

Monthly Report of Visitor Service Provider Gross Sales
(Due by 20th day of following month)

Park: St Andrews Date: 02/15/2020

Visitor Service Provider Name: Paragon of Florida

Period Covered: From Jan 1, 2020 To Jan 31, 2020

Point of Sale/Location of Cash Receipt	Gross Sales Subtotal
<u>Jetty</u>	<u>3488</u>
<u>Camp</u>	<u>2716</u>
<u>Laundry</u>	<u>435</u>
<u>Pontoon</u>	<u>3780</u>
<u>Vending</u>	<u>158</u>

If additional space is required, attach second sheet.

Total Gross Sales	<u>10577</u>
Monthly Commission: Level Fee <u>15</u> % of Gross	<u>1587</u>
Use Tax: _____ % of Monthly Commission (current rate) see computation for prepaid food exemption on reverse side)	
Other payments (identify) <u>lot 100 UTIL 150</u>	<u>250</u>
<u>5 washers \$100, 3dryers \$90</u>	<u>50</u>
Total Payable	<u>1887</u>

Use Tax Exemptions

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



Signature of Visitor Service Provider

02/15/2020

Date



Signature of Accountant

02/15/2020

Date

Monthly Report of Visitor Service Provider Gross Sales
(Due by 20th day of following month)

Park: St Andrews Date: 03/10/2020

Visitor Service Provider Name: Paragon of Florida

Period Covered: From Feb 1 To Feb 29

Point of Sale/Location of Cash Receipt	Gross Sales Subtotal
<u>Jetty</u>	<u>\$5751</u>
<u>Camp</u>	<u>\$3832</u>
<u>Laundry</u>	<u>\$607</u>
<u>Vending</u>	<u>\$156</u>
<u>penny machine</u>	<u>\$48</u>
<u>Pontoons</u>	<u>\$9064</u>

If additional space is required, attach second sheet.

Total Gross Sales \$19458

Monthly Commission: Level Fee 15 % of Gross \$2919

Use Tax: _____ % of Monthly Commission
(current rate) see computation for prepaid
food exemption on reverse side) _____

Other payments (identify) lot 100 UTIL 150 \$250
5 washers \$100, 3dryers \$90 \$50

Total Payable \$3219

Use Tax Exemptions _____

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

[Signature]
Signature of Visitor Service Provider

3/20/2020
Date

[Signature]
Signature of Accountant

3/16/2020
Date

Monthly Report of Visitor Service Provider Gross Sales
(Due by 20th day of following month)

Park: St Andrews Date: 04/27/2020

Visitor Service Provider Name: Paragon of Florida

Period Covered: From March 1 To March 31

Point of Sale/Location of Cash Receipt	Gross Sales Subtotal
<u>Jetty</u>	<u>\$ 5096</u>
<u>Camp</u>	<u>\$ 4396</u>
<u>Shell Island</u>	<u>\$ 5401</u>
<u>Vending</u>	<u>\$ 109</u>
<u>Pontoons</u>	<u>\$16359</u>

If additional space is required, attach second sheet.

Total Gross Sales \$31361

Monthly Commission: Level Fee 15 % of Gross \$ 4704.15

Use Tax: _____ % of Monthly Commission
(current rate) see computation for prepaid
food exemption on reverse side) _____

Other payments (Identify) lot 100 UTIL 150 \$250
5 washers \$100, 3dryers \$90 \$ 50

Total Payable \$5004.15

Use Tax Exemptions

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

[Signature]
Signature of Visitor Service Provider

7/2/20
Date

[Signature]
Signature of Accountant

4/27/20
Date

Monthly Report of Visitor Service Provider Gross Sales
(Due by 20th day of following month)

Park: St Andrews Date: 06-11-2020

Visitor Service Provider Name: Paragon of Florida

Period Covered: From May 1 To May 31

Point of Sale/Location of Cash Receipt	Gross Sales Subtotal
<u>Jetty</u>	<u>\$26,349</u>
<u>Camp</u>	<u>\$7633</u>
<u>Shell Island</u>	<u>\$23,054</u>
<u>Vending</u>	<u>\$150</u>
<u>penny machine</u>	<u>\$73</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

If additional space is required, attach second sheet.

Total Gross Sales \$57,259

Monthly Commission: Level Fee 15 % of Gross \$8589

Use Tax: _____ % of Monthly Commission
(current rate) see computation for prepaid
food exemption on reverse side)

Other payments (Identify) Lot 100 Util 150 \$250
5 washers \$100, 3dryers \$90 \$ 50

Total Payable \$ 8889

Use Tax Exemptions

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Signature of Visitor Service Provider

Date 6/11/20

Signature of Accountant

Date 6/17/20

Monthly Report of Visitor Service Provider Gross Sales
(Due by 20th day of following month)

Park: St Andrew S Date: 07/16/2020

Visitor Service Provider Name: Paragon of Florida

Period Covered: From June 1 To June 30

Point of Sale/Location of Cash Receipt	Gross Sales Subtotal
<u>Jetty</u>	<u>\$ 65,680</u>
<u>Camp</u>	<u>\$ 29,143</u>
<u>Pier</u>	<u>\$ 11,743</u>
<u>Pontoon</u>	<u>\$162,713</u>
<u>Shell Island</u>	<u>\$160,049</u>
<u>Vending</u>	<u>\$ 465</u>
<u>Penny Machine</u>	<u>\$ 85</u>
<u>Laundry</u>	<u>\$ 440</u>

If additional space is required, attach second sheet.

Total Gross Sales \$430,318

Monthly Commission: Level Fee 15 % of Gross \$ 64,548

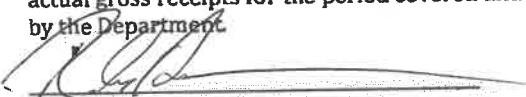
Use Tax: _____ % of Monthly Commission
(current rate) see computation for prepaid
food exemption on reverse side) (151)

Other payments (identify) Lot 100 Uti 150 \$ 250
5 washers \$100, 3 dryers \$90 \$ 50

Total Payable \$ 64,697

Use Tax Exemptions

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Signature of Visitor Service Provider

07/16/2020
Date


Signature of Accountant

7/16/2020
Date

Monthly Report of Visitor Service Provider Gross Sales
(Due by 20th day of following month)

Park: St Andrews Date: 08/04/2020

Visitor Service Provider Name: Paragon of Florida

Period Covered: From July 1 To July 31

Point of Sale/Location of Cash Receipt	Gross Sales Subtotal
<u>Jetty</u>	<u>65,405</u>
<u>Camp</u>	<u>20,796</u>
<u>Pier</u>	<u>29,865</u>
<u>Shell Island</u>	<u>185,667</u>
<u>pontoon</u>	<u>89,423</u>
<u>penny machine</u>	<u>58</u>
<u>laundry</u>	<u>455</u>

If additional space is required, attach second sheet.

Total Gross Sales 391,669

Monthly Commission: Level Fee 15 % of Gross 58,750

Use Tax: % of Monthly Commission
current rate) see computation for prepaid
food exemption on reverse side)

Other payments (identify) lot 100 UTIL 150 250
5 washers \$100, 3dryers \$90 50

Total Payable 59,050

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

Signature of Visitor Service Provider 08/04/2020
Date


Signature of Accountant 08/04/2020
Date

Monthly Report of Visitor Service Provider Gross Sales
(Due by 20th day of following month)

Park: St. Andrews _____ Date: 09/01/2020

Visitor Service Provider Name: Paragon of Florida _____

Period Covered: From 08/01 To 08/31/2020

Point of Sale/Location of Cash Receipt Gross Sales Subtotal

<u>Jetty</u>	<u>44,791</u>
<u>Camp</u>	<u>21,230</u>
<u>Pier</u>	<u>8,551</u>
<u>Pontoon</u>	<u>75,264</u>
<u>Shell Island</u>	<u>117,594</u>
<u>Penny Machine</u>	<u>45</u>
<u>Vending</u>	<u>617</u>
<u>Laundry</u>	<u>283</u>

If additional space is required, attach second sheet.

Total Gross Sales	<u>268,375</u>
Monthly Commission: Level Fee <u>15</u> % of Gross	<u>40,256</u>
Use Tax: _____% of Monthly Commission (current rate) see computation for prepaid food exemption on reverse side)	<u> </u>
Other payments (identify) <u>lot 100 util 150</u>	<u>250</u>
<u>5 washers \$100, 3 dryers \$90</u>	<u>50</u>
Total Payable	<u>40,556</u>

Use Tax Exemptions

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

[Signature]
Signature of Visitor Service Provider

9/3/2020
Date

[Signature]
Signature of Accountant

9/2/20
Date

Monthly Report of Visitor Service Provider Gross Sales
(Due by 20th day of following month)

Park: St. Andrews Date: 11/04/2020

Visitor Service Provider Name: Paragon of Florida

Period Covered: From 10/01 To 10/31

Point of Sale/Location of Cash Receipt Gross Sales Subtotal

<u>Jetty</u>	<u>7,657</u>
<u>Camp</u>	<u>17,819</u>
<u>Pontoon</u>	<u>5,791</u>
<u>Shell Island</u>	<u>66,248</u>
<u>Penny machine</u>	<u>20</u>
<u>Laundry</u>	<u>330</u>
<u>vending</u>	<u>410</u>

If additional space is required, attach second sheet.

Total Gross Sales 150,455

Monthly Commission: Level Fee 15 % of Gross 22,568.25

Use Tax: % of Monthly Commission
(current rate) see computation for prepaid
food exemption on reverse side)

Other payments (identify) lot 100 until 150 250
5 washers \$100, 3 dryers \$90 50


Total Payable 22,868.25

Use Tax Exemptions

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

Signature of Visitor Service Provider

Date


Signature of Accountant

11/4/20
Date

Monthly Report of Visitor Service Provider Gross Sales
(Due by 20th day of following month)

Park: St Andrews Date: 12/03/2020

Visitor Service Provider Name: Paragon of Florida

Period Covered: From 11/01 To 11/30

Point of Sale/Location of Cash Receipt	Gross Sales Subtotal
<u>Jetty</u>	<u>11,393</u>
<u>Camp</u>	<u>9581</u>
<u>Pontoon</u>	<u>16,554</u>
<u>Vending</u>	<u>405</u>
<u>Penny Machine</u>	<u>22</u>
<u>Laundry</u>	<u>206</u>
_____	_____
_____	_____
_____	_____

If additional space is required, attach second sheet.

Total Gross Sales 38,161

Monthly Commission: Level Fee 15 % of Gross 5724.15

Use Tax: _____ % of Monthly Commission
(current rate) see computation for prepaid
food exemption on reverse side) _____

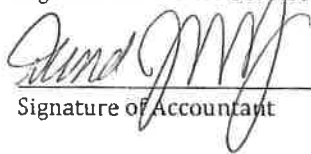
Other payments (identify) lot 100util150 250
5 washers \$100, 3dryers \$90 50

Total Payable 6024.15

Use Tax Exemptions _____

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Signature of Visitor Service Provider



Signature of Accountant

Date

12/3/20

Date

Monthly Report of Visitor Service Provider Gross Sales
(Due by 20th day of following month)

Park: St Andrews Date: 01/03/2021

Visitor Service Provider Name: Paragon of Florida

Period Covered: From 12/01 To 12/31

Point of Sale/Location of Cash Receipt	Gross Sales Subtotal
<u>Jetty</u>	<u>5570</u>
<u>Camp</u>	<u>4817</u>
<u>Pontoon</u>	<u>1150</u>
<u>Vending</u>	<u>88</u>
<u>Penny Machine</u>	<u>23</u>
<u>Laundry</u>	<u>286</u>
_____	_____
_____	_____
_____	_____

If additional space is required, attach second sheet.

Total Gross Sales 11,934

Monthly Commission: Level Fee 15 % of Gross 1790.10

Use Tax: _____ % of Monthly Commission
(current rate) see computation for prepaid
food exemption on reverse side) _____

Other payments (identify) lot 100util150 250
5 washers \$100, 3dryers \$90 50

Total Payable 2090.10

Use Tax Exemptions _____

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Signature of Visitor Service Provider



Signature of Accountant

01/04/2021
Date

01/04/2021
Date