt Amount (enter \$0.00 if not exempt) -\$ 1,242.10

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 +\$ 30,720.00

Total Monthly Compensation Due: = \$ 52,511.28

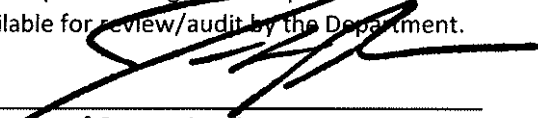
EXHIBIT D

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	\$ _____

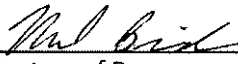
CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the accounting records available for review/audit by the Department.



Signature of Concessionaire

3/13/20

Date



Signature of Preparer

3/13/20

Date

Neil Binder

Preparer Name

Return this form to the Department's Agreement Manager.

Sales Locations Detail

Visitor Center Shop	33,209.73
West Entrance Shop	56,533.53
Online Store (commissionable sales only)	3,750.88
Pepper Creek Terrace	1,871.38
Café	34,655.89
	<u><u>130,021.41</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: April 13, 2020

Concessionaire Name: Springs Provision Company, LLC

Period Covered: From 3/1/2020 To 3/31/2020

Gross Sales

Sale Location(s): Multiple \$ 57,080.43

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: -\$ 4,379.05

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

Total Gross Sales: = \$ 52,701.38

Monthly Compensation

Monthly Commission (18% rate x Total Gross Sales) \$ 9,486.25

State Use Tax (5.7% rate x Monthly Commission) +\$ 540.72

State Use Tax Exempt Amount (enter \$0.00 if not exempt) -\$ 540.72

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 +\$ 20,580.00

Total Monthly Compensation Due: = \$ 30,066.25

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

Date

Signature of Preparer

Date

Preparer Name

Return this form to the Department's Agreement Manager.

Sales Locations Detail

Visitor Center Shop	13,934.49
West Entrance Shop	21,741.57
Online Store (commissionable sales only)	2,195.46
Pepper Creek Terrace	175.00
Café	19,033.91
	<u>57,080.43</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: 6/4/20

Concessionaire Name: Springs Provision Company, LLC

Period Covered: From 4/1/2020 To 4/30/2020

Gross Sales

Sale Location(s): None \$ 0.00

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: -\$ 0.00

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

Total Gross Sales: = \$ 0.00

Monthly Compensation

Monthly Commission (18% rate x Total Gross Sales) \$ 0.00

State Use Tax (6% rate x Monthly Commission) +\$ 0.00

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

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: = \$ 0.00

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

Date

Neil Binder

Signature of Preparer

6/4/20

Date

Neil Binder

Preparer Name

Return this form to the Department's Agreement Manager.

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: June 15, 2020

Concessionaire Name: Springs Provision Company, LLC

Period Covered: From 5/1/2020 To 5/31/2020

Gross Sales

Sale Location(s): Multiple \$ 5,503.72

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: -\$ 248.33

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

Total Gross Sales: = \$ 5,255.39

Monthly Compensation

Monthly Commission (18% rate x Total Gross Sales) \$ 945.98

State Use Tax (5.7% rate x Monthly Commission) +\$ 53.92

State Use Tax Exempt Amount (enter \$0.00 if not exempt) -\$ 53.92

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 +\$ 72,240.00

Total Monthly Compensation Due: = \$ 73,185.98

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

6/15/20

Date

Signature of Preparer

6/15/20

Date

Neil Borden

Preparer Name

Return this form to the Department's Agreement Manager.

Sales Locations Detail

Visitor Center Shop	0.00
West Entrance Shop	3,386.63
Online Store (commissionable sales only)	1,133.37
Pepper Creek Terrace	0.00
Café	983.72
	<u>5,503.72</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: July 13, 2020

Concessionaire Name: Springs Provision Company, LLC

Period Covered: From 6/1/2020 To 6/30/2020

Gross Sales

Sale Location(s): Multiple \$ 36,445.90

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 +\$ 0.00

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: -\$ 2,102.34

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

Total Gross Sales: = \$ 34,343.56

Monthly Compensation

Monthly Commission (18% rate x Total Gross Sales) \$ 6,181.84

State Use Tax (5.7% rate x Monthly Commission) +\$ 352.36

State Use Tax Exempt Amount (enter \$0.00 if not exempt) -\$ 352.36

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 +\$ 144,360.00

Total Monthly Compensation Due: = \$ 150,541.84

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 \$ _____

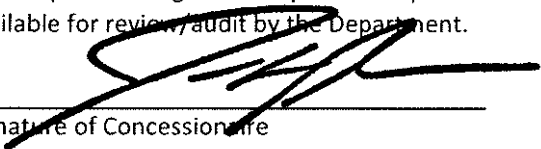
Monthly Spending \$ _____

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

7/13/20

 Date



 Signature of Preparer

7/13/20

 Date

Merit Binder

 Preparer Name

Return this form to the Department's Agreement Manager.

Sales Locations Detail

Visitor Center Shop	0.00
West Entrance Shop	28,772.05
Online Store (commissionable sales only)	1,475.18
Pepper Creek Terrace	0.00
Café	6,198.67
	36,445.90
	36,445.90

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: August 5, 2020

Concessionaire Name: Springs Provision Company, LLC

Period Covered: From 7/1/2020 To 7/31/2020

Gross Sales

Sale Location(s): Multiple \$ 39,863.78

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: -\$ 2,323.72

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

Total Gross Sales: = \$ 37,540.06

Monthly Compensation

Monthly Commission (18% rate x Total Gross Sales) \$ 6,757.21

State Use Tax (5.7% rate x Monthly Commission) +\$ 385.16

State Use Tax Exempt Amount (enter \$0.00 if not exempt) -\$ 385.16

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 +\$ 56,340.00

Total Monthly Compensation Due: = \$ 63,097.21

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 \$ _____

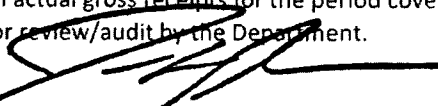
Monthly Spending \$ _____

End of month balance \$ _____

Total Deposits, Year to Date \$ _____

Total Disbursements, Year to Date \$ _____

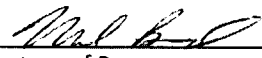
CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the accounting records available for review/audit by the Department.



Signature of Concessionaire

8/6/20

Date



Signature of Preparer

8/6/20

Date

Nese Binder

Preparer Name

Return this form to the Department's Agreement Manager.

Sales Locations Detail

Visitor Center Shop	0.00
West Entrance Shop	31,111.19
Online Store (commissionable sales only)	0.00
Pepper Creek Terrace	0.00
Café	8,752.59
	<u><u>39,863.78</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: September 4, 2020

Concessionaire Name: Springs Provision Company, LLC

Period Covered: From 8/1/2020 To 8/31/2020

Gross Sales

Sale Location(s): Multiple \$ 30,166.58

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: -\$ 1,619.49

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

Total Gross Sales: = \$ 28,547.09

Monthly Compensation

Monthly Commission (18% rate x Total Gross Sales) \$ 5,138.48

State Use Tax (5.7% rate x Monthly Commission) +\$ 292.89

State Use Tax Exempt Amount (enter \$0.00 if not exempt) -\$ 292.89

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 +\$ 63,900.00

Total Monthly Compensation Due: = \$ 69,038.48

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

Date

Signature of Preparer

Date

Preparer Name

Return this form to the Department's Agreement Manager.

Sales Locations Detail

Visitor Center Shop	0.00
West Entrance Shop	20,704.09
Online Store (commissionable sales only)	1,583.12
Pepper Creek Terrace	0.00
Café	7,879.37
	<u>30,166.58</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: October 5, 2020

Concessionaire Name: Springs Provision Company, LLC

Period Covered: From 9/1/2020 To 9/30/2020

Gross Sales

Sale Location(s): Multiple \$ 25,948.29

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: -\$ 1,474.96

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

Total Gross Sales: = \$ 24,473.33

Monthly Compensation

Monthly Commission (18% rate x Total Gross Sales) \$ 4,405.20

State Use Tax (5.7% rate x Monthly Commission) +\$ 251.10

State Use Tax Exempt Amount (enter \$0.00 if not exempt) -\$ 251.10

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 +\$ 44,220.00

Total Monthly Compensation Due: = \$ 48,625.20

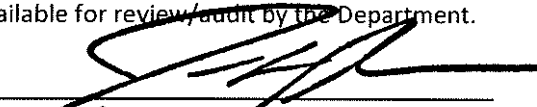
EXHIBIT D

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	\$ _____

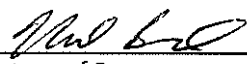
CERTIFICATION: I certify that this monthly gross sales statement is true and correct and is based upon actual gross receipts for the period covered and recorded in the accounting records available for review/audit by the Department.



Signature of Concessionaire

10/15/20

Date



Signature of Preparer

10/15/20

Date

Neil Bihdan

Preparer Name

Return this form to the Department's Agreement Manager.

Sales Locations Detail

Visitor Center Shop	0.00
West Entrance Shop	18,396.81
Online Store (commissionable sales only)	413.77
Pepper Creek Terrace	0.00
Café	7,137.71
	<u>25,948.29</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 5, 2020

Concessionaire Name: Springs Provision Company, LLC

Period Covered: From 10/1/2020 To 10/31/2020

Gross Sales

Sale Location(s): Multiple \$ 32,230.86

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: -\$ 1,878.97

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

Total Gross Sales: = \$ 30,351.89

Monthly Compensation

Monthly Commission (18% rate x Total Gross Sales) \$ 5,463.34

State Use Tax (5.7% rate x Monthly Commission) +\$ 311.41

State Use Tax Exempt Amount (enter \$0.00 if not exempt) -\$ 311.41

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 +\$ 37,920.00

Total Monthly Compensation Due: = \$ 43,383.34

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

Date

Signature of Preparer

Date

Preparer Name

Return this form to the Department's Agreement Manager.

Sales Locations Detail

Visitor Center Shop	0.00
West Entrance Shop	23,858.08
Online Store (commissionable sales only)	0.00
Pepper Creek Terrace	0.00
Café	8,372.78
	<u>32,230.86</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 4, 2020

Concessionaire Name: Springs Provision Company, LLC

Period Covered: From 11/1/2020 To 11/30/2020

Gross Sales

Sale Location(s): Multiple \$ 38,223.76

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: -\$ 2,130.95

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

Total Gross Sales: = \$ 36,092.81

Monthly Compensation

Monthly Commission (18% rate x Total Gross Sales) \$ 6,496.71

State Use Tax (5.7% rate x Monthly Commission) +\$ 370.31

State Use Tax Exempt Amount (enter \$0.00 if not exempt) -\$ 370.31

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 +\$ 46,560.00

Total Monthly Compensation Due: = \$ 53,056.71

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

Date

Signature of Preparer

Date

Preparer Name

Return this form to the Department's Agreement Manager.

Sales Locations Detail

Visitor Center Shop	0.00
West Entrance Shop	28,426.60
Online Store (commissionable sales only)	0.00
Pepper Creek Terrace	0.00
Café	9,797.16
	<u>38,223.76</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: January 5, 2021

Concessionaire Name: Springs Provision Company, LLC

Period Covered: From 12/1/2020 To 12/31/2020

Gross Sales

Sale Location(s): Multiple \$ 52,827.35

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: -\$ 2,798.38

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

Total Gross Sales: = \$ 50,028.97

Monthly Compensation

Monthly Commission (18% rate x Total Gross Sales) \$ 9,005.21

State Use Tax (5.7% rate x Monthly Commission) +\$ 513.30

State Use Tax Exempt Amount (enter \$0.00 if not exempt) -\$ 513.30

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 +\$ 138,300.00

Total Monthly Compensation Due: = \$ 147,305.21

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 \$ _____

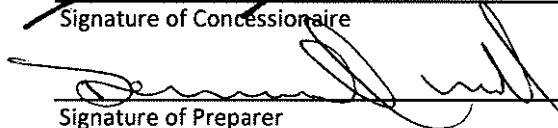
Total Disbursements, Year to Date \$ _____

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

Date 1/5/21



Signature of Preparer

Date 1/5/21

Doreen Quill

Preparer Name

Return this form to the Department's Agreement Manager.

Sales Locations Detail

Visitor Center Shop	0.00
West Entrance Shop	39,666.12
Online Store (commissionable sales only)	3,242.17
Pepper Creek Terrace	0.00
Café	9,919.06
	<u>52,827.35</u>