



Florida Gaming Control Commission

JULIE I. BROWN, VICE CHAIR
CHUCK DRAGO, COMMISSIONER
JOHN D'AQUILA, COMMISSIONER
TINA REPP, COMMISSIONER

Meeting Agenda Item 1 – 4

1. Approval of Meeting Minutes
 - 1.1. May 13, 2025
2. Discussion of amended application for Cardroom License
 - 2.1. 2025-042397 – South Florida Racing Association, LLC
3. Amendment to Pari-Mutuel Permit
 - 3.1. 2025-043138 – Hamilton Downs Horsetrack, LLC
4. Discussion of change of ownership
 - 4.1. 2025-012571 – St. Petersburg Kennel Club, Inc.

PERSONS WISHING TO ADDRESS
THE COMMISSION ON ANY OF THE AGENDA ITEMS
SHOULD EMAIL DIXIE.PARKER@FLGAMING.GOV
NO LESS THAN 24 HOURS BEFORE THE
START OF THE MEETING

1. Approval of Meeting Minutes

FLORIDA GAMING CONTROL COMMISSION

FLORIDA GAMING CONTROL COMMISSION MEETING

Tuesday, May 13, 2025

9:30 a.m.

Reported by: Shelley Kelly

Job No.: 398413

1 APPEARANCES:

2 COMMISSON MEMBERS:

3 JULIE I. BROWN, VICE CHAIR

4 CHARLES DRAGO, COMMISSIONER

5 JOHN D'AQUILA, COMMISSIONER

6 TINA REPP, COMMISSIONER

7

8 PARTICIPANTS:

9 ROSS MARSHMAN, ACTING EXECUTIVE DIRECTOR

10 JOE DILLMORE, DIRECTOR OF PARI-MUTUEL WAGERING

11 ELINA VALENTINE, GENERAL COUNSEL

12 MARC TAUPIER, DEPUTY GENERAL COUNSEL

13 EMILY ALVARADO, CHIEF ATTORNEY

14 JUSTIN HUNDERSMARCK, SENIOR ATTORNEY

15 DIXIE PARKER, GENERAL AND OPERATIONS MANAGER I

16 CARL HEROLD, DIRECTOR OF LAW ENFORCEMENT

17 LISA MUSTAIN, DIRECTOR OF ADMINISTRATION

18 BILL CRAFTS, CHIEF OF SLOT OPERATIONS

19

20

21 OTHERS PRESENT

22 JONATHAN ZACHEM, PPI COUNSEL

23 JORDAN MILLER (APPEARS BY PHONE)

24 PATRICK BLAND, ACRES

25 EDGAR DIAZ

1 P R O C E E D I N G S

2 (9:30 a.m.)

3 VICE CHAIR BROWN: Good morning. Good morning,
4 everyone.

5 (Good morning.)

6 VICE CHAIR BROWN: I hope you all are doing well
7 today, and thank you everyone for joining us in Fort
8 Lauderdale here. It's great to see a lot of our
9 Gaming Commission staff members here.

10 Today is May 13th, Tuesday, at 9:30. We're in
11 Fort Lauderdale. Our court reporter is Shelley Kelly.
12 And since we don't have -- all of us in the room don't
13 have name tags, when you speak, please present clearly
14 your name before you speak. And that's to all of our
15 staff members. And silence your phones, please.

16 And with that, if you could please stand for the
17 Pledge of Allegiance, which will be led by our very
18 own Bill Crafts.

19 (Pledge of Allegiance recited.)

20 VICE CHAIR BROWN: Thank you, Bill. And I want
21 to first start this meeting out by saying this is
22 really always the highlight of the whole year, is
23 being able to come down here and being with all of you
24 and getting an opportunity to see facilities and catch
25 up and see how everyone is doing.

1 It is a tight time frame. A lot of folks have
2 different things going on, conferences. But I do want
3 to just start out by saying thank you to Dixie Parker
4 and Brandy Humphries for organizing this. The
5 logistics are very complex and making it all go
6 seamless, and we really appreciate that, as well as
7 our staff for setting up various meetings along the
8 way.

9 With that, commissioners, we are going to begin
10 our meeting. We're starting out with the approval of
11 meeting minutes for March 6th, 2025, and April 10th,
12 2025. Can I please get a motion to approve both
13 items?

14 COMMISSIONER DRAGO: So moved.

15 VICE CHAIR BROWN: Is there a second?

16 COMMISSIONER D'AQUILA: Second.

17 VICE CHAIR BROWN: All those in favor, say aye.

18 (Aye.)

19 VICE CHAIR BROWN: All right. We're going into
20 discussion of renewal application of slot licenses.
21 We're going to take them up together, items 2.1 and
22 2.2, which will be led by Director Dillmore.

23 MR. DILLMORE: Good morning. Joe Dillmore for
24 the record --

25 VICE CHAIR BROWN: Yes.

1 MR. DILLMORE: Item 2.1 is case number 2025 --

2 VICE CHAIR BROWN: Could you maybe move it a
3 little bit closer? A little temperamental.

4 MR. DILLMORE: This is item 2.1, is case number
5 2025-024809-839 (sic), Federal Highway Acquisition,
6 LLC. 2.2 is case number 2025-031060, Calder Race
7 Course, Inc. Both applicants have submitted slot
8 application renewal forms, met all statute
9 requirements, paid all the associated fees. And staff
10 recommendation is for the commission to approve those
11 slot new licenses.

12 VICE CHAIR BROWN: Thank you, Director Dillmore.
13 We're still trying to figure out the mic, but thanks
14 for getting that to us today. And I know Ms.
15 Pouncey's not here, but I do have a question about
16 item 2.1, is about the payment. I know you said that
17 all of the statutory requirements have been met. I
18 just want confirmation on the record that the \$2
19 million will be paid upon approval.

20 MR. DILLMORE: Actually, we have updated -- that
21 both payments have been made on both licensees. Yes.

22 VICE CHAIR BROWN: Okay, great. Commissioners,
23 are there any questions? If not, can I get a motion
24 to approve the renewal of items 2.1 and 2.2?

25 COMMISSIONER D'AQUILA: Motion to approve items

1 2.1 and 2.2.

2 VICE CHAIR BROWN: And is there a second?

3 COMMISSIONER REPP: Second.

4 VICE CHAIR BROWN: All those in favor, say aye.

5 (Aye.)

6 VICE CHAIR BROWN: Thank you. We're getting into
7 a discussion of default final orders 3.1 through 3.3,
8 which are all exclusions.

9 MR. HUNDERSMARCK: Good morning.

10 VICE CHAIR BROWN: Good morning.

11 MR. HUNDERSMARCK: Justin Hundersmarck for the
12 record. Item 3.1 is Tyson Norman Trimble, case 2023-
13 025188.

14 THE REPORTER: A little slower, please. Thank
15 you.

16 MR. HUNDERSMARCK: Sure. The case materials
17 include the administrative complaint alleging that
18 respondent was a patron of Magic City Casino and was
19 excluded on April 23rd, 2023, for disorderly behavior
20 and refusing to leave the casino when asked multiple
21 times. The administrative complaint seeks exclusion
22 from all pari-mutuel and slot machine facilities in
23 Florida.

24 The case materials also include USPS certified
25 mail tracking number and confirmation of delivery to

1 the respondent on February 13th, 2025. They did not
2 respond. Therefore, the division would ask the
3 commission to enter an order with the following
4 findings.

5 That the respondent was properly served the
6 administrative complaint and failed to respond within
7 21 days and waived his right to a hearing. That the
8 factual allegations of the administrative complaint
9 are accepted as the findings of fact in this case.
10 And that respondent shall be permanently excluded from
11 all pari-mutuel and slot machine facilities in
12 Florida.

13 VICE CHAIR BROWN: Thank you, Mr. Hundersmarck.
14 Commissioners, are there any questions on this item?

15 COMMISSIONER DRAGO: No.

16 VICE CHAIR BROWN: If not, can we get a motion to
17 permanently enter a final order permanently excluding
18 the respondent from all pari-mutuel and slot machines.

19 COMMISSIONER REPP: I'll make that motion to
20 exclude.

21 VICE CHAIR BROWN: Is there a second?

22 COMMISSIONER D'AQUILA: Second.

23 VICE CHAIR BROWN: All those in favor, say aye.
24 (Aye.)

25 VICE CHAIR BROWN: Thank you. Taking up 3.2.

1 MR. HUNDERSMARCK: Item 3.2 is Rudy Ortiz, case
2 2024-060493. The case materials include the
3 administrative complaint alleging that respondent was
4 a patron of The Big Easy Casino and was excluded on or
5 about October 22nd, 2024. The exclusion was for his
6 violent behavior when he disagreed with a poker table
7 call.

8 The administrative complaint seeks permanent
9 exclusion from all pari-mutuel and slot machine
10 facilities in Florida. The case materials also
11 include the USPS certified mail tracking number and
12 confirmation of delivery to the respondent on March
13 17th, 2025. They did not respond.

14 Therefore, the division would ask the commission
15 to enter an order following findings that respondent
16 was properly served the administrative complaint,
17 failed to respond within 21 days, and waives his right
18 to a hearing. That the factual allegations of the
19 administrative complaint are accepted as the findings
20 of facts in this case, and that respondent shall be
21 permanently excluded from all pari-mutuel and slot
22 machine facilities in Florida.

23 VICE CHAIR BROWN: Thank you. Commissioners, any
24 questions on this item? If not, can we get a motion
25 to approve the staff recommendation?

1 COMMISSIONER DRAGO: I'll make that motion.

2 VICE CHAIR BROWN: And is there a second,
3 Commissioner?

4 COMMISSIONER D'AQUILA: Second that motion.

5 VICE CHAIR BROWN: Thank you. All those in
6 favor, say aye.

7 (Aye.)

8 VICE CHAIR BROWN: And lastly, 3.3.

9 MR. HUNDERSMARCK: 3.3 is Stephen Anthony Abbond,
10 case 2024-068476. The case materials include the
11 administrative complaint alleging that respondent was
12 a patron of Card House Port St. Lucie and was excluded
13 on November 21st, 2024. He was excluded for using
14 crack cocaine on site.

15 The administrative complaint seeks permanent
16 exclusion from all pari-mutuel facilities in Florida.
17 The case materials also include the USPS certified
18 mail tracking number and confirmation of delivery to
19 the respondent on March 18th, 2025. They did not
20 respond.

21 Therefore, the division would ask the commission
22 to enter an order with the following findings: that
23 the respondent was properly served with the
24 administrative complaint, failed to respond within 21
25 days, and waived his right to a hearing. That the

1 factual allegations in the administrative complaint
2 are accepted as the findings of fact in this case, and
3 that respondent shall be permanently excluded from all
4 pari-mutuel facilities in Florida.

5 VICE CHAIR BROWN: Thank you, Mr. Hundersmarck.
6 Commissioner Repp, can you please make a motion to
7 approve the staff recommendation?

8 COMMISSIONER REPP: I will make a motion to
9 approve the staff recommendation.

10 VICE CHAIR BROWN: Thank you. Is there a second?

11 COMMISSIONER DRAGO: Second.

12 VICE CHAIR BROWN: All those in favor, say aye.
13 (Aye.)

14 VICE CHAIR BROWN: Okay. We are moving on to
15 4.1, which is a discussion of settlement offers.

16 MR. HUNDERSMARCK: Item 4.1 is West Volusia
17 Racing, Incorporated, doing business as Orange City
18 Racing and Card Club, case 2024-055948. On January
19 6th, 2025, an administrative complaint was filed
20 against respondent alleging a violation of section
21 849.086, subsection 8A, by allowing a player to
22 participate in a poker game without first converting
23 his cash into chips or tokens.

24 This facility did not have any prior violations
25 of the statute. Respondent seeks the adoption of the

1 proposed settlement and consent order to resolve this
2 case. Pursuant to the terms of the proposed order,
3 the respondent will agree to pay \$250 to the Florida
4 Gaming Control Commission.

5 VICE CHAIR BROWN: Thank you. Commissioners, are
6 there any questions on this item? Seeing no
7 questions, we're right for a motion.

8 COMMISSIONER D'AQUILA: Make a motion to accept
9 the recommendation of staff.

10 VICE CHAIR BROWN: Thank you. Which is approving
11 the stipulation and consent order, correct?

12 COMMISSIONER D'AQUILA: Yes.

13 VICE CHAIR BROWN: Yeah. Is there a second?

14 COMMISSIONER REPP: Second.

15 VICE CHAIR BROWN: All those in favor, say aye.
16 (Aye.)

17 VICE CHAIR BROWN: Thank you. And miscellaneous
18 final orders, item 5.1.

19 MS. ALVARADO: Emily Alvarado, for the record.

20 VICE CHAIR BROWN: Thank you.

21 MS. ALVARADO: Item 5.1 is 2024-049092, Gilbert
22 Youte. In opposition to an administrative complaint
23 that was filed by the commission, respondent filed an
24 election of rights for timely requesting a formal
25 hearing, but failing to comply with the statutory

1 requirements.

2 Specifically, he failed to include a statement
3 identifying the material facts in dispute. Based on
4 the defective request, the clerk of the commission
5 issued an order denying applicant's request without
6 prejudice. Under the order, respondent had 15 days to
7 cure the defect in his request for the hearing and the
8 applicant -- I'm sorry -- the respondent failed to
9 respond.

10 Therefore, we ask the commission to enter a final
11 order dismissing the request for hearing with
12 prejudice, adopt as findings of facts and conclusions
13 of law and administrative complaint, and permanently
14 excluding respondent from all licensed pari-mutuel
15 facilities as well as slot machine facilities in the
16 state of Florida.

17 VICE CHAIR BROWN: Thank you, Ms. Alvarado.
18 Commissioners, seeing no questions, can we get a
19 motion to approve the staff recommendation?

20 COMMISSIONER REPP: I'll make a motion to approve
21 the staff recommendation.

22 VICE CHAIR BROWN: And is there a second?

23 COMMISSIONER DRAGO: Second.

24 VICE CHAIR BROWN: All those in favor, say aye.

25 (Aye.)

1 VICE CHAIR BROWN: Thank you. And we are on to
2 recommended orders 6.1 through 6.4.

3 MR. HUNDERSMARCK: Item 6.1 is Akili Adhama Gray,
4 Jr., case 2023-053889. The division seeks revocation
5 of respondent Akili Adhama Gray Jr.'s pari-mutuel
6 wagering professional individual occupation license.
7 Respondent was served an administrative complaint and
8 requested an informal hearing, which proceeded on
9 March 18th, 2025.

10 On April 25th, the hearing officer recommended
11 revocation. The division recommends the commission
12 adopt the hearing officer's recommendation and revoke
13 respondents pari-mutuel wagering professional
14 individual occupational license.

15 VICE CHAIR BROWN: Thank you. Commissioners, any
16 questions on item 6.1? Can we get a motion to adopt
17 the hearing officer's recommendation revoking
18 respondent's occupational license?

19 COMMISSIONER DRAGO: So moved.

20 VICE CHAIR BROWN: And a second, please.

21 COMMISSIONER REPP: Second.

22 VICE CHAIR BROWN: All those in favor, say aye.
23 (Aye.)

24 VICE CHAIR BROWN: We are moving on to 6.2. We
25 do have the respondent on the phone. And I just want

1 to confirm before we open up this item that Mr. Miller
2 is on the phone.

3 MR. HUNDERSMARCK: Item 6.2 --

4 VICE CHAIR BROWN: Oh, Mr. Hundersmarck, one sec.
5 Ms. Parker, just confirmation that Mr. Hundersmarck --
6 sorry -- Mr. Miller is on the phone?

7 MS. PARKER: Yes, ma'am.

8 VICE CHAIR BROWN: Okay. Just one moment, Mr.
9 Miller. We are going to have our staff present the
10 item. Mr. Hundersmarck?

11 MR. HUNDERSMARCK: Item 6.2 is Jordan Miller,
12 case 2024-010658. Petitioner Jordan Miller submitted
13 an application for a pari-mutuel wagering professional
14 individual occupational license. Following review of
15 the application, the commission issued a letter of
16 license denial and denial of the request for a waiver,
17 notifying petitioner of its intent to deny the
18 application based on petitioner's felony conviction.

19 Petitioner requested an informal hearing, which
20 was held on February 26th, 2025. On April 28th, the
21 hearing officer recommended denying petitioner's
22 application. The division recommends the commission
23 adopt the hearing officer's recommended order and deny
24 petitioner's application.

25 VICE CHAIR BROWN: Thank you, Mr. Hundersmarck.

1 This file particularly is very voluminous and has a
2 lot of information in it to review. Before we have
3 any questions, Mr. Miller, you are going to be given
4 an opportunity to speak. And we have all of the
5 commissioners present here today. It is not being
6 filmed on the Florida channel, but it is being
7 transcribed by a court reporter.

8 MS. PARKER: Mr. Miller, go ahead.

9 MR. MILLER: Hi there. Thank you for letting me
10 speak today. I respect your guys' decision, you know,
11 denying my license application going by your guys'
12 rules. I just wanted to say my piece at the end of
13 it. I understand that I made a bad decision years ago
14 when I was younger. I paid my debt to society at the
15 time. I was then deported from the United States. I
16 waited my time, made an application to come back to
17 the United States, and they have granted that I'm
18 allowed back in the United States. I'm allowed
19 working back in the United States.

20 I've held a license in Pennsylvania. I was
21 granted a license in California, even though I ended
22 up not going. You know, after everything that had
23 happened all those years ago and I got in trouble, I
24 feel like I am rehabilitated. I've had not even so
25 much of a speeding ticket since I left. What had

1 happened back then is -- was 100 percent out of
2 character, and I made a mistake, and I didn't own it.

3 I just always hoped that, you know, moving
4 forward, I wouldn't have to pay the penalty for the
5 rest of my life. And I'm trying to move forward and
6 doing my job as a jockey agent. And, you know, I have
7 people willing to let me represent them down in the
8 state of Florida. And I've just always wanted the
9 opportunity. And, you know, I've done a lot of good
10 things on the racetrack throughout my life.

11 And up here at Woodbine, you know, I help with
12 the chaplaincy. I help running the activities with
13 softball team, the hockey team, and I run backstreet
14 barbecues. I feel I'm a really big asset to the
15 racing community.

16 And like I said, I understand that you guys
17 denied my application based on the rules, but I really
18 feel that, you know, especially in our game, where
19 it's harder and harder to have younger people in the
20 game and people are leaving the game and not entering
21 the game, I really feel that I'm an asset to the game
22 of horse racing. And, you know, my record as an agent
23 speaks for itself as well.

24 I've been very successful. I've represented a
25 lot of really good jockeys, and I just really want to

1 be afforded the possibility, even if it was on a
2 temporary basis, just to have a shot to prove myself
3 in the state of Florida. And I just hope that you
4 guys can just take one more look at it. I just really
5 hope you can take one more look at it.

6 VICE CHAIR BROWN: Thank you, Mr. Miller.
7 Commissioners, do any of you have questions of Mr.
8 Miller?

9 COMMISSIONER REPP: No.

10 COMMISSIONER DRAGO: No, I don't.

11 VICE CHAIR BROWN: Mr. Miller, do you currently
12 have an active license?

13 MR. MILLER: I apologize. -- very hard for you
14 guys.

15 VICE CHAIR BROWN: Hold on one second. Thank
16 you. Do you currently have an active license in the
17 United States?

18 MR. MILLER: I believe my Pennsylvania one just
19 expired in May. I can double check, but that would
20 have been my last one because I had it for two years,
21 I believe.

22 VICE CHAIR BROWN: Okay, thank you.

23 MR. MILLER: Yes.

24 VICE CHAIR BROWN: We are going to be reviewing
25 this with staff right now. You can stay on the phone.

1 You're just going to be muted. Commissioners, any
2 question of staff?

3 COMMISSIONER DRAGO: I don't, no.

4 COMMISSIONER D'AQUILA: I don't.

5 VICE CHAIR BROWN: Okay. If there are no
6 questions, we are right for a motion. Commissioner
7 Drago.

8 COMMISSIONER DRAGO: I make a motion to accept
9 the staff recommendation.

10 VICE CHAIR BROWN: Thank you. Is there a second?

11 COMMISSIONER REPP: I'll second.

12 VICE CHAIR BROWN: Any discussion? All those in
13 favor, say aye.

14 (Aye.)

15 VICE CHAIR BROWN: Thank you. We are moving on
16 to 6.3.

17 MR. HUNDERSMARCK: Item 6.3 is Robert Cotrone,
18 case 2024-018224. Petitioner Robert Cotrone submitted
19 an application for a pari-mutuel wagering professional
20 individual occupational license. Following review of
21 the application, the commission issued a letter of
22 license denial and denial of the request for waiver,
23 notifying petitioner of its intent to deny the
24 application based on petitioner's six felony
25 convictions.

1 Petitioner requested an informal hearing, which
2 was held on February 26th, 2025. On April 28th, the
3 hearing officer recommended that the commission grant
4 petitioner's application.

5 VICE CHAIR BROWN: Thank you, Mr. Hundersmarck.
6 Commissioners, are there any questions? I appreciate
7 the hearing officer's recommendation. Given the
8 amount of time that lapsed from -- of these crimes,
9 although they are notable, it appears that the
10 individual is rehabilitated. And I would agree with
11 the hearing officer's recommendation. Commissioners,
12 any questions of staff? Commissioner Drago?

13 COMMISSIONER DRAGO: Just let me make sure I get
14 my information correct. So we've got several criminal
15 acts that occurred from 1984 to 2003, most of them, as
16 I see, are felonies, correct?

17 MR. HUNDERSMARCK: That's correct. They are all
18 felonies. And there were maybe some other
19 undisqualifying offenses -- non-disqualifying
20 offenses.

21 COMMISSIONER DRAGO: Right. And then I have --
22 was there an arrest in 2005?

23 MR. HUNDERSMARCK: That's correct. It was for
24 offering a false instrument.

25 COMMISSIONER DRAGO: And that was not a

1 conviction though, right? It was just an arrest?

2 That non-disqualify?

3 MR. HUNDERSMARCK: It was a conditional
4 discharge.

5 COMMISSIONER D'AQUILA: May I add a question?

6 VICE CHAIR BROWN: Sure. Commissioner Drago's --
7 go ahead.

8 COMMISSIONER D'AQUILA: That false instrument,
9 was one of those falsifying a license to do business
10 in a jurisdiction in another state? I believe the
11 state of New York. Is that correct?

12 COMMISSIONER DRAGO: I believe it was business
13 records, yeah.

14 COMMISSIONER D'AQUILA: In other words, obtaining
15 a license under one -- another individual's identity?

16 VICE CHAIR BROWN: Ms. Alvarado is looking
17 through the materials.

18 COMMISSIONER D'AQUILA: I have some concerns
19 because of the length of time for which these felonies
20 were committed, as well as the disregard for
21 understanding what a license is and the rules
22 pertaining to such.

23 VICE CHAIR BROWN: Mr. Hundersmarck, any comment?
24 You have the floor, Commissioner Drago.

25 COMMISSIONER DRAGO: I think I'm just still

1 waiting too for some clarification on the violation of
2 this. I believe it was falsifying business records
3 for a license in New York State. I mean, I think
4 that's a critical thought in terms of whether or not
5 the individual has been rehabilitated or not. And
6 we'd be talking more about 2005 and somebody who
7 fraudulently attempted to or maybe have -- maybe was
8 actually able to do it to acquire a state license on
9 the false identification, false records.

10 VICE CHAIR BROWN: I would like to know that as
11 well. This individual has not committed any crimes,
12 is that correct, since 2005?

13 MR. HUNDERSMARCK: That's correct. He has not
14 been convicted for any crimes.

15 VICE CHAIR BROWN: And he's currently licensed in
16 several -- or he was currently licensed in two other
17 jurisdictions and is currently licensed in New York?

18 MS. ALVARADO: I can't --

19 VICE CHAIR BROWN: Oh, Emily --

20 MR. HUNDERSMARCK: Yes.

21 VICE CHAIR BROWN: Thank you.

22 COMMISSIONER D'AQUILA: A clarifying question, if
23 I may?

24 VICE CHAIR BROWN: Sure.

25 COMMISSIONER D'AQUILA: Is it my understanding

1 that the licenses in the state of New York, Maryland,
2 and Kentucky that were listed by the applicant are now
3 all expired as of today?

4 MR. HUNDERSMARCK: I don't believe that's the
5 case. I think about three of them are still active
6 and maybe one, the Kentucky one, had expired at the
7 time of the letter of license denial. We don't know
8 either way whether it's been reissued. And then there
9 was one more that has expired since the time of the
10 letter of license denial. We can get that information
11 if that's --

12 COMMISSIONER D'AQUILA: So we don't know as of
13 today whether -- Director Dillmore, do you want to
14 comment on --

15 MR. DILLMORE: Yes. Joe Dillmore for the record.

16 COMMISSIONER D'AQUILA: -- how the licenses work,
17 please?

18 MR. DILLMORE: According to the investigative
19 report, the Kentucky license expired in '23. The
20 Maryland license expired in '24, and the New York
21 license will expire in '25. I don't know if that date
22 is passed yet.

23 COMMISSIONER D'AQUILA: Okay.

24 VICE CHAIR BROWN: Thank you. And I know Ms.
25 Alvarado is still looking up that information,

1 Commissioner Drago. Again, this is another voluminous
2 file here, so bear with us, folks in the audience.

3 MR. HUNDERSMARCK: So that 2005 was falsifying
4 business records. There was another one where he had
5 used his father's name to get a license because his
6 convictions were disqualifying to use our record. And
7 then when his father died, he forged the equity
8 issuance, did the application, and then this was a
9 separate one.

10 COMMISSIONER DRAGO: Okay. Do we know if he --
11 I'm sorry.

12 COMMISSIONER D'AQUILA: Go ahead.

13 COMMISSIONER DRAGO: Do we know if he actually
14 got the license back then under fraudulent
15 circumstances?

16 MS. ALVARADO: All the information that we have
17 on that is based on his waiver interview. There's not
18 a lot of documentation from the courts on exactly what
19 happened. So that's just little information that he
20 gave in his waiver interview.

21 COMMISSIONER DRAGO: I see.

22 MS. ALVARADO: From what I can see.

23 VICE CHAIR BROWN: Commissioner D'Aquila?

24 MR. HUNDERSMARCK: He was given the license and
25 then in a raid, it was discovered?

1 COMMISSIONER DRAGO: He was given the license,
2 you said?

3 MR. HUNDERSMARCK: That's correct.

4 COMMISSIONER D'AQUILA: And --

5 VICE CHAIR BROWN: Commissioner D'Aquila?

6 COMMISSIONER D'AQUILA: And one of those felonies
7 is insurance fraud.

8 MR. HUNDERSMARCK: Yes.

9 COMMISSIONER D'AQUILA: And that was recorded as
10 a felony in the state of New York?

11 MR. HUNDERSMARCK: Yes.

12 COMMISSIONER D'AQUILA: I have a question for
13 staff, if I may.

14 VICE CHAIR BROWN: Please.

15 COMMISSIONER D'AQUILA: In your recommendation
16 for recommending granting a license, you took into --
17 in developing your recommendation, you looked at the
18 letters of reference for this applicant?

19 MS. ALVARADO: So the recommendation is from the
20 hearing officer. We actually recommended denial at
21 the hearing. And then the hearing officer recommended
22 --

23 COMMISSIONER D'AQUILA: Hearing officer
24 recommended, just to clarify.

25 MS. ALVARADO: Yes.

1 COMMISSIONER D'AQUILA: Okay. And the hearing
2 officer is not here today.

3 MS. ALVARADO: She's not, no.

4 COMMISSIONER D'AQUILA: Okay. When I look at the
5 letters of reference, I see them from the lawyer for
6 the applicant, for the accountant for the applicant,
7 all candidates that are doing business with the
8 applicant. Is that correct?

9 MR. HUNDERSMARCK: In his hearing, he had a
10 neighbor also.

11 COMMISSIONER D'AQUILA: A neighbor?

12 VICE CHAIR BROWN: I'm sorry?

13 MR. HUNDERSMARCK: Yeah, for about 20 years.

14 COMMISSIONER D'AQUILA: Okay. I have some
15 concerns on the long duration of the felonies and the
16 type of felonies. Specifically, is it the lack of
17 respect for government licensing here, and not to make
18 light of the other attempted robbery, assault, and so
19 forth. But I do understand the passage of time and
20 rehabilitation. My last question is the applicant's
21 age, is it 63 years old?

22 MR. HUNDERSMARCK: It's about 62 or 63, yes.

23 COMMISSIONER D'AQUILA: Okay, still working.
24 Okay. I have no further questions, but I have
25 concerns about this application.

1 VICE CHAIR BROWN: Mr. Hundersmarck, the position
2 that the applicant, Mr. Cotrone is applying for is a
3 trainer?

4 MR. HUNDERSMARCK: He wants to be an owner.

5 VICE CHAIR BROWN: I'm sorry, owner?

6 MR. HUNDERSMARCK: Yeah.

7 VICE CHAIR BROWN: Commissioners, any other
8 questions or comments? My last question is, have all
9 of the fines been -- in probation been fulfilled?

10 MR. HUNDERSMARCK: I believe so.

11 MR. TAUPIER: Marc Taupier for the record. Just
12 to give you a little bit more information on the
13 applicant's application to where it says facility,
14 where employee and or doing business, it's the same
15 exact auto body for the charges. So he has not left
16 that auto body that resulted in the charges in New
17 York.

18 He, currently, from what he put on his
19 application, is still working there. So I don't know
20 if that makes any difference in your decision making,
21 but he appears to have not removed himself from that
22 auto body, which brought him all those charges -- that
23 business.

24 COMMISSIONER DRAGO: He was working at that same
25 place back in the 80s and 90s? Is that what you're

1 saying?

2 MR. TAUPIER: That same auto body was the auto
3 body business that was identified in the convictions
4 for auto fraudulent business records and things like
5 that. And in his application, that is where he says
6 he still currently works.

7 VICE CHAIR BROWN: Is he an owner of that auto
8 body?

9 MR. TAUPIER: I'm not sure if he's an owner of
10 it, but all I see is that he's still working there.

11 MS. ALVARADO: At the hearing, he did mention
12 that he owns the auto body shop.

13 VICE CHAIR BROWN: That would make sense.
14 Commissioner D'Aquila?

15 COMMISSIONER D'AQUILA: I have no further
16 questions. Unless we're ready for a motion.

17 VICE CHAIR BROWN: Commissioner Repp, any
18 questions?

19 COMMISSIONER REPP: No, none.

20 VICE CHAIR BROWN: Okay. We're ready for a
21 motion. Commissioner D'Aquila.

22 COMMISSIONER D'AQUILA: Yeah. I'm going to make
23 a motion to deny the application for the reasons that
24 we've discussed.

25 VICE CHAIR BROWN: Is there a second?

1 MS. VALENTINE: I apologize, commissioners.

2 VICE CHAIR BROWN: Oh, sorry.

3 MS. VALENTINE: Just to clarify, because --
4 concern is a recommended --

5 VICE CHAIR BROWN: Could you say your name? I'm
6 sorry, for the record.

7 MS. VALENTINE: Elina Valentine. Because what is
8 in front of you is a recommended order from a hearing
9 officer, if you do not wish to adopt the findings of
10 fact and the conclusions of law that are set forth in
11 the recommended order, any motion would have to state
12 that. And perhaps -- because it appears that -- you
13 know, if you would like -- if you still do not find
14 that there has been a demonstration of good moral
15 character and rehabilitation for the applicant, that
16 any motion that you would like to make would be to not
17 adopt the findings of fact and the conclusions of law
18 in the representative order to the extent that they
19 find good moral character, rehabilitation, and
20 recommend granting a license.

21 And then therefore, the filed order would deny a
22 license, but it would substitute your findings from
23 the recommended -- from the hearing officers.

24 VICE CHAIR BROWN: Commissioner D'Aquila, you
25 understood that? Lawyers.

1 COMMISSIONER D'AQUILA: I do understand it. So
2 we could --

3 MS. VALENTINE: I can be more specific.

4 COMMISSIONER D'AQUILA: Please.

5 MS. VALENTINE: So the recommended order -- I
6 apologize, I'm scrolling through. In the conclusions
7 of law, in item 28 of the recommended order, the
8 hearing officer stated that as a conclusion of law,
9 that the petitioner established good moral character
10 and rehabilitation. So the motion can say that you do
11 not adopt the conclusion of law set forth in item 28
12 and that you also would like to enter a final order
13 denying the applicant's license.

14 COMMISSIONER D'AQUILA: All right. So would it -
15 - in order to deny the applicant's license --

16 MS. VALENTINE: Yes.

17 COMMISSIONER D'AQUILA: -- suffice?

18 MS. VALENTINE: You do not adopt the conclusions
19 of law.

20 COMMISSIONER D'AQUILA: Okay.

21 MS. VALENTINE: Section 28 of the recommended
22 order, you find that the applicant has not established
23 good moral character and rehabilitation, and that you
24 are voting -- making a motion to deny the applicant's
25 license application.

1 VICE CHAIR BROWN: Got it?

2 COMMISSIONER D'AQUILA: I got it. So moved.

3 VICE CHAIR BROWN: Quick learner. Is there a
4 second?

5 COMMISSIONER DRAGO: I'll second.

6 VICE CHAIR BROWN: Any further discussion? I'm
7 going to dissent from this. I do believe that I agree
8 with the conclusions of law specified in the hearing
9 officer's order, paragraph 28, that this individual
10 has been rehabilitated.

11 And I do believe that based on the evidence of
12 the past 20 years in the position for which he is
13 applying for, that there will not be harm. And I just
14 want to state that on the record. All those in favor
15 for the motion, say aye.

16 COMMISSIONER DRAGO: Aye.

17 COMMISSIONER D'AQUILA: Aye.

18 VICE CHAIR BROWN: Opposed? Nay.

19 COMMISSIONER REPP: Nay.

20 MR. BROWN: So --

21 COMMISSIONER DRAGO: Stalemate.

22 VICE CHAIR BROWN: -- stalemate. We've never had
23 this. It's because we're here in Fort Lauderdale.
24 We've thought about this. Director Marshman.

25 MR. MARSHMAN: Good morning. Ross Marshman for

1 the record. I would suggest then that we temporarily
2 postpone this as we do not have a mechanism in law to
3 break a tie.

4 VICE CHAIR BROWN: Thank you. So we are going to
5 go ahead and postpone this until the next meeting.
6 And then I would direct staff, if there's any
7 additional information that we can get that decipher
8 over -- from the record, please come back and bring it
9 to us. I will.

10 COMMISSIONER DRAGO: Can I ask you a quick
11 question?

12 VICE CHAIR BROWN: Sure.

13 COMMISSIONER DRAGO: Can -- and I'm not saying
14 this will happen or that Commissioner D'Aquila will
15 want to, but can -- does he have the option to
16 withdraw his motion in case of a second motion that
17 would draw a different outcome? Is that an option for
18 us at this point that he can withdraw his motion if he
19 decides to?

20 MR. MARSHMAN: Yes, I think so, or there could
21 just be a new motion in light of the most recent vote.
22 I don't think we necessarily have to undo the previous
23 motion. We're pretty far away from Robert's Rules of
24 Order, just generally speaking, so.

25 VICE CHAIR BROWN: That's the way I like it.

1 MR. MARSHMAN: If there was a new motion on item
2 6.2, I think that would still be appropriate at this
3 time as it was adequately noticed in public and
4 everyone has been given an opportunity to know this
5 was happening today. So if the commission wanted to
6 have another motion on this item before we moved on, I
7 think that's -- strike that.

8 Item 6.3, I think that would be appropriate at
9 this time. It's really up to you all.

10 COMMISSIONER D'AQUILA: So --

11 VICE CHAIR BROWN: Commissioner D'Aquila?

12 COMMISSIONER D'AQUILA: Question, Executive
13 Director Marshman. Would an appropriate motion be to
14 withdraw the motion but to allow more time for the --
15 for more information to be gathered on the particular
16 applicant or are we past the point on that?

17 MR. MARSHMAN: So two things on that. I wouldn't
18 get too wrapped around the axle on undoing the
19 previous motion. The motion was made and it failed
20 just by tie. So I think that's done. To your second
21 point, I think that's the more important part, which
22 is what can be done now for the applicant.

23 We've already progressed through the process to
24 where there's was the informal hearing, recommended
25 order was issued, and now, you're in posture as a

1 commission on whether or not you want to adopt the
2 conclusions of fact and conclusions of law or
3 substitute your own and issue a final order matching
4 what you all would vote to do. That's really the
5 posture we're at. There's no second formal hearing,
6 for instance.

7 COMMISSIONER D'AQUILA: Thank you for the
8 clarification.

9 VICE CHAIR BROWN: Commissioner D'Aquila? I
10 mean, Drago?

11 COMMISSIONER DRAGO: That's my question. So has
12 Commissioner D'Aquila's motion failed? Because you
13 had mentioned earlier that we don't really have a
14 mechanism for a tie. So has it actually failed or is
15 it hanging out there? And do we have to -- that's why
16 I'm saying, do we have to have that withdrawn and do
17 another one? Because I'm not sure it has failed
18 unless just because it's tied. That's my question.
19 Has it actually failed? Because I don't want anything
20 hanging out there that we didn't dispose of during
21 this hearing -- this meeting, to be sure before we
22 move on. That's all.

23 MR. MARSHMAN: Sure. I don't think the
24 commission has taken any action that is going to haunt
25 it in the future when it tries to take future action

1 on Mr. Cotrone's pending application. I think that
2 there was a motion, and to me, motions either pass or
3 fail, and the motion did not receive enough votes to
4 overcome the nay. So to me, that's a fail.

5 COMMISSIONER DRAGO: Okay.

6 MR. MARSHMAN: So the motion did not go forward.

7 COMMISSIONER DRAGO: Okay.

8 MR. MARSHMAN: I don't think that Mr. Cotrone or
9 anyone else would have a claim that because a motion
10 failed and he is entitled to the license, I don't
11 think that's an accurate argument that can be made.

12 COMMISSIONER DRAGO: Okay.

13 MR. MARSHMAN: Again, I would just suggest that
14 item 6.3 be temporarily postponed, and that would give
15 staff additional time to perhaps give you other
16 options in the future on how to proceed. But I don't
17 think you're going to be in a bad position today,
18 given the events that have transpired so far.

19 COMMISSIONER DRAGO: Nor would we be in a bad
20 position if we decided to take it -- to make another
21 motion and vote on that.

22 MR. MARSHMAN: That's correct.

23 COMMISSIONER DRAGO: That's an option. We could
24 do that.

25 MR. MARSHMAN: There could be a motion today or a

1 future meeting that's publicly noticed.

2 COMMISSIONER DRAGO: Okay.

3 VICE CHAIR BROWN: Commissioners, moving forward
4 right now, is there an appetite for considering
5 another option, such as a temporary license or
6 conditional license? And I assume, Director Marshman
7 and Ms. Valentine, that we have that option as well.
8 We could adopt the hearing officer's recommendation
9 with the caveat that it would be a conditional
10 license.

11 MR. MARSHMAN: Yes, that's true. You can impose
12 additional conditions on the license. It would not be
13 a temporary license.

14 VICE CHAIR BROWN: That's --

15 MR. MARSHMAN: There's a more -- a different term
16 for it. But a conditional license, granting the
17 application? Absolutely. If you make it contingent
18 on things like any new law violation or new offense
19 would cause the license to be immediately suspended or
20 revoked. I'm sure Ms. Valentine has thoughts on that
21 as well.

22 But if there are specific concerns that the
23 commission thinks that it could address by making that
24 a contingent part of the license, that's something
25 that could be discussed today or in the future.

1 VICE CHAIR BROWN: Commissioners, is there an
2 appetite again to consider something like that today?
3 If not, we can go ahead and postpone this.

4 COMMISSIONER DRAGO: I'd like to consider it
5 today and see where we can go. If there's no room to
6 go and we don't move on, then we still have the option
7 of postponing it to another one. But I think if we --
8 if everyone else is interested in possibly getting
9 this done today, I would be.

10 VICE CHAIR BROWN: Commissioner Repp?

11 COMMISSIONER REPP: Yeah, I would be interested
12 in considering it. I think there's already mechanisms
13 in place to revoke licenses if he reoffends in the
14 future. And I tend to agree with the hearing officer
15 on this, that we have everything we need to meet the
16 statutory requirements to grant the license. But
17 that's something that I know the rest of the
18 commission can consider, but that's where I'm at right
19 now.

20 VICE CHAIR BROWN: Commissioner D'Aquila?

21 COMMISSIONER D'AQUILA: I'm fine with that.

22 VICE CHAIR BROWN: Okay. Ms. Valentine, if you
23 have a suggestion, given the comments here on a
24 conditional license, we would love to hear it.

25 MS. VALENTINE: Absolutely. One of the

1 conditions that you can place is that the applicant
2 notify the commission within a certain amount of time
3 -- five days, for example -- of any arrest or any
4 charge, including any violation of administrative law.
5 Another condition, in addition to the notification
6 one, is that if there is another conviction, then the
7 license is revoked. And that could also be another
8 condition that could be placed into a final order.

9 VICE CHAIR BROWN: Okay. And again, Ms.
10 Valentine, it would be approving the conclusions of
11 law of the hearing officer with the issuing a
12 conditional license. So that would be the motion,
13 correct?

14 MS. VALENTINE: Yes, correct. It would be
15 adopting the findings of facts and conclusions of law
16 in the hearing officer's recommended order, and then
17 placing additional conditions on the license, such as
18 notification requirements, or in the event of a
19 conviction, for example, as one option, is that the
20 license would be terminated or would be deemed
21 surrendered. Those are some of the conditions.

22 VICE CHAIR BROWN: Could the applicant/licensee
23 then also, if they are charged and convicted, could
24 they be denied a license such as we've done in the
25 past for, you know, not forever, but for 10 years

1 thereafter?

2 MS. VALENTINE: So typically, that's declared
3 ineligible for a license. And I believe that that's a
4 statute. In the past, we've had applicants agree to
5 that consent order. That is also still a vehicle that
6 is available to you if you would like to consider the
7 resolution of this in lieu of going forward with a
8 final order based on a recommended order.

9 You could authorize staff to perhaps negotiate
10 with the applicant, and then the applicant could agree
11 to certain conditions. You could agree to in the
12 event of any future conviction, to be ineligible to
13 even apply for a license for a period of years. That
14 is also a third option that is available if you would
15 like to consider that.

16 VICE CHAIR BROWN: Commissioners, who wants to
17 take a stab? Commissioner Drago?

18 COMMISSIONER DRAGO: I think I would like to hear
19 from Commissioner D'Aquila, see if he's interested in
20 making a new motion or whatever he wants to do, or
21 stick with what he has or his original motion. I'd
22 like to give him an opportunity to do what he wants to
23 do in that light since he's the one that made the
24 motion.

25 VICE CHAIR BROWN: Sure, but before that,

1 Commissioner Repp.

2 COMMISSIONER REPP: Yeah. I just want to say, I
3 believe the meeting yesterday, I thought we had looked
4 up and that his license is actually active in New York
5 until September. Is that correct? I don't know if
6 that helps or --

7 MS. VALENTINE: -- in here.

8 COMMISSIONER REPP: So he currently has a
9 license.

10 MS. VALENTINE: Yes.

11 COMMISSIONER REPP: Okay, thank you.

12 VICE CHAIR BROWN: Thank you, Commissioner Repp.
13 Commissioner D'Aquila, you want to --

14 COMMISSIONER D'AQUILA: Yes, all right. I'll
15 take that under consideration. And with the
16 restrictions that you have outlined, Attorney
17 Valentine. With those restrictions and giving us the
18 time and the reporting, I would amend it or change the
19 motion to reflect a conditional license under those
20 conditions that you have outlined. And I have but one
21 question, though. What is the term of the license
22 that would be granted, the conditional license?

23 MS. VALENTINE: It's three years. Is that
24 correct --

25 MR. MARSHMAN: Yes.

1 COMMISSIONER D'AQUILA: Okay.

2 VICE CHAIR BROWN: So, Ms. Valentine, as part of
3 Commissioner D'Aquila's motion, if you could just
4 state on the record that those three conditions you
5 outlined.

6 MS. VALENTINE: Okay. Just to clarify the
7 condition license. The items I've discussed is
8 notification within a certain period of time within
9 the arrest, for example, 72 hours.

10 VICE CHAIR BROWN: 24 hours.

11 MS. VALENTINE: Yes, 24 hours, because as a
12 condition of the license, he has to inform us, as
13 Director Marshman pointed out, within 48 hours of any
14 arrest. So to make a shorter time period as a
15 condition of 24 hours of an arrest to notify the
16 commission of any arrest. And also, of any -- again,
17 of any charge, including any allegation of violation
18 of administrative or of any statutes in an
19 administrative action.

20 VICE CHAIR BROWN: That would be the first
21 condition -- second condition?

22 MS. VALENTINE: The second condition could be
23 that upon conviction of any violation, that he would
24 be subject to license revocation. And then I think
25 the third condition you discussed is that he would be

1 declared by the commission ineligible for licensure
2 for a certain period of time.

3 VICE CHAIR BROWN: You got it?

4 COMMISSIONER D'AQUILA: Yeah. I can accept each
5 three of -- each of those conditions, 1, 2, and 3,
6 that you've outlined.

7 VICE CHAIR BROWN: Would you like to insert a
8 time frame for the ineligibility?

9 COMMISSIONER D'AQUILA: I'll take Counsel's
10 recommendation. What is a typical time frame in this
11 situation as we have not had this come up before?

12 MS. VALENTINE: I think in the past, some of the
13 time period that the commission considered in some
14 negotiations was 10 years.

15 COMMISSIONER D'AQUILA: Okay. I believe that's
16 reasonable.

17 VICE CHAIR BROWN: Okay. So your motion is to
18 adopt the hearing officer's findings of fact and
19 conclusions of law and issue a conditional license
20 based on the three items illuminated by -- highlighted
21 by Ms. Valentine, correct?

22 COMMISSIONER D'AQUILA: Yes, I'll amend the
23 motion -- is it amending the motion or is it a new
24 motion? Excuse me.

25 MR. MARSHMAN: I would suggest a new motion just

1 to be sure.

2 COMMISSIONER D'AQUILA: Okay. Then I'd like to
3 make a new motion to accept the hearing officer's
4 recommendation issuing a conditional license with the
5 three conditions that have been outlined.

6 VICE CHAIR BROWN: Perfect. Is there a second?
7 Commissioner Repp, is there a second?

8 COMMISSIONER REPP: Second.

9 VICE CHAIR BROWN: Is there any discussion? All
10 those in favor, say aye.

11 (Aye.)

12 VICE CHAIR BROWN: Thank you. That's how we do a
13 tie. All right. Thank you for your efforts there.
14 Moving on to 6.4.

15 MR. HUNDERSMARCK: Item 6.4 is Pamela Sue Bruce,
16 case 2024-045735. Petitioner Pamela Sue Bruce
17 submitted an application for a card room employee
18 occupational license. Following review of the
19 application, the commission issued a letter of license
20 denial and denied the request for waiver, notifying
21 Petitioner of its intent to deny the application based
22 on Petitioner's misdemeanor conviction.

23 Petitioner requested an informal hearing, which
24 was held on March 18th, 2025. On April 25th, the
25 hearing officer recommended denying Petitioner's

1 application. The division recommends the commission
2 adopt hearing officer's recommended order and deny
3 Petitioner's application.

4 VICE CHAIR BROWN: Thank you. Mr. Hundersmarck,
5 the position for which Ms. Bruce is applying for, I
6 was trying to recall it.

7 MR. HUNDERSMARCK: Poker dealer.

8 VICE CHAIR BROWN: Poker dealer. Has she
9 currently held a license with any state regulatory
10 body?

11 MR. HUNDERSMARCK: She had a Florida license. It
12 expired. Her conviction was discovered in the process
13 of reissuing it, and she also has a Mississippi
14 license.

15 VICE CHAIR BROWN: Thank you. Commissioners, do
16 you have any questions on this item?

17 COMMISSIONER DRAGO: I don't.

18 VICE CHAIR BROWN: Okay. If there are no
19 questions, can I get a motion, please? Commissioner
20 Drago.

21 COMMISSIONER DRAGO: I make a motion to adopt the
22 hearing officer's recommended order of deny.

23 VICE CHAIR BROWN: Thank you. Is there a second?

24 COMMISSIONER REPP: Second.

25 VICE CHAIR BROWN: Any discussion? All those in

1 favor, say aye.

2 (Aye.)

3 VICE CHAIR BROWN: All right. We are moving on
4 to requests for waivers, 7.1 through 7.3.

5 MS. ALVARADO: Item 7.1 is 2025-011098, Edgar
6 David Diaz. Here, the applicant applied for a card
7 room employee occupational license. Upon review of
8 the application, it was discovered that he had a
9 disqualifying felony of aggravated battery of a
10 pregnant victim out of Marion County, Florida, from
11 July 14th, 2022. The applicant previously held a card
12 room employee occupational license, which was revoked
13 on May 5th, 2023, due to this felony conviction.

14 The applicant reapplied for a card room employee
15 occupational license, which was denied at the October
16 4th, 2024, commission meeting. The applicant
17 conducted a waiver interview on February 26th, 2025,
18 and that was documented in the meeting materials.

19 Here, the commission can decide to grant the
20 waiver and issue the applicant the occupational
21 license. And if you decide not to, I'd ask that you
22 authorize a letter of license denial in this case.

23 VICE CHAIR BROWN: Thank you, Ms. Alvarado. We
24 do have the speaker present, I believe. Mr. Diaz, if
25 you're here?

1 MR. DIAZ: Yeah.

2 VICE CHAIR BROWN: Please come to the podium and
3 state your name for the record.

4 MR. DIAZ: Edgar Diaz for the record.

5 VICE CHAIR BROWN: Thank you, Mr. Diaz.

6 MR. DIAZ: Sorry, I just wrote something down.
7 I'm not really good at public speaking. Good morning.
8 Last time I was here or in Tallahassee, we discussed
9 how the Gaming Commission preferred to see me complete
10 my probation before considering my possible
11 reinstatement of the license. And I'm proud to say
12 that I successfully -- I've successfully completed my
13 probation. I'm in good standing with the law in every
14 sort of way.

15 I've completed all terms of my rehabilitation.
16 And for what it's worth, I continue to maintain that
17 the allegations were completely untrue. This
18 experience has been truly transformative for me. I've
19 grown as a person, and I hope that the growth is
20 evident to you as well. I thank you guys for the --
21 or I'd like to thank you for the opportunity to appear
22 before you guys again here today, and I genuinely
23 appreciate you guys' time and consideration.

24 VICE CHAIR BROWN: Thank you, Mr. Diaz.
25 Commissioners, are there questions of Mr. Diaz?

1 COMMISSIONER DRAGO: Mr. Diaz, have you -- you
2 said you completed your probation, right?

3 MR. DIAZ: Yes, sir.

4 COMMISSIONER DRAGO: Does that include the fees
5 that you owed?

6 MR. DIAZ: Yes.

7 COMMISSIONER DRAGO: Okay. So everything is
8 done. Everything is clear. You're not under
9 probation any longer?

10 MR. DIAZ: No, no. I've been off for the past
11 few months.

12 COMMISSIONER DRAGO: Okay. And when did you pay
13 off the fees? Recently?

14 MR. DIAZ: It was October of last year, I
15 believe.

16 COMMISSIONER DRAGO: Okay. And how long have you
17 been off probation you said?

18 MR. DIAZ: Since then.

19 COMMISSIONER DRAGO: Since then?

20 MR. DIAZ: Or since, I think a month after --
21 since around November.

22 COMMISSIONER DRAGO: Okay, thank you.

23 VICE CHAIR BROWN: Commissioners, any other
24 questions? Thank you, Mr. Diaz.

25 MR. DIAZ: Thank you.

1 VICE CHAIR BROWN: Thank you. All right,
2 Commissioners, are there questions of staff? Okay.
3 Now is the time to either discuss or make a motion.

4 COMMISSIONER DRAGO: If I could just --

5 VICE CHAIR BROWN: Please.

6 COMMISSIONER DRAGO: -- I guess a comment in
7 terms of the way I'm thinking is that, I appreciate
8 Mr. Diaz coming here and clarifying some things.
9 Especially for me, it was the probation and the fines
10 that were owed. So I'm glad that that got clarified.
11 I still have the concern that this occurred -- what
12 year did this occur?

13 MS. ALVARADO: 2022.

14 COMMISSIONER DRAGO: Yeah. Such a short period
15 of time, it's difficult for me to make a determination
16 of whether or not Mr. Diaz has shown good moral
17 conduct and rehabilitated since that time. So I think
18 there would be -- for me, there would need to be more
19 time since this offense occurred, especially when you
20 think of the seriousness of the offense, which is.
21 And I think we discussed that the last time.

22 The nature of the offense is such that it's very,
23 very serious to all of us. I think when we sit up
24 here and try to do what we think is best for
25 protecting the citizens of the state of Florida as

1 well as being as fair as we possibly can and ensuring
2 that people can work within the state of Florida. So
3 my concern is that I don't think there's been enough
4 time has passed, especially since the end of
5 probation, but also since this offense occurred.

6 VICE CHAIR BROWN: Thank You, Commissioner Drago.
7 Are there any other comments, Commissioners?
8 Commissioner Drago, with that, can you please make a
9 motion?

10 COMMISSIONER DRAGO: I guess my motion would be
11 to deny the waiver, correct?

12 MS. ALVARADO: Yes.

13 COMMISSIONER DRAGO: So I'll make a motion to
14 deny the waiver.

15 VICE CHAIR BROWN: Is there a second?

16 COMMISSIONER REPP: Second.

17 VICE CHAIR BROWN: Is there any discussion? All
18 those in favor, say aye.

19 (Aye.)

20 VICE CHAIR BROWN: All right. Passes
21 unanimously. Thank you. Item 7.2.

22 MS. ALVARADO: Item 7.2 is 2025-011130, Kerrey
23 Cobb. The applicant here applied for a PMW General
24 Individual Occupational License. Upon review of the
25 application, it was discovered that she had the

1 disqualifying offensive possession of methamphetamine
2 out of Thomas County, Georgia, from October 1st, 2024.

3 A waiver interview was conducted on March 11th,
4 2025, and is documented in the meeting materials here.
5 The applicant answered yes to having been convicted of
6 a disqualifying offense, enlisted the one felony on
7 there.

8 The commission here can decide to grant the
9 waiver and issue the occupational license, or they can
10 decide not to waive the felony and issue a letter of
11 license denial in this case.

12 VICE CHAIR BROWN: Thank you, Ms. Alvarado.
13 Commissioners, are there any questions? Yes.
14 Commissioner Repp.

15 COMMISSIONER REPP: Is this individual still on
16 probation or has that been resolved?

17 MS. ALVARADO: Yes, they're still on probation --

18 VICE CHAIR BROWN: I don't have any questions.
19 Commissioners?

20 COMMISSIONER DRAGO: Do we know when the
21 probationary period ends?

22 MS. ALVARADO: September 9th, 2027.

23 COMMISSIONER DRAGO: Oh, wow.

24 VICE CHAIR BROWN: And this -- it dates back in
25 the interview, at least -- it dates back to 2015. She

1 references it.

2 MS. ALVARADO: Yes. The arrest happened in 2017.
3 They postponed the case in 2018 and then reopened it,
4 I guess in 2014 (sic). She was in a mental health
5 facility during that time between 2017 and 2024.

6 VICE CHAIR BROWN: Thank you. Okay,
7 Commissioners, can we get a motion on this item?

8 COMMISSIONER REPP: I'll make a motion to deny.

9 VICE CHAIR BROWN: The waiver. Thank you.

10 COMMISSIONER REPP: The waiver.

11 VICE CHAIR BROWN: Thank you. Is there a second?

12 COMMISSIONER DRAGO: I'll second.

13 VICE CHAIR BROWN: Is there any discussion? All
14 those in favor, say aye.

15 COMMISSIONER DRAGO: Aye.

16 VICE CHAIR BROWN: Aye.

17 COMMISSIONER D'AQUILA: Aye.

18 COMMISSIONER REPP: Aye.

19 VICE CHAIR BROWN: Okay. Thank you. Item 7.3.

20 MS. ALVARADO: 7.3 is 2025-016286, Amber Brunt.
21 Here, the applicant applied for a card room employee
22 occupational license. Upon review of the application,
23 it was discovered that she had a felony disqualifying
24 conviction for possession of a controlled substance
25 without a valid prescription out of St. Lucie County

1 from January 29th, 2015, as well as possession of
2 oxycodone out of St. Lucie County from June 28th,
3 2017.

4 The applicant here seeks a waiver of the felony
5 offenses and issuance of the license. She did answer
6 yes on her original application and included one
7 felony and one misdemeanor. A waiver interview was
8 conducted on March 20th, 2025, and has been documented
9 in the meeting materials.

10 Here, the commission can grant the waiver and
11 issue the occupational license. Or if not, we'd ask
12 that you authorize us to issue a letter of license
13 denial in this case.

14 VICE CHAIR BROWN: Thank you. Commissioners, any
15 questions of Ms. Alvarado? Okay. If not, can we get
16 a motion on this item?

17 COMMISSIONER REPP: I have just --

18 VICE CHAIR BROWN: Sure.

19 COMMISSIONER REPP: I'd like to make a -- I'm
20 having -- I like the things that she wrote in her
21 waiver interview and the things that she said she's
22 done. I just would like to see -- out of these lists
23 of all these things she's done to rehabilitate,
24 there's no letters from anyone. There's no
25 recommendations. She says she went back to school and

1 got a degree. There's really nothing to substantiate
2 the information she's provided.

3 And in order to consider this particular request,
4 I would like to see more. And therefore, I would deny
5 this waiver.

6 VICE CHAIR BROWN: Thank you. That sounds like a
7 motion. And is there a second? Commissioner Drago?

8 COMMISSIONER DRAGO: I'll make a second for
9 discussion.

10 VICE CHAIR BROWN: Thank you. All right,
11 Commissioners, do you have any comments or questions
12 of staff? I agree with Commissioner Repp. I mean, I
13 would also like to see letters of support, given the
14 charges, too, and for what she's applying for, and her
15 candor also on the application. I would have been
16 inclined to grant the waiver, but for rehabilitation
17 purposes, it would bolster her application.

18 MS. ALVARADO: Just for clarification, after she
19 receives a letter of license denial from us, if that's
20 what you decide to do in this case, she would have a
21 chance to request an informal hearing, where at that
22 point, she could provide that additional information
23 if she'd like to.

24 VICE CHAIR BROWN: There you go.

25 MS. ALVARADO: So that's just for your knowledge.

1 COMMISSIONER D'AQUILA: And may I?

2 VICE CHAIR BROWN: Yes, sure.

3 COMMISSIONER D'AQUILA: And we will do that as a
4 matter of course. Communicate that to her.

5 MS. ALVARADO: She will get the letter of license
6 denial, and attached to it is a notice of rights page,
7 as well as intellectual rights. That gives her all
8 three options laid out for her so she can read what
9 her options are there.

10 COMMISSIONER D'AQUILA: Yeah, I think that's
11 important in this case because it -- as Commissioner
12 Repp has outlined, when I got through this case, I had
13 the same reaction, but I could not articulate it as
14 well. But --

15 THE REPORTER: Excuse me.

16 COMMISSIONER D'AQUILA: Too close?

17 THE REPORTER: Thank you.

18 COMMISSIONER D'AQUILA: Okay. Let's do that. I
19 agree with that approach.

20 VICE CHAIR BROWN: Okay. So there's a motion on
21 the floor. There's a second. Any other discussion?
22 All those in favor, say aye.

23 (Aye.)

24 VICE CHAIR BROWN: Thank you. We are going to
25 move on to license denials now, 8.1 through 8.3.

1 MS. ALVARADO: 8.1 is 2025-027883, Jose Antonio
2 Hernandez. The Division of Pari-Mutuel Wagering
3 received a completed application for Mr. Hernandez on
4 May 2nd, 2025. The applicant is seeking a slot
5 machine card room pari-mutuel combination occupational
6 license. After review of the application, it was
7 discovered that he was convicted of a felony offense
8 of conspiracy to possess with intent to distribute
9 marijuana in the United States District Court,
10 Southern District of Florida from October 9th, 1984.

11 He is currently licensed with the commission. He
12 holds a pari-mutuel wagering general individual
13 occupational license. And he has since 1986. And at
14 that point, they did waive his felony conviction. He
15 did disclose the offense on his original application,
16 although he did list it as a misdemeanor on there. In
17 the case -- sorry. So here, we'd ask that you issue a
18 letter of license denial in this case.

19 VICE CHAIR BROWN: Commissioners, any questions?
20 And obviously, there -- he's off probation and he had
21 a current -- he had a license. It just has not
22 renewed.

23 MS. ALVARADO: He still has a current license.
24 He's seeking to upgrade his license to a slot --

25 VICE CHAIR BROWN: Slot machine.

1 MS. ALVARADO: -- combo. Right now, he has a
2 general pari-mutuel license.

3 VICE CHAIR BROWN: And was it a misdemeanor in
4 1984?

5 MS. ALVARADO: No, it was a felony.

6 VICE CHAIR BROWN: It was a felony.

7 MS. ALVARADO: And since then, he did try to
8 amend the application, but it was past the time period
9 for him to send in the application.

10 VICE CHAIR BROWN: Thank you. Commissioners, any
11 comments? I don't have a problem issuing this
12 individual license, who's currently licensed with us
13 as well.

14 COMMISSIONER DRAGO: No, I don't either. We're
15 going back to 1984 and he's been a licensed -- he's
16 been licensed with the state for many years as I
17 recall. So I don't have any problem issuing the
18 upgrade either.

19 VICE CHAIR BROWN: Absolutely. So, Commissioner,
20 any other comments?

21 COMMISSIONER DRAGO: No.

22 VICE CHAIR BROWN: Commissioner Drago, can you
23 please make a motion to that effect?

24 COMMISSIONER DRAGO: What would be the exact
25 motion?

1 VICE CHAIR BROWN: It would be to approve the
2 application and issue a slot machine combo license.

3 COMMISSIONER DRAGO: So moved.

4 VICE CHAIR BROWN: Is there a second?

5 COMMISSIONER D'AQUILA: I'll second that motion.

6 VICE CHAIR BROWN: Any discussion? All those in
7 favor, say aye.

8 (Aye.)

9 VICE CHAIR BROWN: Thank you. Item 8.2.

10 MS. ALVARADO: 8.2 is 2025-028901, Elvin James
11 Stafford. The Division of Pari-mutuel Waivering
12 received a completed application for Mr. Stafford on
13 March 15th, 2025. Here, the applicant is seeking a
14 slot machine card room pari-mutuel combination
15 occupational license.

16 After review of the application, it was
17 discovered that he was convicted of felony offense of
18 carrying a concealed weapon from October 11th, 2018.
19 He didn't disclose this on the original application,
20 but did amend his application to disclose the felony
21 conviction. Here, we'd ask the commission to
22 authorize a letter of license denial in this case.

23 VICE CHAIR BROWN: Commissioners, any questions
24 of staff or comments? This is a offense that -- back
25 in 2018.

1 MS. ALVARADO: Yes.

2 VICE CHAIR BROWN: And no other offenses have
3 been committed?

4 MS. ALVARADO: No, not since 2018.

5 COMMISSIONER DRAGO: This was a firearm, correct?

6 MS. ALVARADO: Yes.

7 COMMISSIONER DRAGO: Yeah.

8 VICE CHAIR BROWN: Commissioner Repp?

9 COMMISSIONER REPP: And I just want to confirm,
10 this is a single offense. He has not had any others
11 prior or after that.

12 MS. ALVARADO: He had a misdemeanor possession of
13 marijuana in 2014, but no other offenses since 2018.

14 COMMISSIONER REPP: Okay.

15 VICE CHAIR BROWN: Commissioners, can we get a
16 motion to approve the application rather than the --
17 what staff is recommending here?

18 COMMISSIONER REPP: I'll make that motion.

19 VICE CHAIR BROWN: Is there a second?

20 COMMISSIONER D'AQUILA: Yeah, I'll second that
21 motion.

22 VICE CHAIR BROWN: Is there any discussion? All
23 those in favor, say aye.

24 (Aye.)

25 VICE CHAIR BROWN: Passes unanimously. 8.3.

1 MS. ALVARADO: 8.3 is 2025-033615, Eric Del
2 Castillo-Polo. Here, the Division of Pari-Mutuel
3 Wagering received a complete application on April 1st,
4 2025. The applicant is seeking a pari-mutuel general
5 individual occupational license.

6 Upon review of the application, it appears that
7 the applicant had previously used a false identity to
8 apply for a license with the commission.
9 Specifically, on September 2nd, 2024, the applicant
10 submitted an application to the commission for a pari-
11 mutuel wagering general individual occupational
12 license, which provided a false name and false
13 security -- Social Security number on that.

14 The commission may deny an applicant of any --
15 the application of any person who submits an
16 application to the commission upon which the applicant
17 falsely sworn and is signed and under oath to a
18 material statement under Section 16.7175 Florida
19 statute. So here, we'd ask to issue a letter of
20 license denial in this case.

21 VICE CHAIR BROWN: Thank you. Commissioners?
22 The Social Security card that the individual
23 submitted, did that Social Security -- I read his
24 statement in the file. Did that belong to him
25 actually?

1 MS. ALVARADO: No. It was his cousin's Social
2 Security number that had his name as well he used on
3 that application.

4 VICE CHAIR BROWN: That is a crime. Have we
5 notified authorities.

6 MS. ALVARADO: I don't know that.

7 MR. MARSHMAN: If there was any ongoing
8 criminal investigation into his conduct, we would not
9 be able to discuss it publicly.

10 VICE CHAIR BROWN: Okay. Commissioners, this is
11 a very serious offense, and I do believe staff should
12 at least notify the authorities, if they haven't
13 already, of this action.

14 COMMISSIONER DRAGO: Yeah, I definitely agree
15 with that. This is a very serious offense and he's
16 already acquired a license under a false name in the
17 past, and now, is asking for a license under his new
18 identity. So this is -- to me, it's a no brainer and
19 I don't --

20 COMMISSIONER D'AQUILA: I agree.

21 COMMISSIONER DRAGO: There's not much more I can
22 say other than, I would -- if it's the right time to
23 make a motion --

24 VICE CHAIR BROWN: It is.

25 COMMISSIONER DRAGO: -- to authorize the issuance

1 of the letter of license denial.

2 VICE CHAIR BROWN: Thank you. Yes?

3 COMMISSIONER D'AQUILA: I will second that
4 motion.

5 VICE CHAIR BROWN: Thank you. All those in
6 favor, say aye.

7 (Aye.)

8 VICE CHAIR BROWN: All right. We are on to 9.1,
9 which is a discussion of final order pursuant to
10 request from the respondent.

11 MS. ALVARADO: Item 9.1 is 2024-047393, Mikhael
12 Scott Bailey. In the case materials, you were
13 provided with the administrative complaint alleging
14 that respondent was observed participating in a game
15 as a designated player while on duty at Orange City
16 Racing & Card Club.

17 He is therefore subject to an administrative fine
18 up to \$1,000 and/or suspension or revocation of his
19 card room employee occupational license. We did hear
20 this at a past meeting. You asked that I find a
21 little bit more information on how the facility
22 handled this incident.

23 He was provided a week's suspension from July
24 31st, 2023, to August 8th, 2023, and he was given a
25 final written reprimand that any other violation would

1 result in his termination. And he is still currently
2 employed at Orange City.

3 The respondent did respond here with an election
4 of rights, choosing option 3. And he did not dispute
5 any of the allegations contained within the
6 administrative complaint. He waived his rights to any
7 form of a hearing and requested that the commission
8 enter a final order in this case.

9 Therefore, we'd ask that you enter a final order
10 imposing a fine up to \$1,000 and/or suspension and
11 revocation of his occupational license.

12 VICE CHAIR BROWN: Thank you. Commissioners.
13 Yes, Commissioner.

14 COMMISSIONER DRAGO: Yeah. I mean, this is a
15 serious offense for sure. And I realize the
16 administrative fine can only go up to \$1,000, but I
17 think it would warrant more than that if we were able
18 to under the law. But I'm curious about what -- also
19 what was done to prevent this from happening again?
20 Do we have any information from the facility in terms
21 of how they've changed their policies or what?

22 MS. ALVARADO: I don't, no. All I have is the
23 document that he was given that just speaks of his
24 suspension and possibility of termination if it were
25 to happen again.

1 COMMISSIONER DRAGO: And he was a supervisor --

2 MS. ALVARADO: Right.

3 COMMISSIONER DRAGO: -- as well, so.

4 MS. ALVARADO: Floor supervisor.

5 COMMISSIONER DRAGO: I don't know what the
6 facility did to make sure this doesn't happen again or
7 to deter future occurrences of this type of a thing.
8 So I would recommend that we -- it's important that we
9 make sure that we do send a message that this is not
10 something that can be tolerated.

11 And I would suggest just opening the discussion
12 here that we would propose a \$1,000 fine as well as a
13 suspension. And I would start with at least a one
14 week suspension along with that \$1,000 fine. And I'll
15 just start there and hear what the other commissioners
16 have to say.

17 VICE CHAIR BROWN: Thank you. Commissioner
18 D'Aquila.

19 I would agree with you, although I do think the
20 suspension should be more severe than that.

21 COMMISSIONER D'AQUILA: Yeah, I agree and I agree
22 with Chairman Brown. This attacks the integrity of
23 our gaming industry and the state. The designated
24 player, this is not an obscure rule and it really
25 attacks the whole concept of legal and safe gambling

1 and fair in a card room, which is a privilege. A
2 license is a privilege.

3 And I would consider this violation to be among
4 the very top rules one shouldn't do. And it's not
5 that it's his first year working. He's a supervisor
6 and should know better and hasn't denied doing it. So
7 I think it should be a suspension as well.

8 VICE CHAIR BROWN: Thank you. Commissioner Repp?

9 COMMISSIONER REPP: My thoughts on this also, the
10 \$1,000 fine and a substantial suspension. Also with
11 the caveat, if it happens again, it's just an
12 immediate revocation. This is just something that
13 should have never happened.

14 VICE CHAIR BROWN: That's a great additional
15 point to make. And, Ms. Alvarado, we can include that
16 in the -- oops. Ms. Valentine, we can include some
17 language in that?

18 MS. VALENTINE: And I'm sure Ms. Alvarado can
19 answer that very well. I just want to clarify, when
20 we issue a final order that is not based on a
21 negotiated conditions, it's not really possible to say
22 that if it happens again, it would be immediate
23 revocation.

24 If this licensee were to violate the rules and
25 the statutes in the same way again, he would again be

1 issued administrative complaint. Something that could
2 be in the final order is that should it happen again,
3 the recommended penalty will be revocation.

4 But at that time, the commissioners would still
5 have the opportunity to decide, is it revocation? Is
6 it something else? But it would still be granted due
7 process rights if it were to happen again, to contest
8 the administrative complaint alleging that.

9 VICE CHAIR BROWN: Okay, thank you.
10 Commissioners, thoughts on the suspension period?
11 Again, the facility gave a one-week suspension,
12 correct? One week?

13 MS. ALVARADO: Yes.

14 VICE CHAIR BROWN: So I think it should be, as
15 Commissioner Repp pointed out, something much more
16 steeper.

17 COMMISSIONER REPP: I was considering to start at
18 a 60-day suspension unless the commissioners had other
19 thoughts on that to consider.

20 VICE CHAIR BROWN: I think 60 days is -- sends a
21 message as well. Commissioner D'Aquila?

22 COMMISSIONER D'AQUILA: I concur with that.

23 VICE CHAIR BROWN: Commissioner Drago?

24 COMMISSIONER DRAGO: I'm willing to go along with
25 it. I would be satisfied personally with two weeks.

1 But if the general consensus of the commission is 60
2 days, I certainly would go along with that.

3 VICE CHAIR BROWN: Thank you. Commissioner Repp,
4 are you willing to make a motion?

5 COMMISSIONER REPP: Sure. I will make a motion
6 to -- I guess I want to make sure I do this right --
7 to approve a final order with \$1,000 fine and a 60-day
8 suspension.

9 VICE CHAIR BROWN: That's good. Is there a
10 second? Is that right? Ms. Valentine, anything else?

11 MS. VALENTINE: If you would also like to put in
12 there that future violations would be subject to
13 revocation, you can certainly do so just with the
14 understanding that his license would not be
15 immediately revoked upon an allegation from the
16 commission of a future violation.

17 He can still have his due process rights. But
18 that would signal that if he violates it again, it
19 won't be a fine or a suspension. The penalty that the
20 commission would be seeking is revocation.

21 COMMISSIONER REPP: And I amend that to include
22 the caveat that there would be a revocation after due
23 process --

24 MS. VALENTINE: A future violation --

25 COMMISSIONER REPP: Future violation.

1 MS. VALENTINE: -- would be subject to
2 revocation.

3 COMMISSIONER REPP: With future violations.

4 VICE CHAIR BROWN: That sounds like a great
5 motion.

6 COMMISSIONER REPP: That's a motion.

7 VICE CHAIR BROWN: Yes. Is there a second?

8 COMMISSIONER D'AQUILA: I will second that
9 motion.

10 VICE CHAIR BROWN: Any discussion? All those in
11 favor, say aye.

12 (Aye.)

13 VICE CHAIR BROWN: Thank you. Passes
14 unanimously. We are moving on to discussion of policy
15 and procedure. We have just one, 10.1. Director
16 Mustain.

17 MS. MUSTAIN: Good morning.

18 VICE CHAIR BROWN: Good morning.

19 COMMISSIONER DRAGO: Good morning.

20 MS. MUSTAIN: Lisa Mustain for the record. We
21 have for you today the employee counseling and
22 discipline policy. This policy establishes internal
23 guidelines for administering counseling and
24 disciplinary action so that it can be complied --
25 applied, excuse me -- consistently within the

1 commission.

2 VICE CHAIR BROWN: Thank you.

3 MS. MUSTAIN: That's the policy.

4 VICE CHAIR BROWN: Thank you. And all employees
5 will be given the policy -- the 11-page policy so that
6 they're aware as well as their supervisors.

7 MS. MUSTAIN: That's --

8 VICE CHAIR BROWN: Is there training or required
9 training that we can do with an email blast to all of
10 our employees to make them aware that -- and just to
11 train them?

12 MS. MUSTAIN: Yes, Commissioner. We also provide
13 training online. We've had several Teams meetings
14 that our HR staff is providing to everybody in the
15 commission that's manager --

16 VICE CHAIR BROWN: Thank you.

17 MS. MUSTAIN: -- that trains them on all of our
18 policies, particularly this one.

19 VICE CHAIR BROWN: Thank you. Commissioner
20 Drago?

21 COMMISSIONER DRAGO: Can I ask one specific
22 question if I could? There's a section -- it's
23 actually -- just want to make sure I get it right.
24 Section or Roman numeral III, section C under
25 suspension. You see that, Lisa?

1 MS. MUSTAIN: Yes, sir.

2 COMMISSIONER DRAGO: And then subsection 1 refers
3 to employees covered by the agreement between the
4 state of Florida and the Florida PBA may request
5 special compensatory leave equal to the length of
6 their suspension deducted from their leave balance in
7 lieu of serving the suspension.

8 MS. MUSTAIN: Yes.

9 COMMISSIONER DRAGO: Is that taken from the PBA
10 Bargaining Unit Agreement?

11 MS. MUSTAIN: Directly.

12 COMMISSIONER DRAGO: I'm sorry?

13 MS. MUSTAIN: Directly from the collective
14 bargaining agreement between the state of Florida.

15 COMMISSIONER DRAGO: So that means that --

16 MS. MUSTAIN: (indiscernible)

17 COMMISSIONER DRAGO: That means that any employee
18 covered by the PBA agreement is able to -- has an
19 option of picking compensatory time. But it's still a
20 management decision as to whether or not they get
21 compensatory time or actually have to take suspension?

22 MS. MUSTAIN: That's correct.

23 COMMISSIONER DRAGO: Okay, great. Thank you.
24 Thank you.

25 VICE CHAIR BROWN: Thank you. Commissioners, any

1 other questions? I just have a question about the
2 counseling down there. It says that it's not a form
3 of discipline, but it will be documented and put in
4 the record or record of counseling. So what is that?

5 MS. MUSTAIN: So typically, how that works is
6 when you -- when the discipline is really not severe
7 enough to put it in writing and you just initially
8 want to bring to light that some adjustments need to
9 be made, you would give a counseling session and you
10 would document that.

11 And that's typically not used again, unless that
12 particular cited deficiency was not corrected. And so
13 it would be used -- and that oral discussion would --
14 that paperwork would be used in a more formal
15 disciplinary action.

16 VICE CHAIR BROWN: But it would not necessarily
17 be part of that employee's record moving --

18 MS. MUSTAIN: Not until it became a written
19 record.

20 VICE CHAIR BROWN: Okay.

21 MS. MUSTAIN: Written record and a disciplinary
22 action to be in writing.

23 COMMISSIONER DRAGO: And if I could say, that's
24 very consistent around the country with bargaining
25 unit agreements and police department policies as

1 well. So it's kind of common to find that in policies
2 across the country.

3 VICE CHAIR BROWN: Commissioners, any other
4 questions of Director Mustain? Seeing none, can we
5 get a motion to approve the employee counseling and
6 discipline policy as presented?

7 COMMISSIONER REPP: I will make that motion to
8 approve the employee counseling and discipline as
9 presented.

10 VICE CHAIR BROWN: Thank you. Is there a second?

11 COMMISSIONER DRAGO: Second.

12 VICE CHAIR BROWN: All those in favor, say aye.

13 (Aye.)

14 MS. MUSTAIN: Thank you.

15 VICE CHAIR BROWN: Thank you for your work on
16 this. Now, into executive director update. Mr.
17 Marshman.

18 MR. MARSHMAN: Good morning again.

19 VICE CHAIR BROWN: Good morning.

20 MR. MARSHMAN: Just as a road map of my portion
21 of this is, first, I'd like to ask Director Herold to
22 give an update on his team's activities and some
23 recent highlights. Next, I'd like to acknowledge the
24 employees of the month.

25 Afterwards, we also have some service awards for

1 certain 5, 10, 15, etc., years of service. And also
2 talk about scheduling for the upcoming meetings, a
3 reminder about this afternoon's workshop, and where I
4 think the commission could go next in terms of it's
5 rule making that would be less cumbersome and
6 cashless. So with that, if I may, I'd like to turn it
7 over to Director Herold.

8 VICE CHAIR BROWN: Thank you. And thank you for
9 the roadmap. Warrior Herold.

10 THE REPORTER: Excuse me.

11 MR. HEROLD: I know you probably --

12 THE REPORTER: Excuse me. Can you sign up,
13 please?

14 VICE CHAIR BROWN: Oh, he's an employee.

15 THE REPORTER: Sorry, oh, okay.

16 VICE CHAIR BROWN: Yeah, he's -- no, just say
17 your name for --

18 MR. HEROLD: Carl Herold for the record. Thank
19 you. I know you don't recognize me without my
20 scooter, but I have graduated since then. Thank you
21 for this opportunity to share some more information
22 about the fantastic work of the Gaming Enforcement
23 folks. And so I've got probably three or four
24 categories of things that I would like to share.

25 The first one I would like to share with everyone

1 is the activity of the unit. I'll start with the
2 analyst. This past month, our criminal analyst unit
3 was involved in nine multi-agency meetings. And as I
4 have said before, the multi-agency meetings are
5 beneficial to help share actionable information plus
6 intel info on current trends and criminal activity.
7 And so that's very important.

8 Our analyst folks did 10 backgrounds on
9 individuals and nine backgrounds on businesses for
10 criminal investigations. They were involved in one
11 search warrant. They actually went and assisted with
12 a search warrant this past month, which is common.
13 That's part of the overall team concept that we
14 exercise in gaming enforcement, where the analysts
15 come out and leverage their skill set with our agents.

16 We had three trainings this past month. The
17 analysts were part of a financial crimes conference,
18 which is extremely important. They attended a
19 national gambling intel group, which is again very
20 helpful. And then they were part of the internal
21 training with HR on the fundamentals of HR and how
22 that coordinates with our gaming enforcement.

23 And then lastly for the analysts, they helped
24 with nine different forfeiture packets. You know,
25 we're doing a lot of forfeitures and it requires a

1 great deal of interaction between the gaming
2 enforcement folks and our office of general counsel.
3 And Chief Christina Linton, as her folks, assisting
4 with gathering all that necessary information for the
5 forfeiture packets. And so we're very thankful for
6 that.

7 And I kind of segue into the -- we've had a lot
8 of conversation over the last couple meetings about
9 slot machine storage and the dilemma that that creates
10 for us. And we are actively working on getting some
11 slot machines moved into the destruction category. I
12 don't want to be too optimistic and say it's going to
13 happen next month or whatever, but we are working on
14 that.

15 We've recognized the importance of getting those
16 machines that are involved in past activities and
17 investigations, getting them destroyed and making room
18 for additional storage.

19 Now, I'd like to talk about the law enforcement
20 personnel. This last month, our law enforcement folks
21 touched 95 different investigations. And this -- as
22 I've said, and I'll say it again just for the benefit
23 of anybody that's -- didn't hear me the last time. So
24 those are investigations that, it may be that
25 additional information comes in and they update the

1 file or they move it into a different category.

2 So that doesn't necessarily mean that 95
3 investigations were completed. It just means that
4 progress was moved forward on 95 investigations. And
5 I'll say that 76 of those investigations are actually
6 our investigations. We're lead on those
7 investigations.

8 This past month we arrested 10 individuals. And
9 out of that, there were two RICO charges, a money
10 laundering charge, 22 cases or 22 arrests for keeping
11 a gambling house, and 30 arrests for possession of
12 slots. So with 9 -- 10 individuals arrested, some of
13 them got multiple charges against them.

14 We were able to close eight establishments that
15 were running slot machines within them. That includes
16 smaller illegal casinos and businesses, maybe
17 convenience stores, or some local bars or those kind
18 of things like that. And we seized 209 machines and a
19 total of \$67,900 and something this past month. Any
20 questions about activity?

21 VICE CHAIR BROWN: Commissioners? Just again,
22 stupendous, I mean, work on your team's behalf.

23 MR. HEROLD: Absolutely. And they do a
24 phenomenal job. I did want to also touch on the fact
25 that Governor DeSantis's leadership on immigration

1 enforcement policy, the Gaming Enforcement Unit is
2 progressing. We've accepted the challenge to be a
3 part of that and we look forward to participating.
4 And we have already made application to the federal
5 government and we are on their pending list.

6 They have provided us the next level of tasks
7 that we need to perform to be fully involved in that.
8 And so we are progressing on with that. And I'll let
9 you know -- I'll give you an update when we're fully
10 invested in it and have our credentials.

11 VICE CHAIR BROWN: And, Director Herold, just for
12 the public here, just so that they're aware, what that
13 means is that our law enforcement officers are also
14 charged with dual -- additional tasks.

15 MR. HEROLD: And yes. I'm sorry for
16 interrupting. But I mean this means that they will be
17 full partners with our federal agencies in trying to
18 create some impact on illegal immigration in the state
19 of Florida.

20 VICE CHAIR BROWN: I think it's great synergy.

21 MR. HEROLD: Thank you. Thank you. Any
22 questions beyond that?

23 VICE CHAIR BROWN: Commissioners?

24 COMMISSIONER REPP: No.

25 MR. HEROLD: Ken, K.J., Marc, Mike, and Parise,

1 come on up.

2 THE REPORTER: I need everyone to sign in.

3 MR. HEROLD: Yeah, just -- thank you. On
4 Thursday, April 17th of 2025, at Florida State
5 University Campus in Florida in Tallahassee faced a
6 tragic and dangerous active shooter incident that
7 threatened the lives of students, faculty and the
8 broader community. As law enforcement officers from
9 across the region mobilized to respond, four members
10 of the Florida Gaming Control Commission's Division of
11 Gaming Enforcement answered the call without
12 hesitation.

13 Special Agent Supervisor Ken Parker and special
14 agents Marc Kjellin, Parise Adams, and Mike Kreager
15 each assigned to the North Regional office,
16 were among the first to respond to the unfolding scene
17 without regard for their personal safeties -- personal
18 safety, these agents joined a coordinated law
19 enforcement effort to secure the campus, protect
20 innocent lives, and render aid to those affected.

21 Their actions reflect the highest ideals of
22 public service and the enduring commitment of our
23 division to support our fellow officers and protect
24 the people of Florida in times of crisis.

25 While the primary mission of the Division of

1 Gaming Enforcement is to investigate and evade illegal
2 gambling across the state, our sworn officers are,
3 first and foremost, law enforcement professionals
4 ready to serve whenever and wherever they are needed.

5 On that day, they embodied what it meant -- what
6 it means to wear the law enforcement badge. We extend
7 our greatest gratitude and pride in our four agents.
8 Their courage on April 17th is a testament to their
9 character and a powerful reminder that duty to
10 commitment always comes first. Please join me in
11 recognizing these young men.

12 VICE CHAIR BROWN: Thank you. Gentlemen, we are
13 absolutely in awe and admire the work that you've
14 done. And on behalf of the Commission, Commissioner
15 Drago is going to present you with a commission
16 commendation for all of your efforts and sacrifices to
17 our state and the agency. Thank you.

18 COMMISSIONER DRAGO: Could we all step down?

19 VICE CHAIR BROWN: Sure.

20 COMMISSIONER DRAGO: Carl, if you would read off
21 their names and have them come up.

22 MR. HEROLD: We'll start with Special Agent
23 Supervisor Ken Parker. Special Agent Marc Kjellin.

24 COMMISSIONER DRAGO: Good job.

25 MR. HEROLD: Special Agent Mike Kreager.

1 COMMISSIONER DRAGO: Good job. Thank you very
2 much.

3 MR. HEROLD: And Special Agent Parise Adams.

4 MR. HEROLD: Commissioner Drago, I missed two of
5 the guys to get the picture receiving the award.

6 COMMISSIONER DRAGO: This is too important.

7 MR. HEROLD: Any additional words?

8 COMMISSIONER DRAGO: I just want to say, I mean,
9 I'm extremely proud of these guys. Everybody that knows
10 anything about law enforcement knows that you never
11 know what's going to happen that day. It could be
12 quiet, boring, sit and drink coffee and talk to the
13 shop owners all day, or you could be risking your life
14 to save innocent people fleeing from a crazy active
15 shooter.

16 And the thing is that the officers know how to
17 respond, do respond, don't hesitate. They could have
18 stayed in their offices and been perfectly safe and
19 nobody would have said anything. They're not even on
20 the scene and not there. But they did. They got out.
21 They ran out. They risked their lives. Active
22 shooting situation.

23 You don't know what you're running into. Could
24 be multiple shooters, could be anything happening.
25 You don't know where they are. You're going into

1 buildings blind, basically. So I just really commend
2 you guys. This is really a great thing that we did.
3 It's great for the state of Florida. It's great for
4 the students and everybody at the college. And I
5 really do get it and appreciate what you guys did very
6 much. Thank you.

7 COMMISSIONER DRAGO: Squeeze in here. I'm with
8 the big guys. I feel very comfortable.

9 MR. HEROLD: Everybody smile.

10 VICE CHAIR BROWN: Thank you. Thank you again.

11 COMMISSIONER DRAGO: Thank you so much, guys.

12 VICE CHAIR BROWN: Thank you, Director.

13 MR. HEROLD: Thanks all I have.

14 VICE CHAIR BROWN: Thank you.

15 COMMISSIONER DRAGO: Thank you.

16 VICE CHAIR BROWN: Commissioners, any other
17 comments to Director Herold? Okay. Thank you for
18 your report. Back to you.

19 MR. MARSHMAN: Thank you. So we do have some
20 employees of the month that I'd like to take time to
21 acknowledge, starting with the Division of
22 Administration with Ms. Pamela Harrell. She's the
23 Staff Development Administrator. If you've taken any
24 training in People First, she's the one that
25 coordinated and created that.

1 Pamela Harrell is Administration's Employee of
2 the Month for May. This will be Pamela's last month
3 before the Gaming Control Commission as well. She has
4 worked for Pari-Mutuel Wagering since 2008,
5 transitioned to FGCC administration in 2022.

6 In administration, Pam has been instrumental in
7 creating and providing training on People First site,
8 ensuring all policies are placed in the learning
9 management model. Pam is commended for her excellent
10 service and appreciated for her contribution to the
11 Pari-Mutuel Wagering and Administration. Pam's
12 presence will be missed.

13 VICE CHAIR BROWN: She is not here today, but I
14 wish her well.

15 MR. MARSHMAN: Next is from the general counsel's
16 office, Mr. Hundersmarck, who seated at the table with
17 me. He is a senior attorney in the Litigation Unit.
18 After onboarding with OGC in December, Justin hit the
19 ground running by immersing himself in the subject
20 matter and quickly acquiring the knowledge necessary
21 to prosecute violations of governing statutes and
22 rules and to present matters in front of the
23 Commission.

24 Justin is a hard worker with excellent research,
25 writing, and issue spotting skills. His dedication to

1 his work and willingness to go the extra mile make him
2 OGC's employee of the month.

3 For Gaming Enforcement is Special Agent Marc
4 Kjellin. Special Agent Marc Kjellin is the employee
5 of the month in recognition for his exceptional
6 leadership initiative and dedication during a period
7 of supervisory transition.

8 During the current supervisory vacancy, Agent
9 Kjellin has proactively stepped in supporting the
10 acting special agent supervisor by taking on a range
11 of critical supervisory and non-supervisory
12 responsibilities. Marc has played a key role in
13 ensuring operational continuity by assisting with
14 personal training, managing DGE equipment, and
15 overseeing the inventory of all weapons and
16 ammunition, all while maintaining his regular
17 investigative workload.

18 His efforts have been instrumental in keeping the
19 team organized, mission focused, and well equipped.
20 And as you saw earlier today, it should be noted that
21 he was one of the agents that responded to the active
22 shooter situation at FSU with three other agents from
23 the Northern District. His ability to lead by
24 example, take initiative to support both leadership
25 and colleagues alike underscores his commitment to the

1 agency's success. Agent Kjellin's contribution during
2 this time have gone above and beyond expectations and
3 are worthy of recognition.

4 VICE CHAIR BROWN: Absolutely.

5 MR. MARSHMAN: Next is from the Office of
6 Information Technology, Mr. Brett Williams, who's
7 seated to my left at the table. Brett joined IT in
8 December as our application development manager and
9 quickly made an impact. His skills in project
10 management and application development have been
11 invaluable as we implement new systems and
12 technologies, including the IT service management
13 system and the creation of applications to address the
14 commission's operational needs.

15 Brett established standards for application
16 development, and management, streamlining the team's
17 processes. He has also found ways to use resources
18 more efficiently, and Brett recognizes business needs
19 and proactively works to address them.

20 Brett is always willing to assist regardless of
21 the nature of the task. He has been a valuable
22 addition to the IT team, and I'm pleased to have him
23 as the IT employee of the month.

24 VICE CHAIR BROWN: Excellent.

25 MR. MARSHMAN: And last but not least is the

1 Division of Pari-Mutuel Wagering, and it's Michelle
2 Futrell. Michelle Futrell is an integral part of the
3 operations team based in the Fort Lauderdale regional
4 office. She is proficient in all of her
5 administrative duties and goes above and beyond
6 expectations to support the team, customers, and
7 mission of the commission.

8 Michelle ensures that our regional satellite
9 office needs are properly supported, and provides
10 administrative support for the operations and
11 investigation staff for more than 20 years. Her
12 annual performance review is always exceptional, and
13 Michelle goes above and beyond in everything she does
14 for us.

15 Her consistent performance, exceptional teamwork,
16 innovation, outstanding customer service, leadership
17 qualities, reliability, and positive attitude
18 consistently represent the commission's values and
19 image in a positive, professional manager -- manner.
20 She projects a warm, cheerful attitude to colleagues,
21 licensees, and stakeholders alike. And she's the
22 Pari-Mutuel Division employee of the month.

23 VICE CHAIR BROWN: Michelle, stand up, please.
24 Wonderful. Thank you. Thank you, Director Marshman.

25 MR. MARSHMAN: Next, we have a series of

1 employees to recognize for their years of service to
2 the state. Starting with 5 years and going to 10, 15,
3 and even ending at out much higher than that. So
4 without further delay, starting at 5, first is Mr.
5 Randall Lazala Badia. He's in IT. That's 5 years.

6 Next is Mr. Marcus Brooks, also for 5 years.
7 Next is Sharon Dunkle (phonetic). Next is Maya Jones,
8 Randa Samson, and Cheryl Stubbs.

9 VICE CHAIR BROWN: Thank you. Good.

10 MR. MARSHMAN: I should have said this in the
11 beginning. Some of these employees are in
12 Tallahassee, some are in Central Florida, and some are
13 here in South Florida. So for those of the employees
14 that I do call out, if you would just stick around, we
15 would like to have a group photo, hand out
16 certificates and some pins that acknowledge your years
17 of service.

18 Next, I have Ms. Mayana Bravo-Santos, Ms. Lerrah
19 Clark, Cayelan Cwirka (phonetic), Cyntoria Harris,
20 Lacy Musgrove, and Pedro Polanco. Those have all
21 served the state for 10 years.

22 VICE CHAIR BROWN: Nice.

23 MR. MARSHMAN: Next, at the 15 year mark, I have
24 Mr. Jose Cuevas, Renee Harkins, Noel Haynes, Yashwanti
25 Ragoobir, William Smith -- Bill Smith, Carlos -- well,

1 Bill Smith is the last one in 15 years.

2 VICE CHAIR BROWN: Nice.

3 MR. MARSHMAN: At the 20 year mark, I have Carlos
4 Gaitan and Katie Young. For 25 years of service is
5 Ms. Jamie Pouncey. And finally, for 30 years of
6 service in the state of Florida, Ms. Kellie Wilcox.

7 VICE CHAIR BROWN: Awesome.

8 MR. MARSHMAN: And again, if you're here today
9 and your name was called, please stick around. We've
10 got a certificate and we'll take a photo.

11 Next on my list, I have the schedule of the
12 upcoming meetings. We have meetings already scheduled
13 for June, July, August, and September. I don't know
14 if you want to go ahead and start talking about
15 October or not.

16 VICE CHAIR BROWN: Sure, let's go. October, the
17 week of October 6th?

18 MR. MARSHMAN: I believe so.

19 VICE CHAIR BROWN: Commissioners, does October
20 9th work?

21 COMMISSIONER D'AQUILA: Yes, it does.

22 COMMISSIONER REPP: Yes.

23 COMMISSIONER DRAGO: Yes.

24 VICE CHAIR BROWN: Yes. Okay. Does that work,
25 Joe?

1 MR. DILLMORE: Yes.

2 VICE CHAIR BROWN: Do we want to go further out?

3 COMMISSIONER DRAGO: Yeah, I think we should do
4 at least to --

5 MR. MARSHMAN: Thanksgiving?

6 VICE CHAIR BROWN: Yeah, could we do that?

7 COMMISSIONER D'AQUILA: November 6th?

8 VICE CHAIR BROWN: Does November 6th work for you
9 all?

10 COMMISSIONER DRAGO: Yes.

11 COMMISSIONER D'AQUILA: Yes.

12 COMMISSIONER REPP: Yes.

13 VICE CHAIR BROWN: November 6th. Why don't we
14 just close out the year.

15 COMMISSIONER D'AQUILA: December 4th?

16 VICE CHAIR BROWN: Okay. That way, we could book
17 the rooms. December 4th?

18 COMMISSIONER REPP: Yeah.

19 VICE CHAIR BROWN: December 4th?

20 MR. DILLMORE: December 4th?

21 VICE CHAIR BROWN: Mm-hmm.

22 MR. DILLMORE: Yes.

23 VICE CHAIR BROWN: Perfect. Great.

24 MR. MARSHMAN: So going back to October, if we
25 could, I think that's the same week as G2E, Global

1 Gaming Expo in Las Vegas. I'm not sure if any of the
2 commissioners are going to be traveling. I know staff
3 will likely be traveling.

4 VICE CHAIR BROWN: Yeah.

5 MR. MARSHMAN: So perhaps we consider another
6 date in October?

7 VICE CHAIR BROWN: Sure. Does the October -- the
8 week of October 13th work any particular day?

9 MR. MARSHMAN: There is a slot machine license
10 that's up for renewal on October 12th, which is the
11 Sunday.

12 COMMISSIONER DRAGO: What about October 2nd?

13 VICE CHAIR BROWN: Okay. Does October --

14 COMMISSIONER DRAGO: Does that work?

15 VICE CHAIR BROWN: It's Yom Kippur.

16 COMMISSIONER DRAGO: Oh, is it?

17 VICE CHAIR BROWN: Yeah, it's a religious
18 holiday.

19 COMMISSIONER DRAGO: Sure, it is. Yeah.

20 VICE CHAIR BROWN: Yeah.

21 COMMISSIONER DRAGO: If we don't want to do that,
22 that's fine.

23 COMMISSIONER D'AQUILA: What about October 16th?

24 MR. MARSHMAN: I think that would be too late for
25 the --

1 COMMISSIONER D'AQUILA: Oh, because of the 12th.

2 Yeah.

3 VICE CHAIR BROWN: We could schedule it for
4 October 16th and just do a zoom for the license
5 renewal the week before.

6 MR. MARSHMAN: Yes. Yes.

7 VICE CHAIR BROWN: Okay. Does October 16th work?

8 COMMISSIONER REPP: Yes.

9 COMMISSIONER DRAGO: Yes.

10 COMMISSIONER D'AQUILA: Yes.

11 VICE CHAIR BROWN: And we could always modify it
12 at the next meeting if it doesn't. All right.

13 Director Marshman, is that all of the business?

14 MR. MARSHMAN: Just a reminder, this afternoon in
15 this room at 1:30, we'll be having a workshop that was
16 previously noticed. There is going to be a discussion
17 of the cashless rule draft. If anyone is interested
18 and doesn't have a copy of the rule already, it is
19 posted on our website if you'd like to review that
20 before.

21 And we discussed this individually yesterday but
22 staff has been thinking about what next to tackle in
23 rulemaking. And I think everyone would agree that the
24 slot machine gaming rules continue to need updates and
25 improvements. So I think that will be the next thing

1 that I bring to you all at the June meeting for
2 suggestions.

3 One of the subjects that's come up is the key to
4 credit concept. Just generally speaking, if someone
5 wins a jackpot over \$1200, then a W2G form has to be
6 issued. That's when the attendant comes over and has
7 to start filling out paperwork, getting information
8 from the customer.

9 Other jurisdictions have come up with situations
10 where you basically pre-register, and if you hit that
11 amount, then that allows you to cash out your own
12 jackpot. I know I'm simplifying this, but it is
13 something that I think we could do here in Florida and
14 be within the statutory requirements.

15 So staff's going to continue to look at that,
16 maybe a few other items for us to adjust. And our
17 next meeting, I think the goal for the next round of
18 rulemaking at the staff level, provided the
19 commissioners agree, is to tackle a series of smaller
20 lifts perhaps simultaneously, but it would still be
21 much less than the year plus that we've taken to get
22 the draft out of cashless.

23 So I think that would result in faster rules,
24 faster improvements that perhaps the industry could
25 implement a lot quicker than some other things. So

1 with that, that's the end of my portion.

2 VICE CHAIR BROWN: On the rulemaking side, from
3 start to finish, what would be your ideal time frame
4 for these low hanging fruit kind of rules that we can
5 tackle?

6 MR. MARSHMAN: As fast as we could.

7 VICE CHAIR BROWN: Three months?

8 MR. MARSHMAN: Hopefully, before the end of the
9 year. There are certain statutory timelines that we
10 have to adhere to, but those are usually measured in
11 weeks, not months. And again the lift on this would
12 be adding a few words or striking through words, not
13 creating 10 plus pages from whole cloth. So I think
14 we could measure the progress in months, not a year.

15 VICE CHAIR BROWN: Okay, great. Commissioners,
16 any questions of Director Marshman?

17 COMMISSIONER DRAGO: No.

18 VICE CHAIR BROWN: No? Okay. On our agenda, we
19 have public comment and then we have item 13 in which
20 we have a speaker. So I'm going to go right to public
21 comment. Is there anybody in the audience here that
22 would like to address us today? Yes, please come to
23 the podium and state your name.

24 MR. BLAND: Patrick Bland, the chief technology
25 officer of Acres. And sorry, I didn't fill out my

1 little form. There was a very strategically placed
2 accident right on 595. So I was a little bit late
3 getting here, but --

4 VICE CHAIR BROWN: Well, thank you for making it.

5 MR. BLAND: Just wanted to say thank you to the
6 commission and Bill and Dennis. You know, we're a
7 little over -- you're bringing a little over a year of
8 bringing our new technology to market here. And so
9 you guys have been a pleasure to work with. And just
10 want to say thanks and looking forward to the cashless
11 workshop this afternoon.

12 VICE CHAIR BROWN: Excellent. Thank you. I
13 appreciate you taking time to come out of here.
14 Anybody else from the audience that would like to
15 address us? Feel free to come on up. If not, we are
16 going to move on to item 13. Ms. Alvarado.

17 MS. ALVARADO: The Office of General Counsel
18 requests the commissioners to close the meeting so
19 that the Office of General Counsel may seek advice
20 from the commissioners in a closed meeting concerning
21 litigations titled Florida Gaming Control Commission
22 v. PPI, Inc., FGCC case number 2024-031374, and
23 Florida Gaming Control Commission v. PPI, Inc., case
24 number 2024-057184.

25 This advice relates to litigation strategy and

1 settlement negotiations and may therefore be discussed
2 in private pursuant to Sections 16.716 and 286.01184
3 statutes. Before we close, I'd ask you about Mr.
4 Zachem, who represents PPI. I think he had a few
5 comments.

6 VICE CHAIR BROWN: Yeah, I was just -- thank you.
7 Yes. Mr. Zachem, come on up.

8 MR. ZACHEM: Thank you very much. My name is
9 Jonathan Zachem and I represent PPI in these matters.
10 I'll be very brief. I know you all have a session
11 pertaining to the settlement agreements before you. I
12 want to thank your counsel for working with us on them
13 and kind of carry over from last meeting that I
14 believe Vice Chair Brown mentioned.

15 As far as trying to create consistency in some of
16 the agreements and terms, we proposed some ideas
17 before you all that we hope are satisfactory to the
18 commission, but look forward to working with you all
19 in them. Hopefully, we can end up having some of
20 those terms as the consistency starts working its way
21 out in the future, go in better ways. Just briefly,
22 you can see that there were two underage incidents,
23 both of which we took action to try and train our
24 staff and work with them so that they're aware of
25 what's going on. But we thank you all very much for

1 your time. We understand you're going to have a
2 session pertaining to it. We look forward to working
3 with you on a good resolution for you.

4 VICE CHAIR BROWN: Thank you, Mr. Zachem. Okay.
5 It is 11:16, and I have a little spiel that I have to
6 read according to our Florida Statutes and in
7 compliance with that. So we are going to recess and
8 then we will go back on the record after our brief
9 recess. But in connection with the performance of the
10 commission's regulatory duties, it is necessary for us
11 to hear information that is exempt or confidential.
12 Specifically, commission counsel will be discussing
13 litigation strategy and settlement negotiations with
14 the commissioners related to the litigation that was
15 previously mentioned.

16 The closed meeting is scheduled for approximately
17 30 minutes. Those in attendance will be myself, Julie
18 Brown, Commissioner Chuck Drago, Commissioner Tina
19 Repp, and Commissioner John D'Aquila. Acting
20 Executive Director Ross Marshman, Division Director
21 Joe Dillmore, General Counsel Elina Valentine, Deputy
22 General Counsel Marc Taupier, Chief Attorney Emily
23 Alvarado, and senior attorneys Justin Hundersmarck and
24 Shireen Anbardan. Brandy Humphries, Dixie Parker, and
25 our certified court reporter who is here today,

1 Shelley Kelly. Great name.

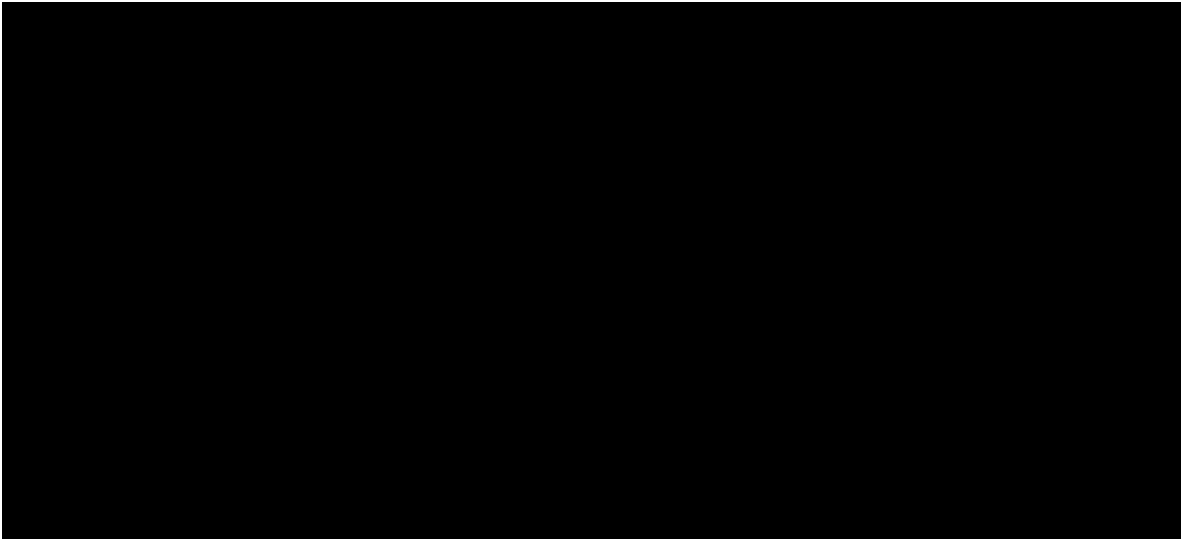
2 In accordance with Section 16.716 and 286.011,
3 Subsection 8C, Florida Statutes, the closed meeting,
4 including the necessity for closure and those specific
5 reasons for such necessity will be recorded by our
6 certified court reporter. No portion of the closed
7 meeting will be off the record.

8 The court reporter's notes will be fully
9 transcribed and filed with the clerk of the
10 commission. The transcript will be made public upon
11 conclusion of the litigation. And for the record, the
12 time is now 11:18 a.m., and we will just -- we will
13 recess for 30 minutes.

14 So just thank you all for coming. We'll be back
15 on the record in 30 minutes as well. I don't want to
16 say goodbye, but see you later.

17 (The meeting was recessed.)

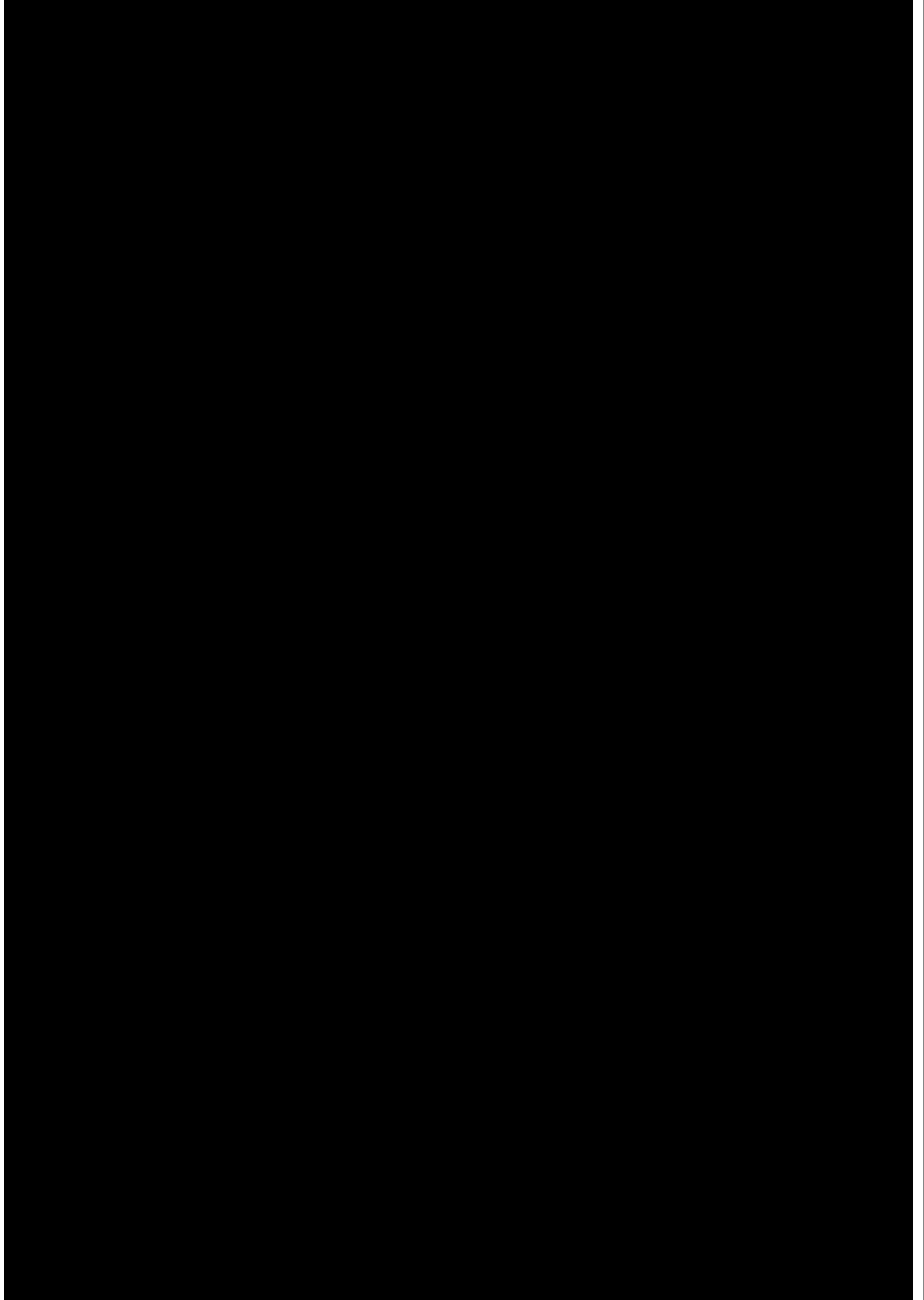
18
19
20
21
22
23
24
25



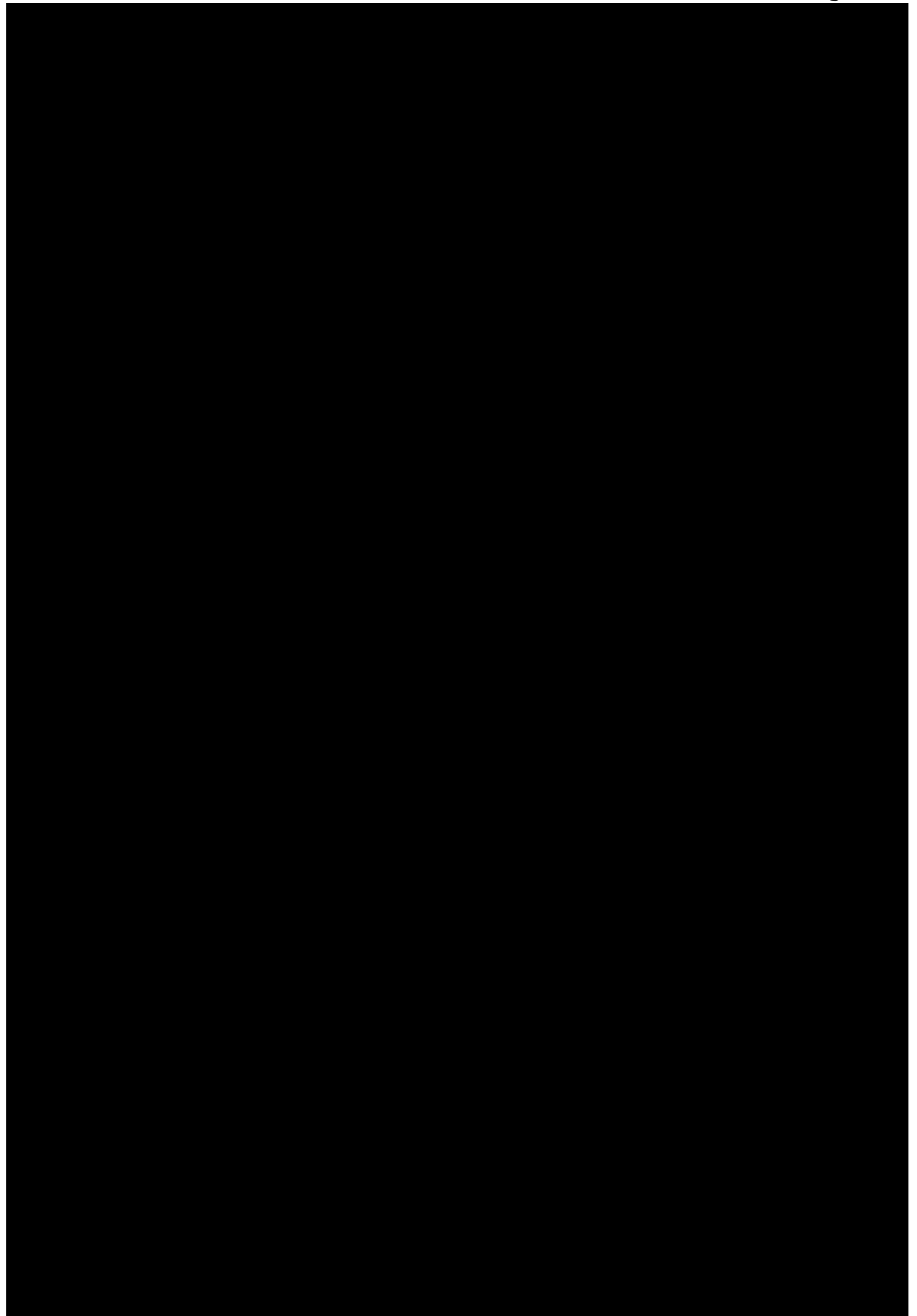
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



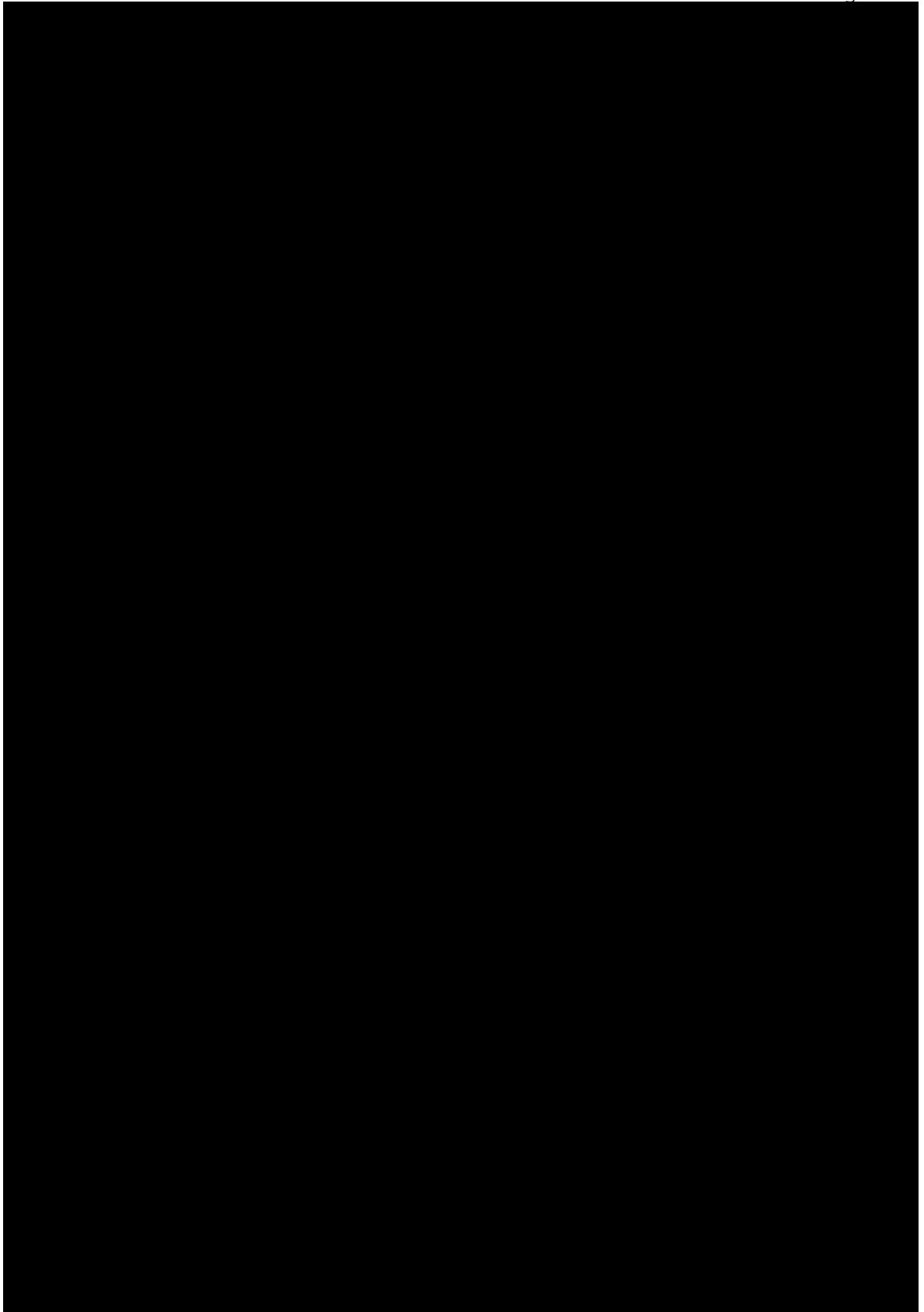
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

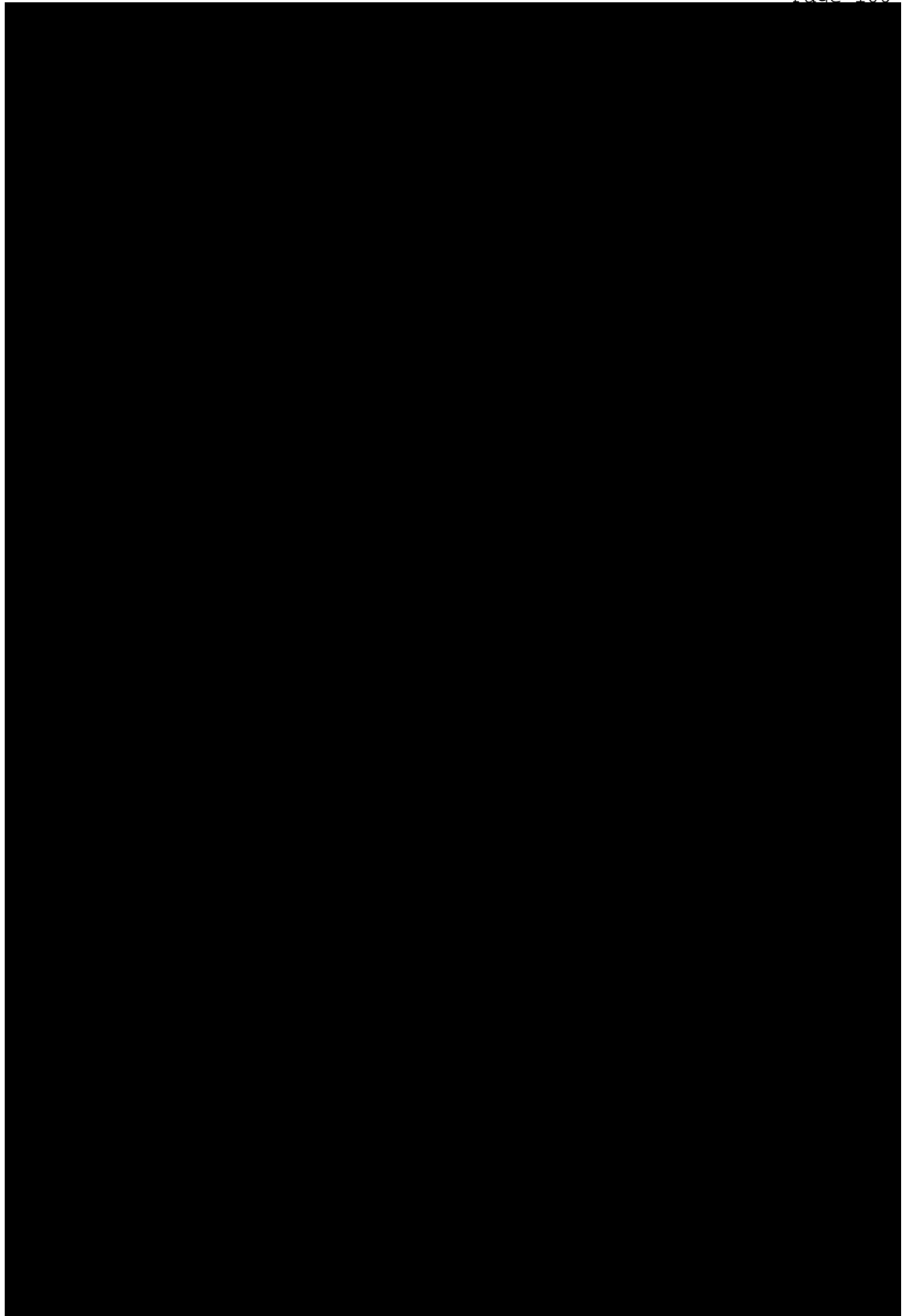
22

23

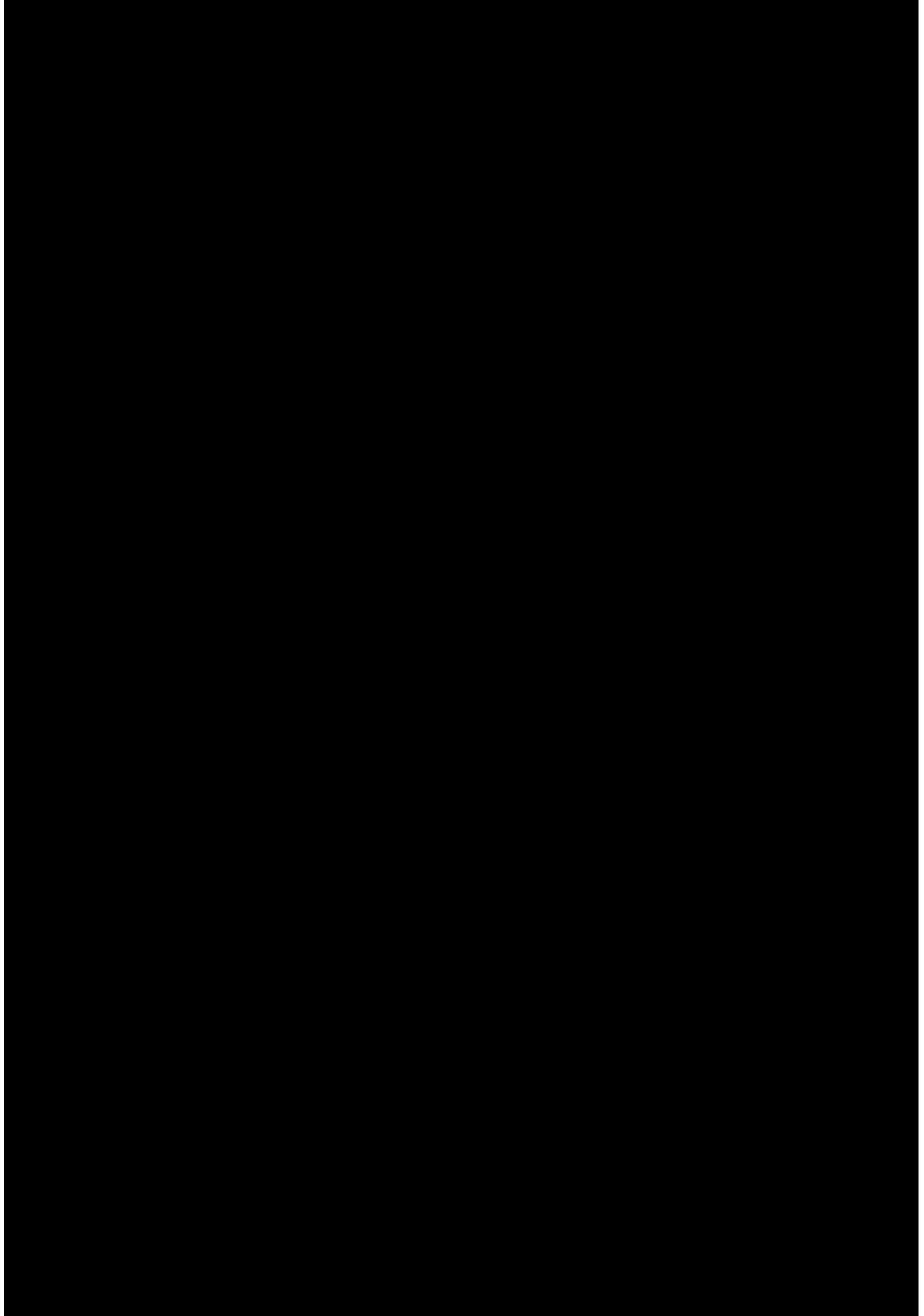
24

25

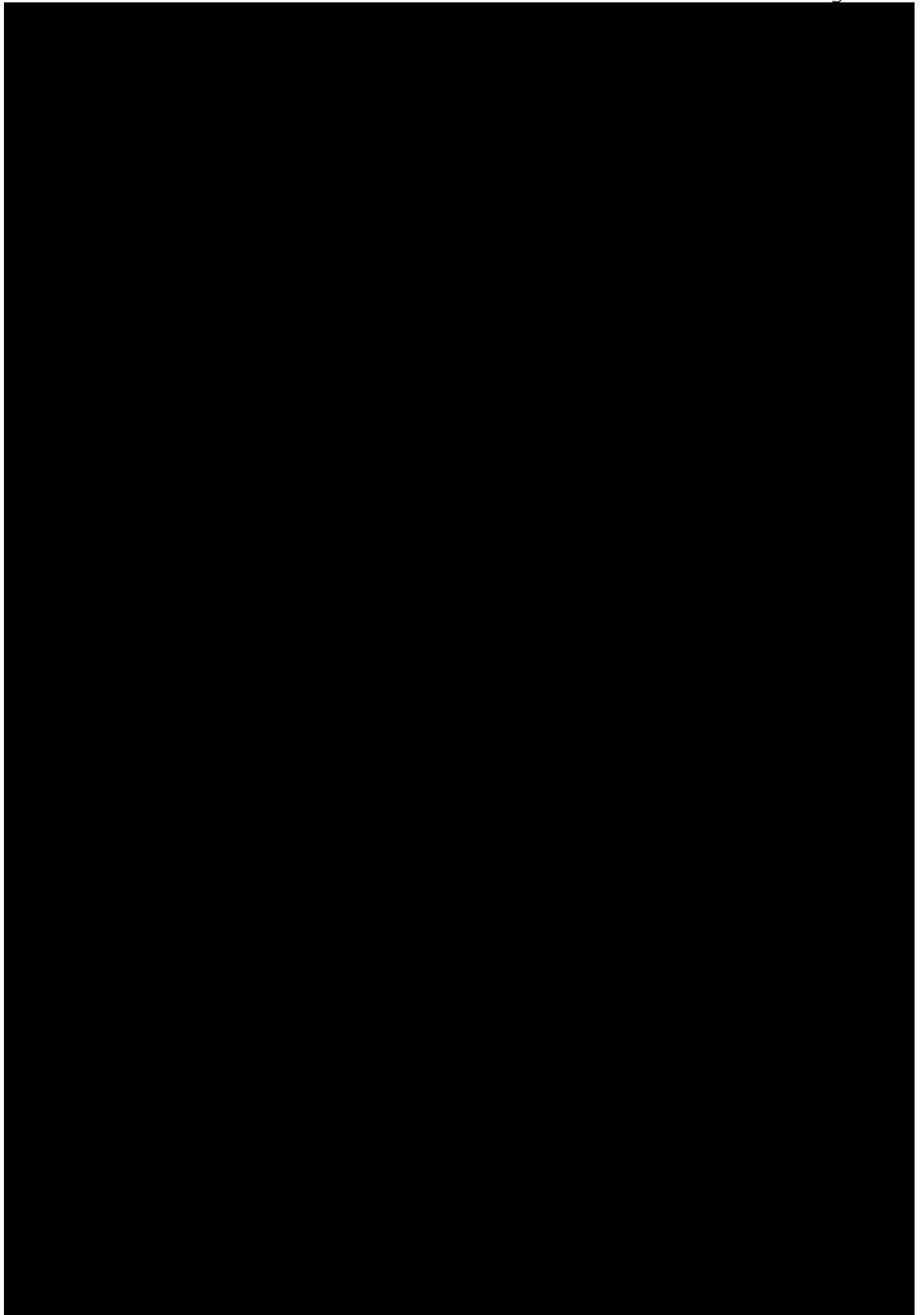
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



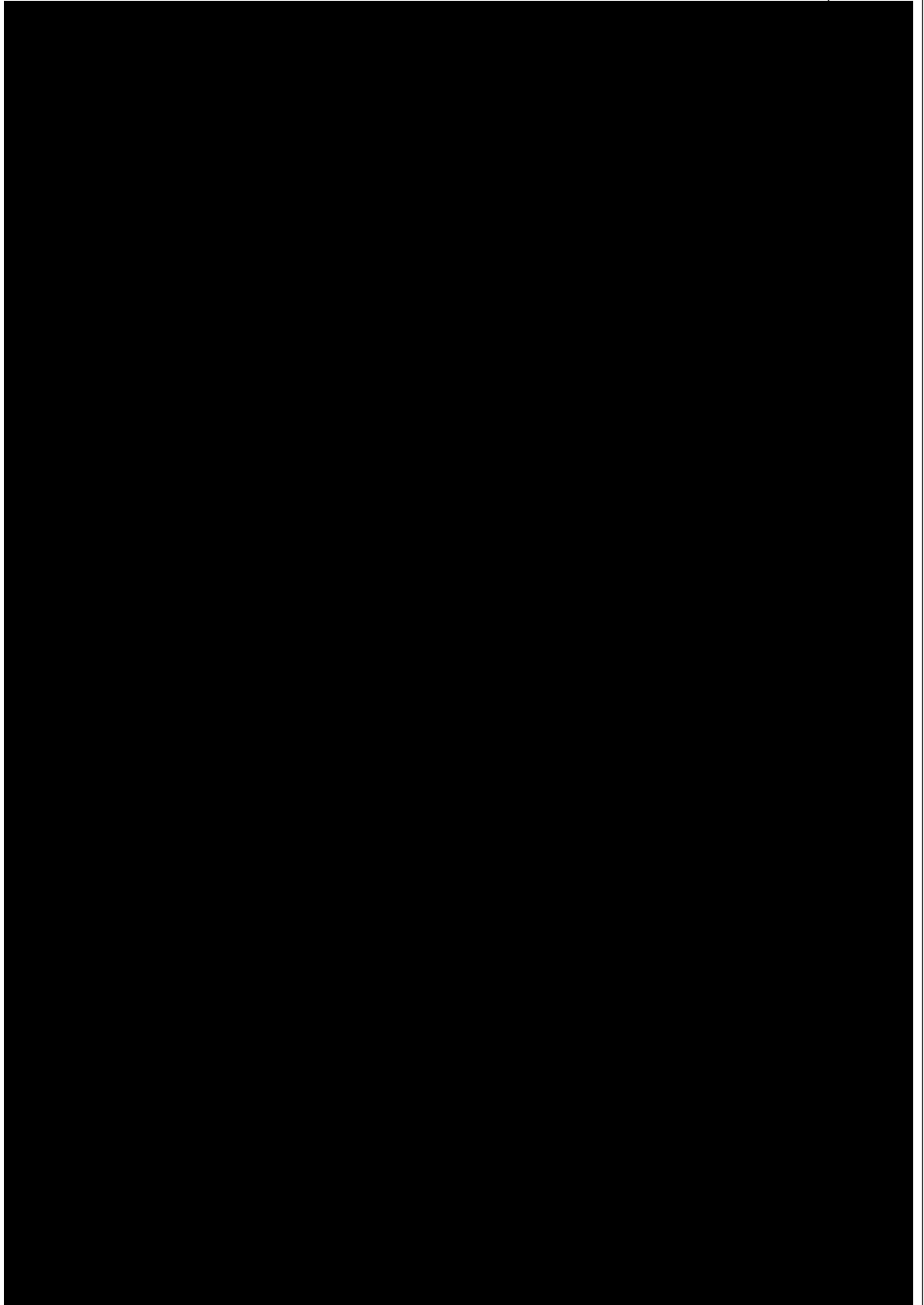
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



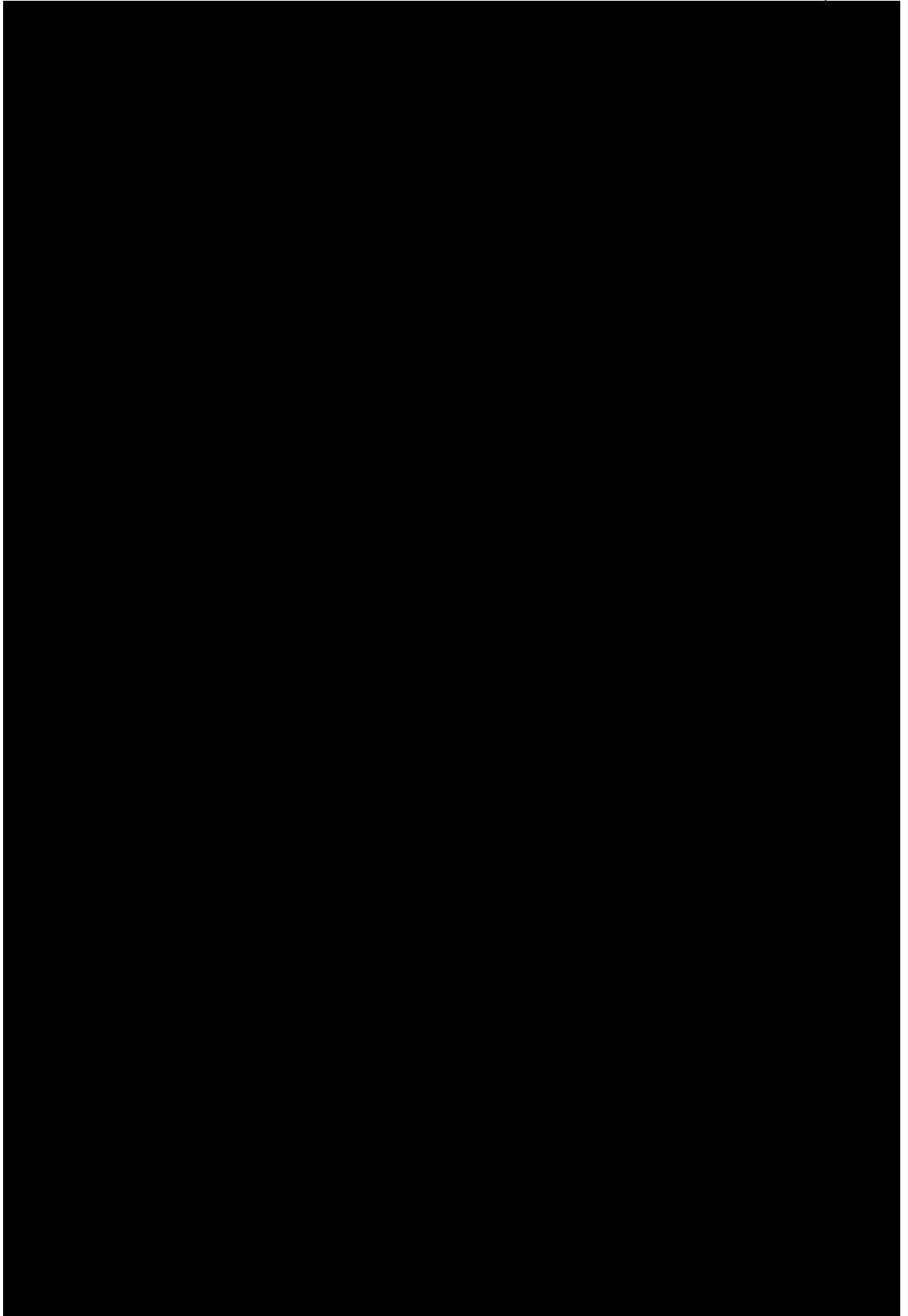
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



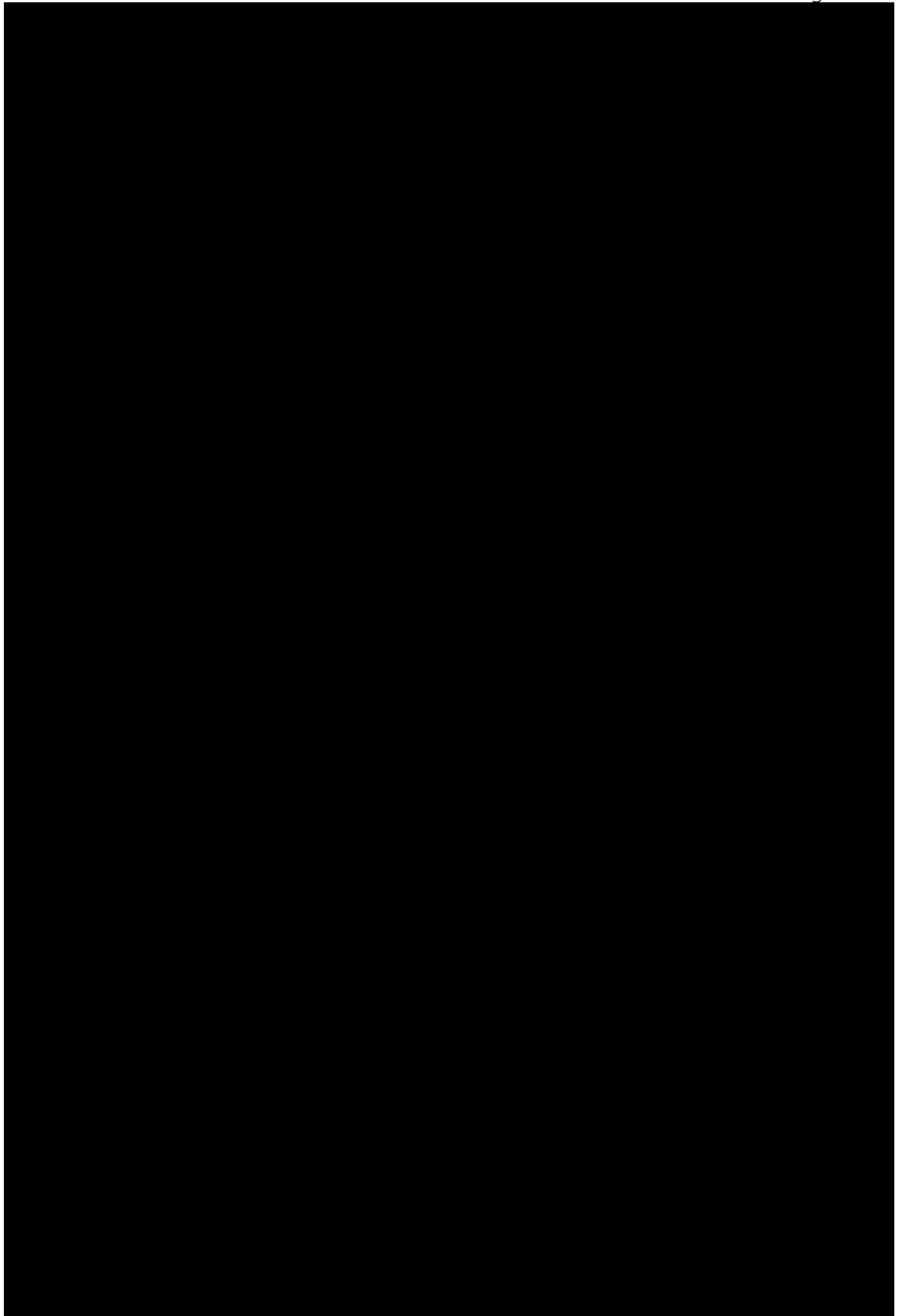
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



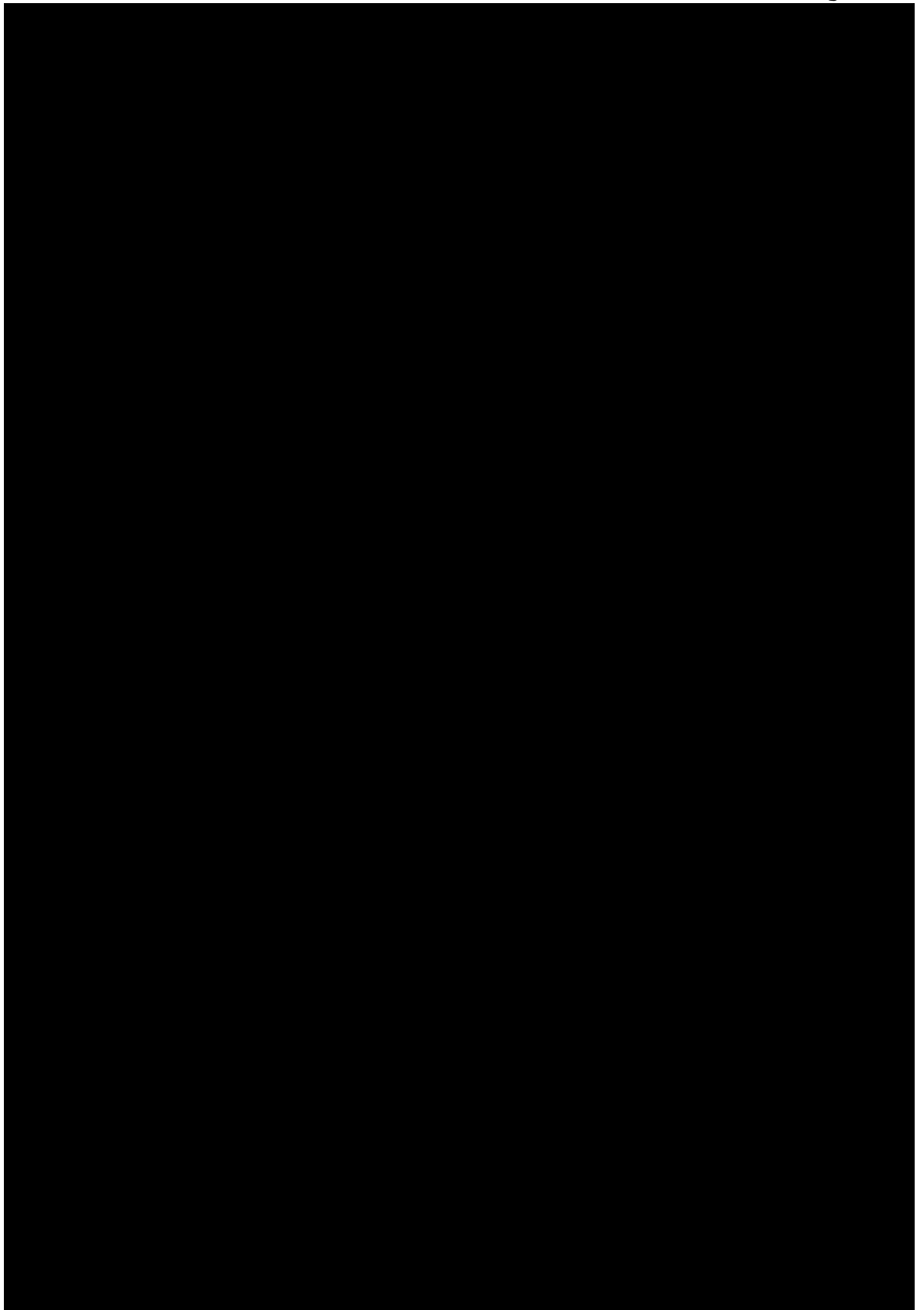
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



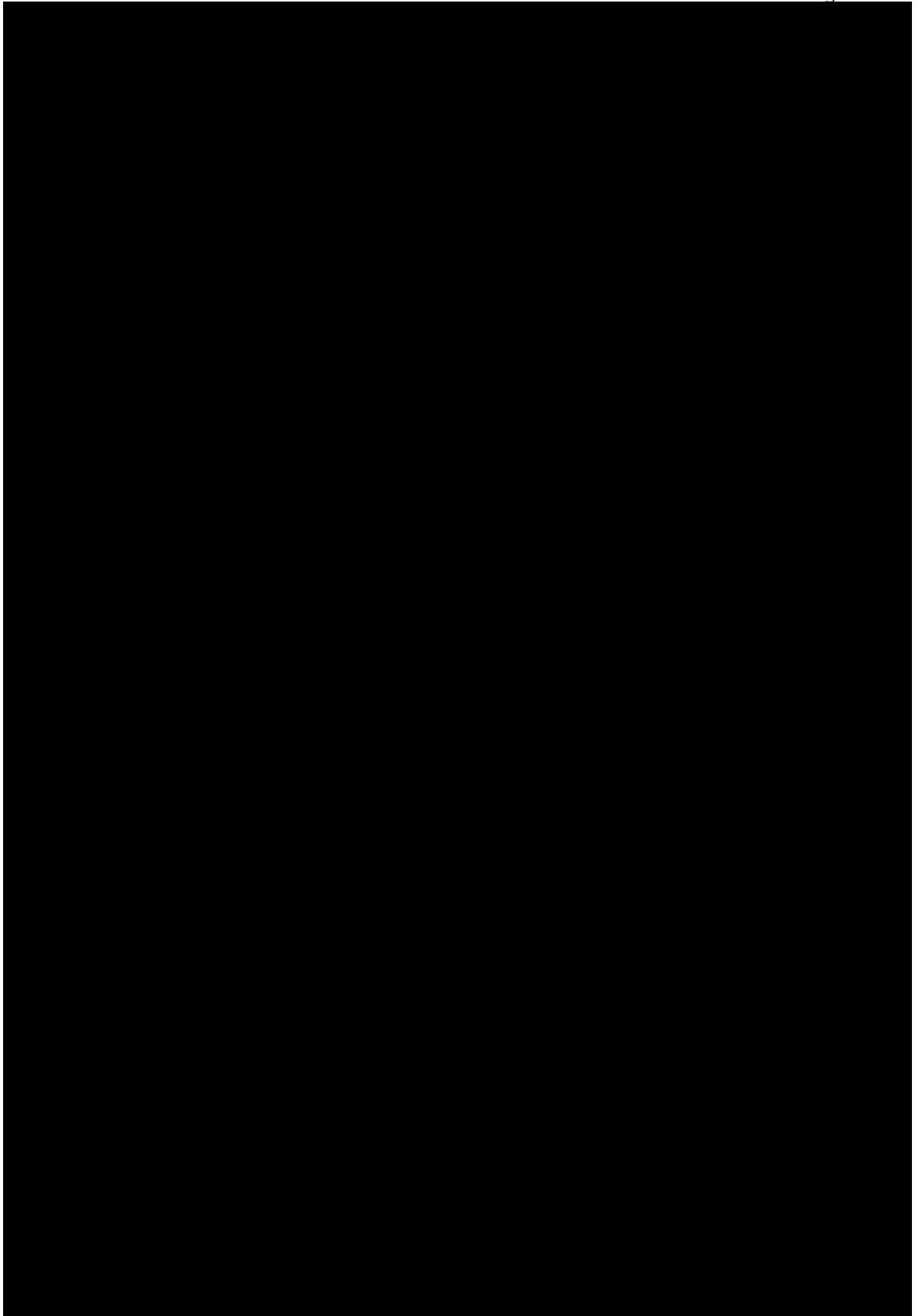
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



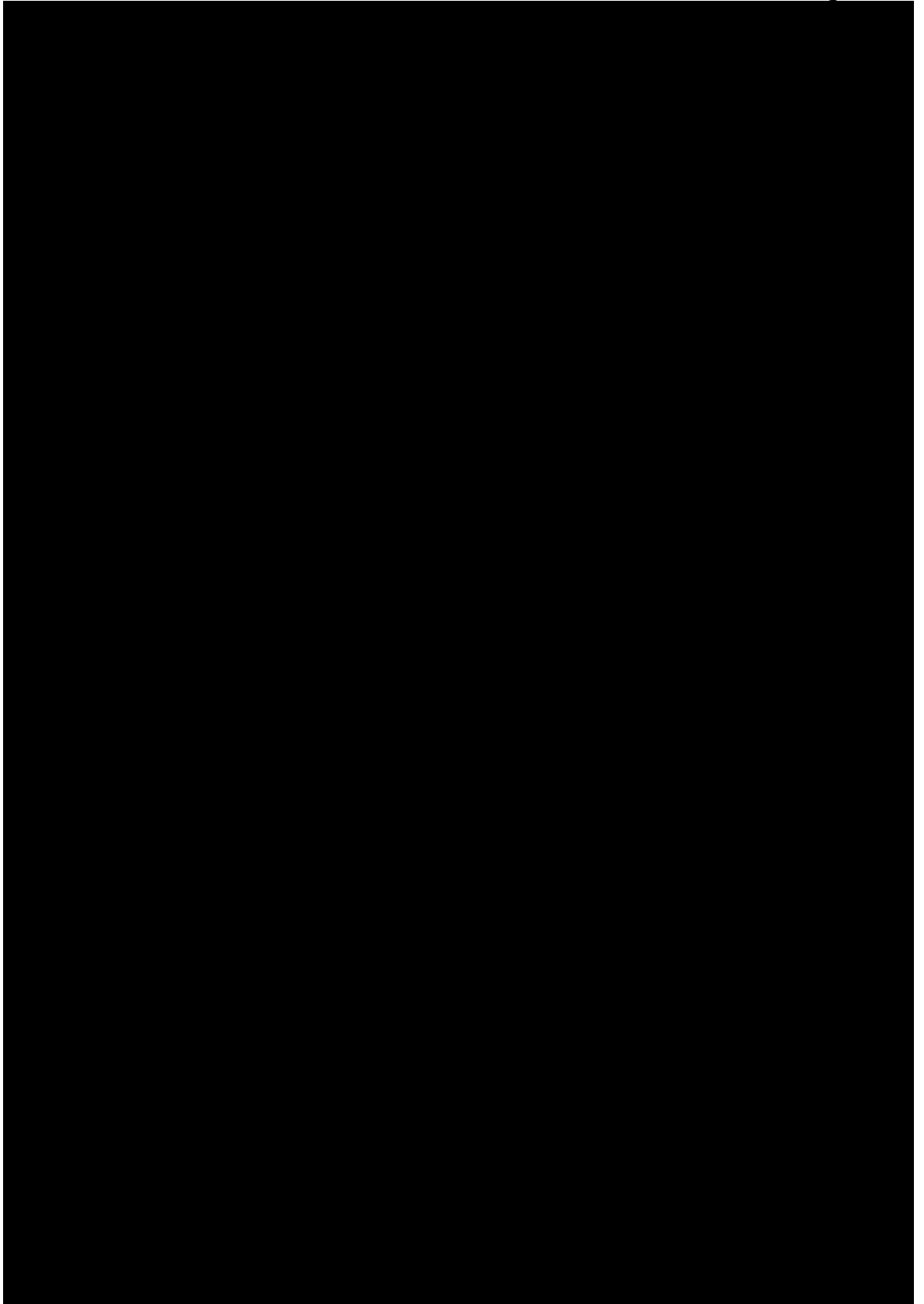
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



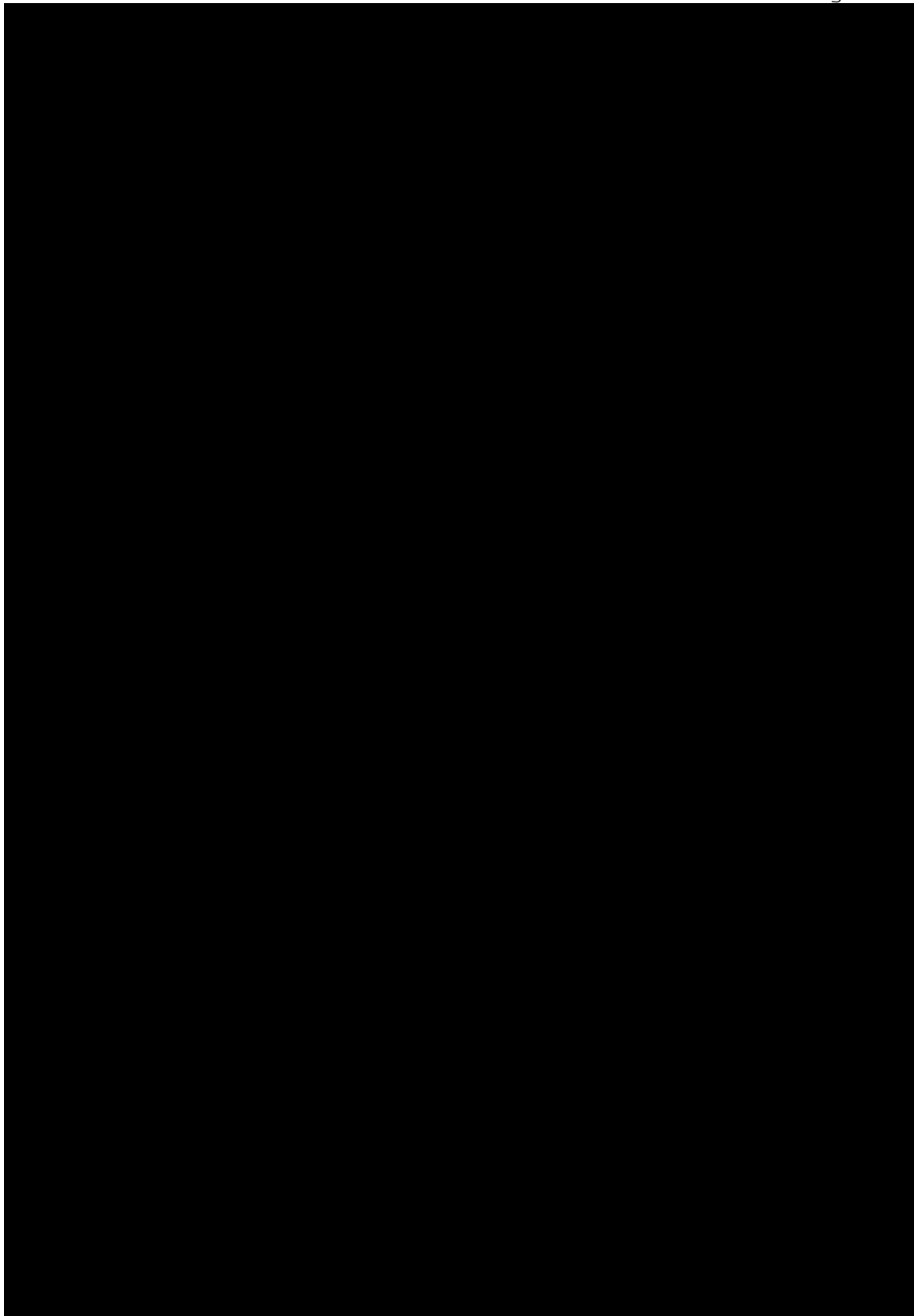
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

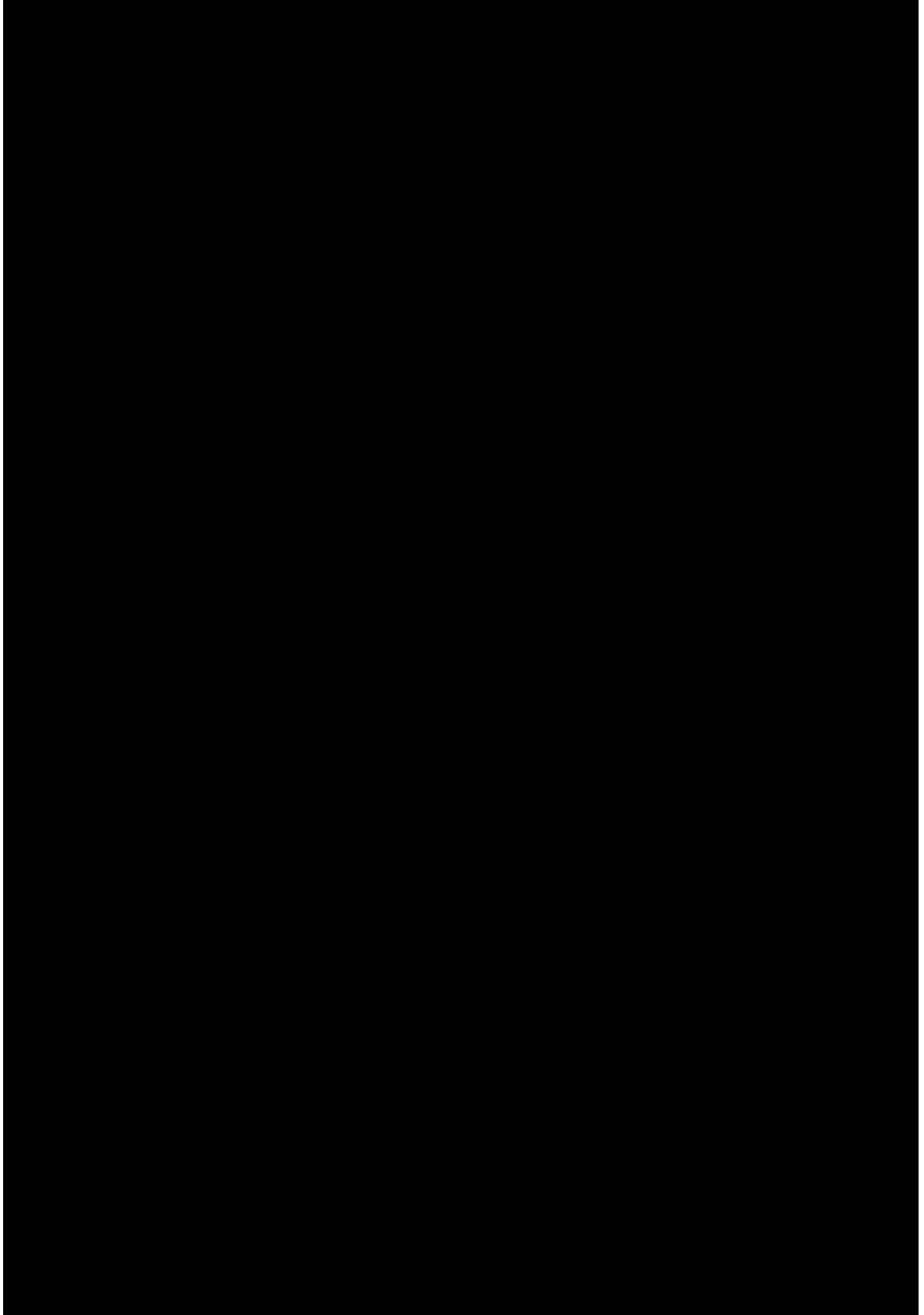
22

23

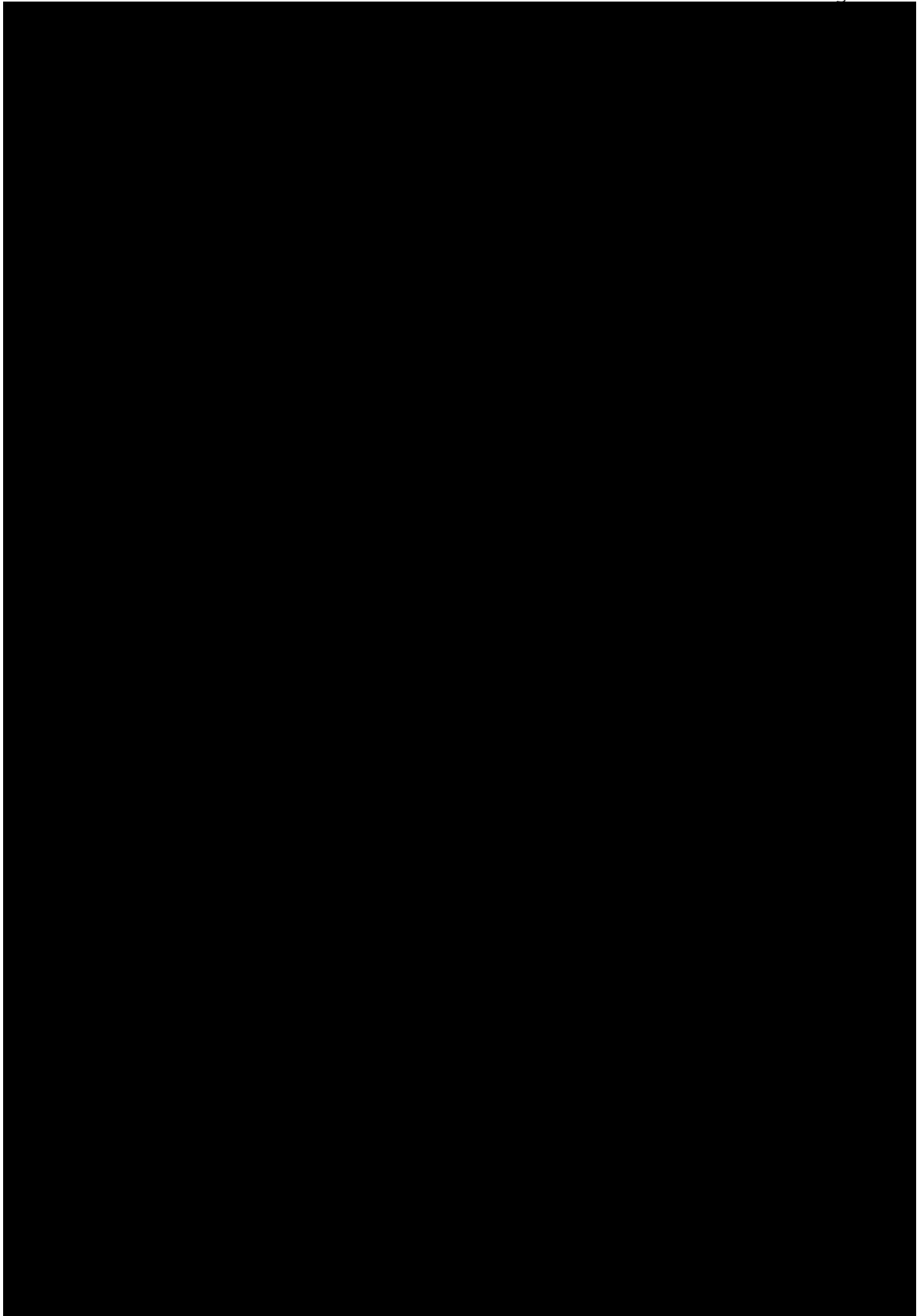
24

25

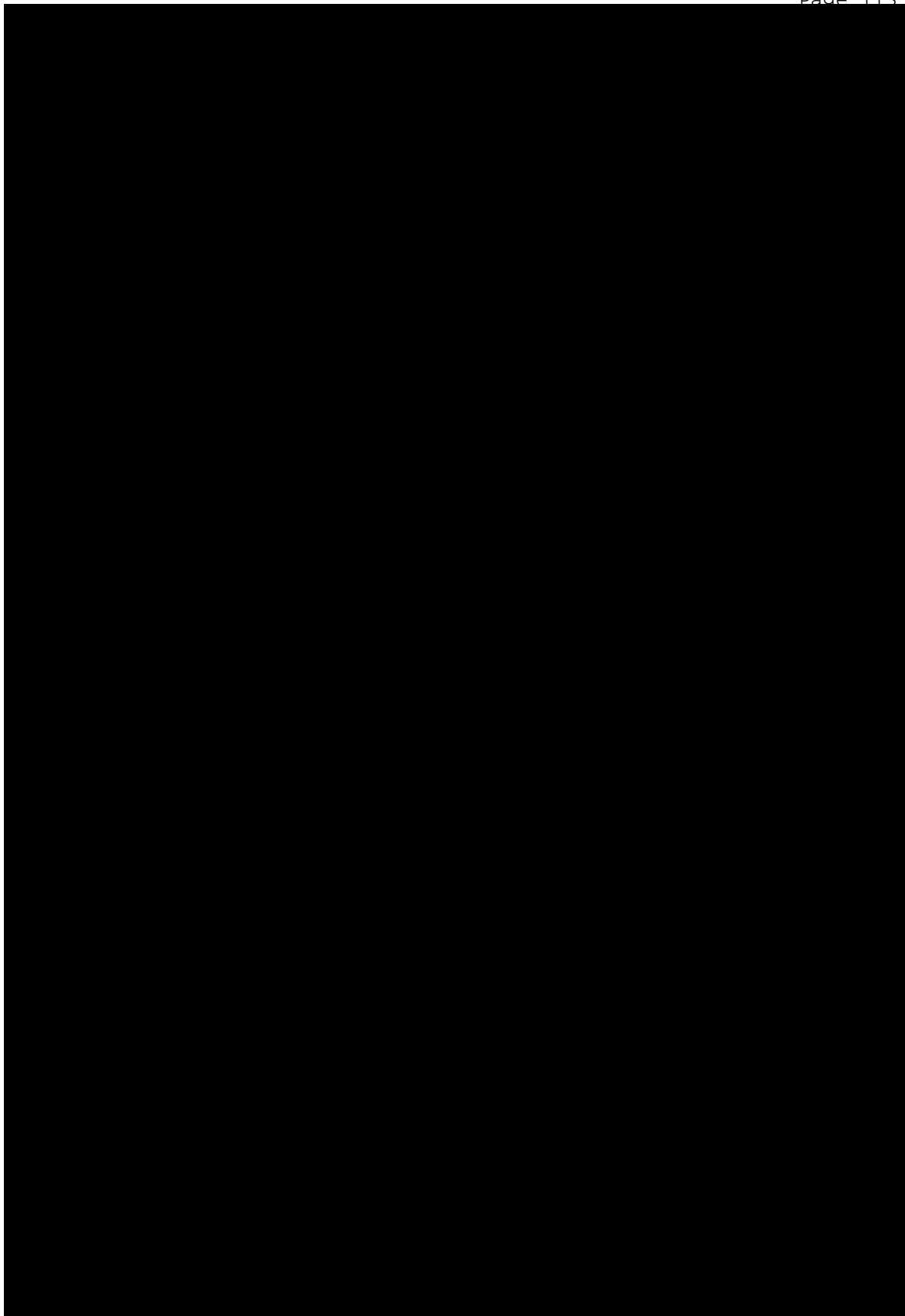
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



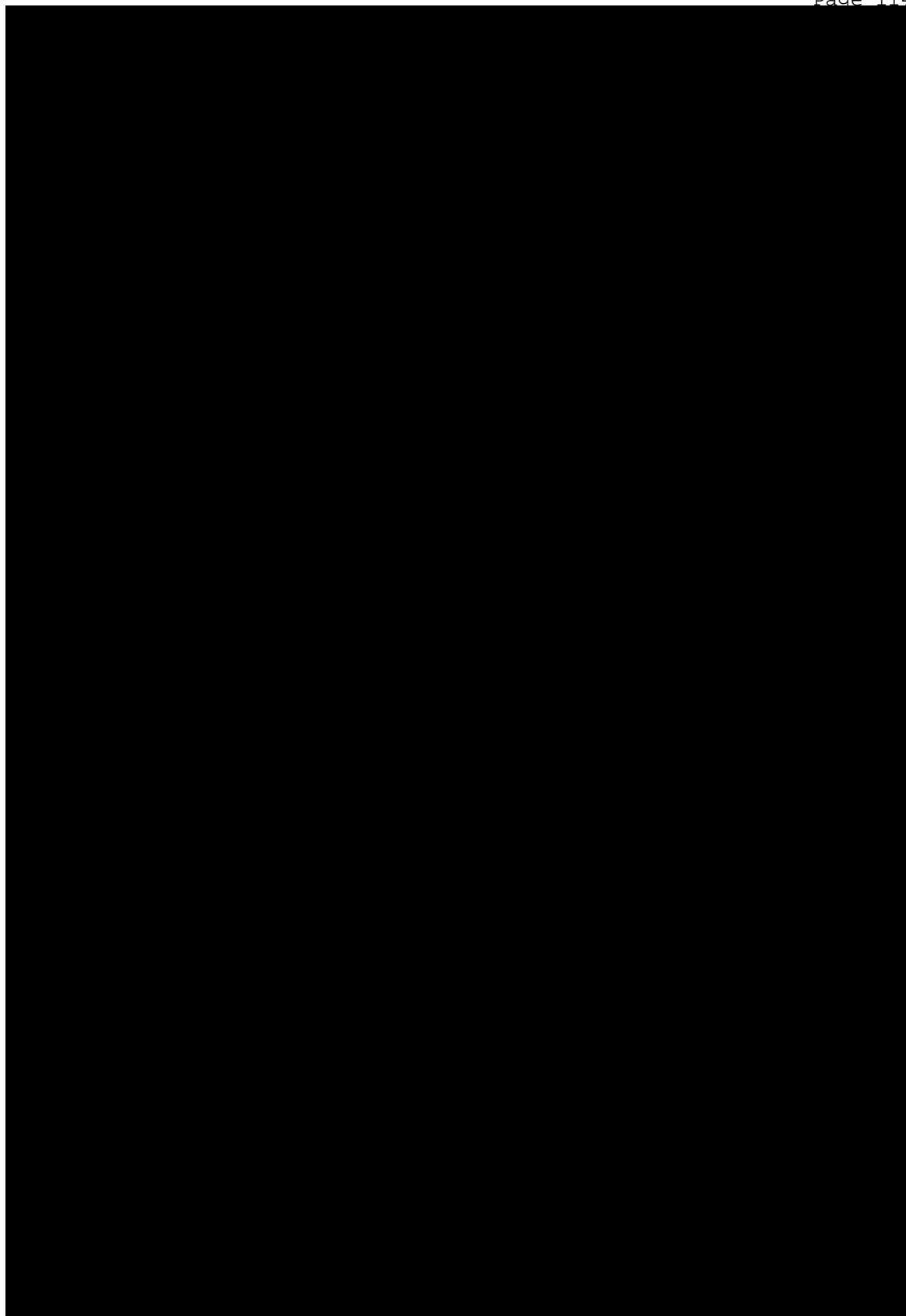
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



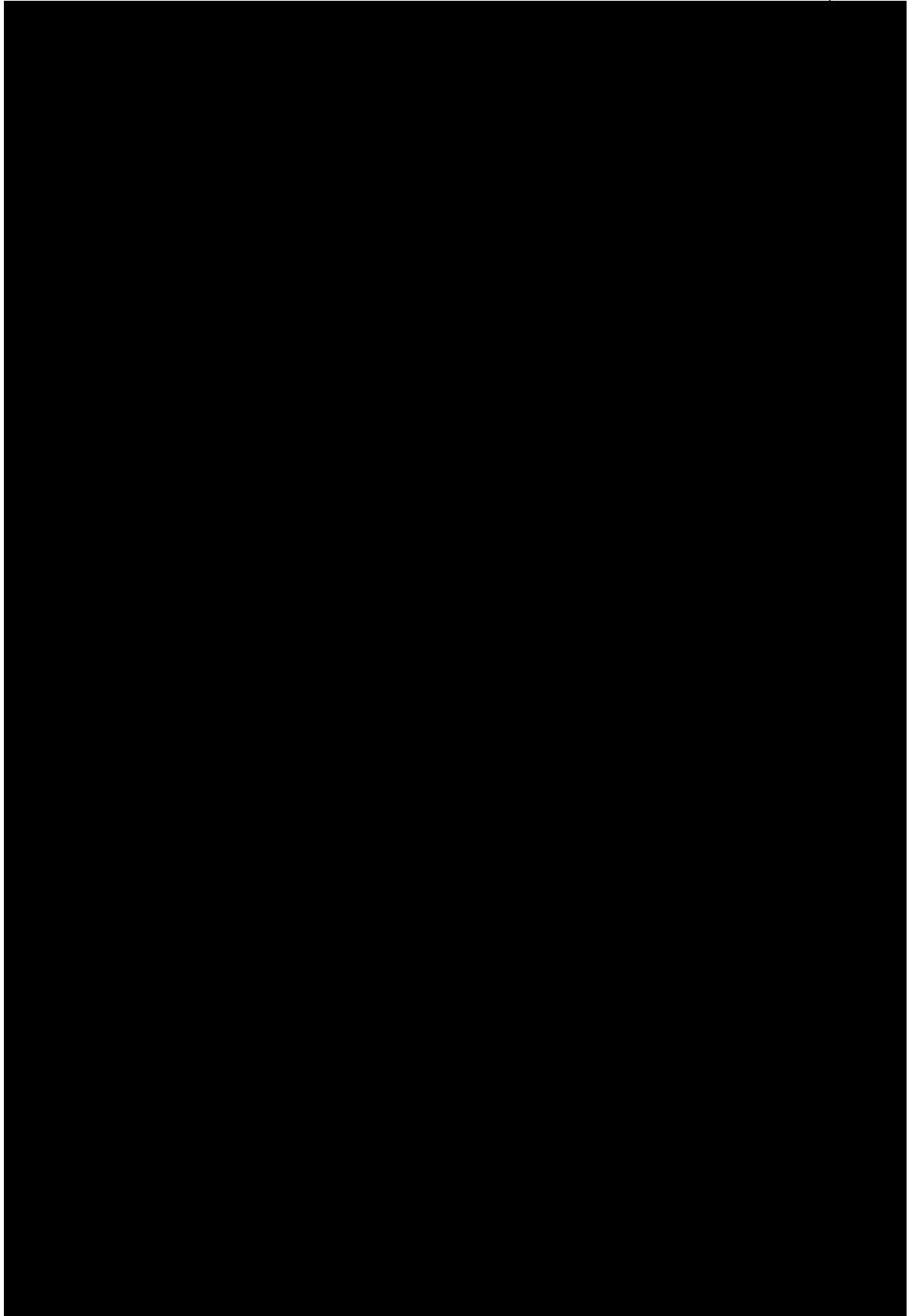
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



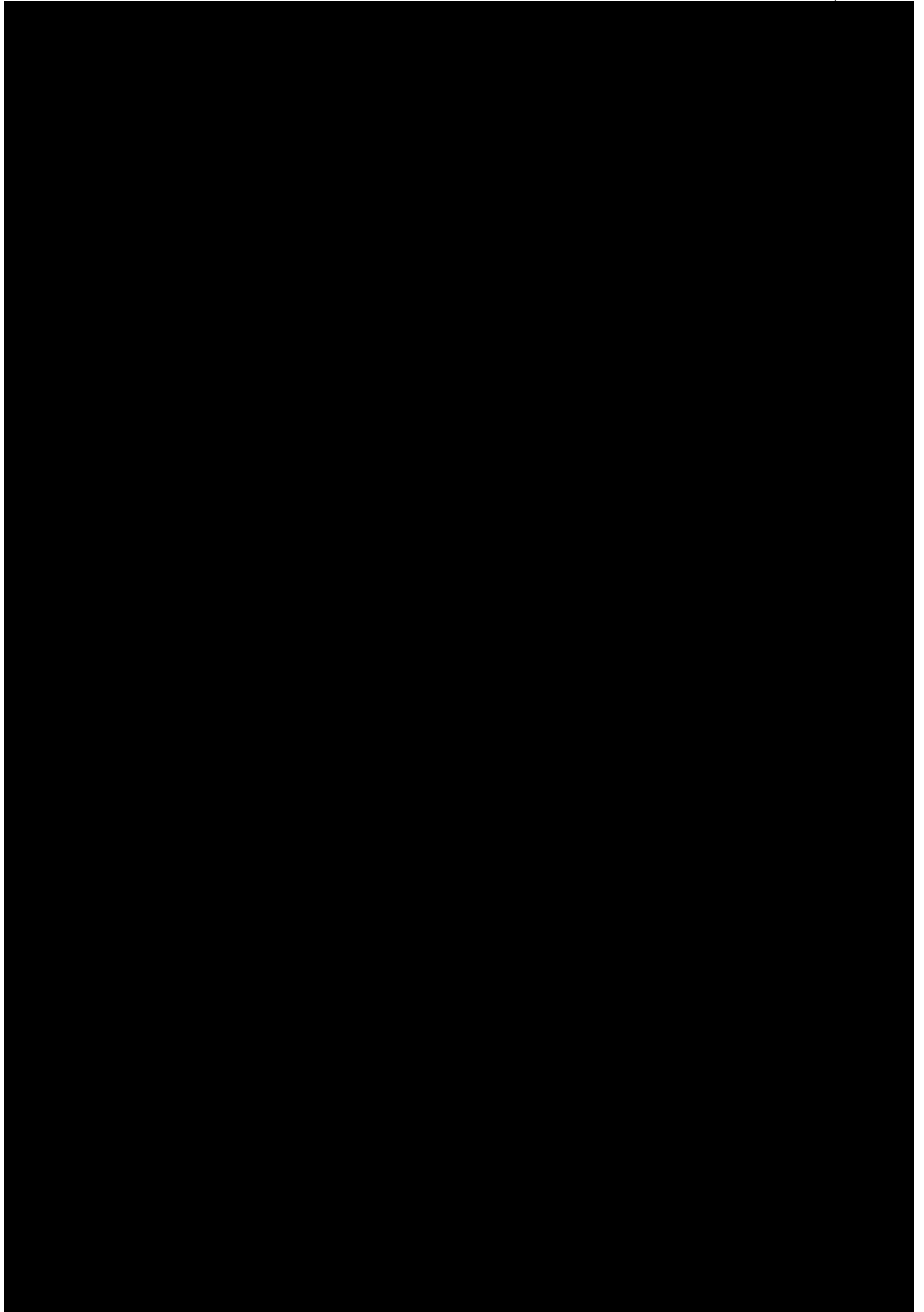
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



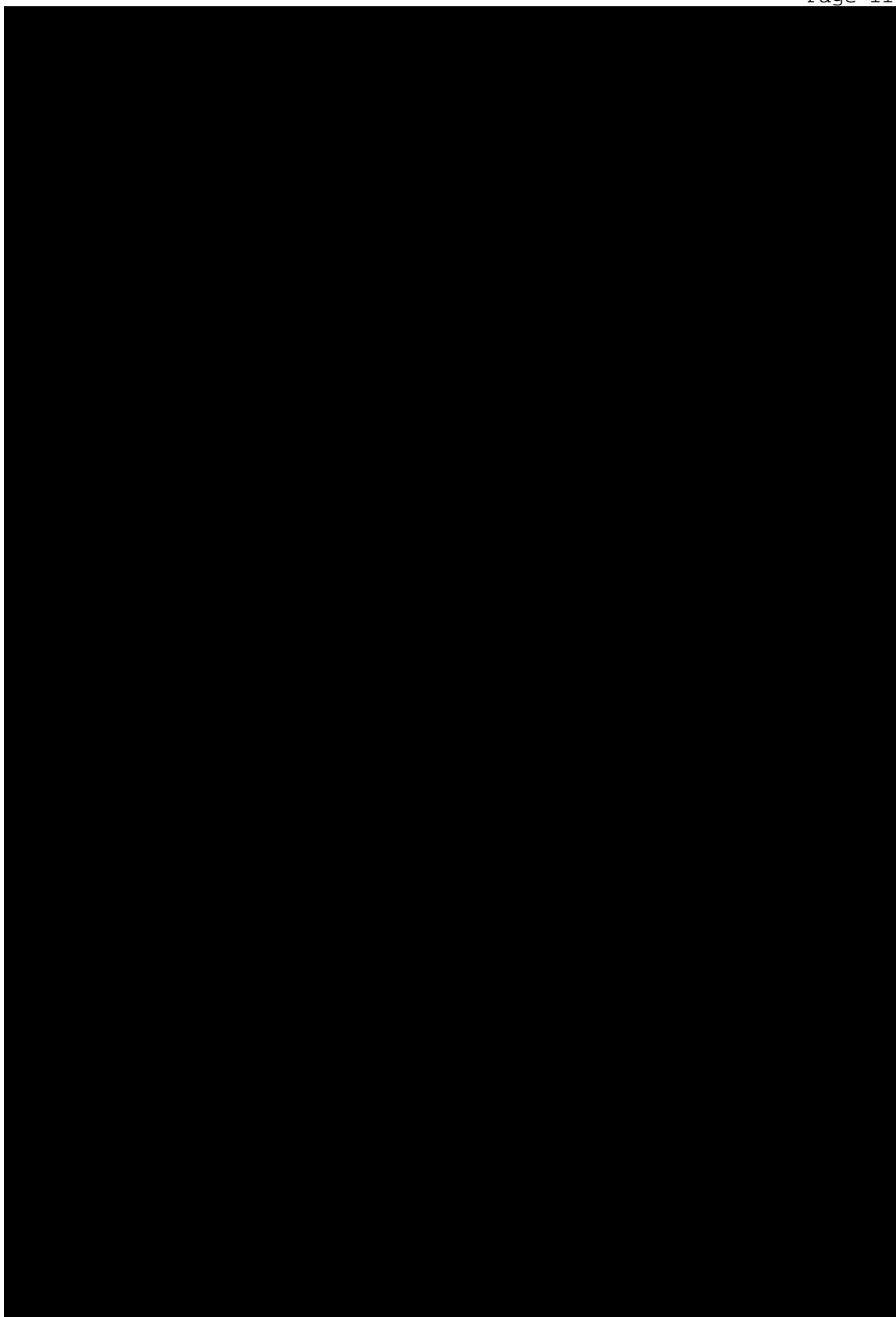
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



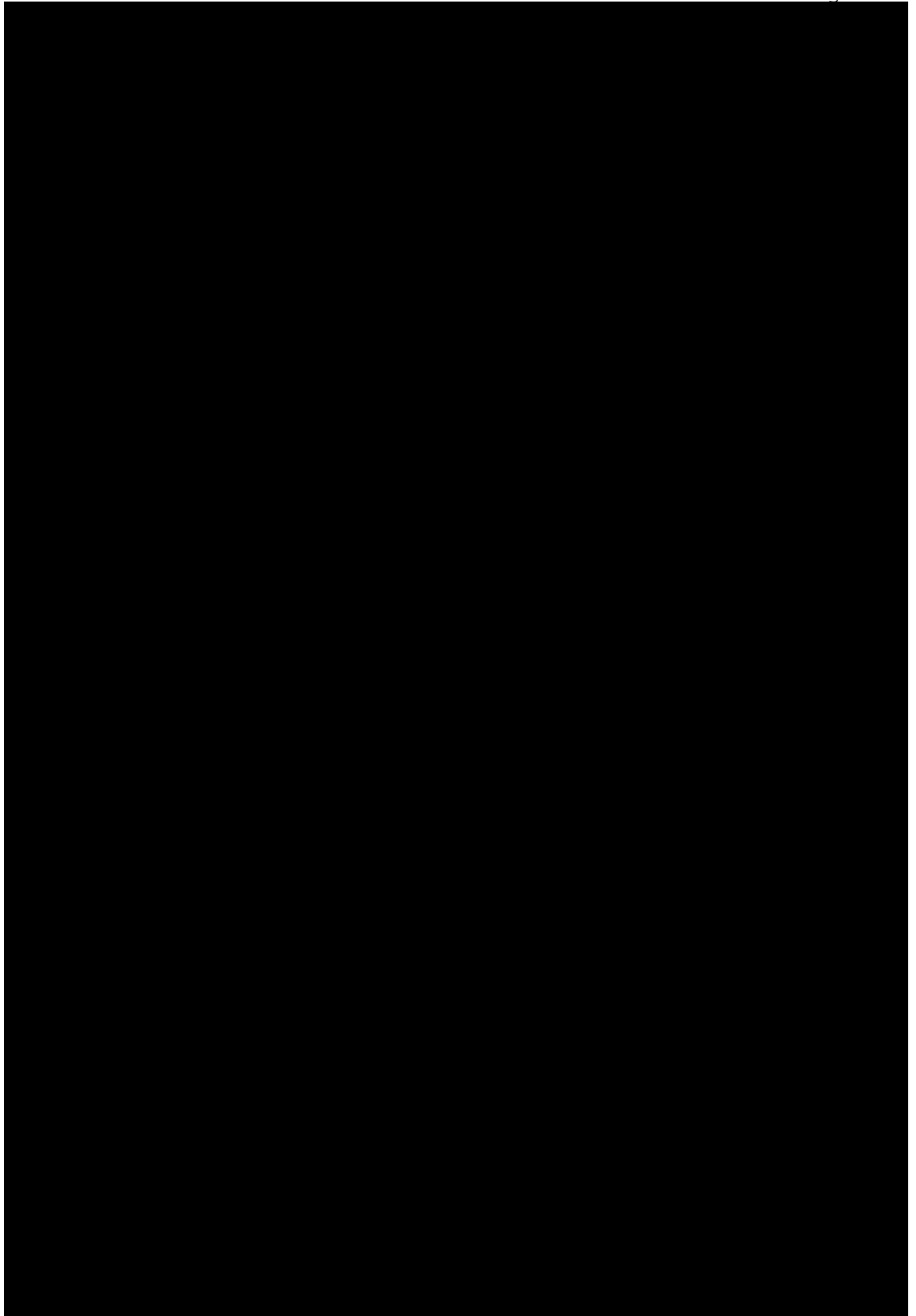
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



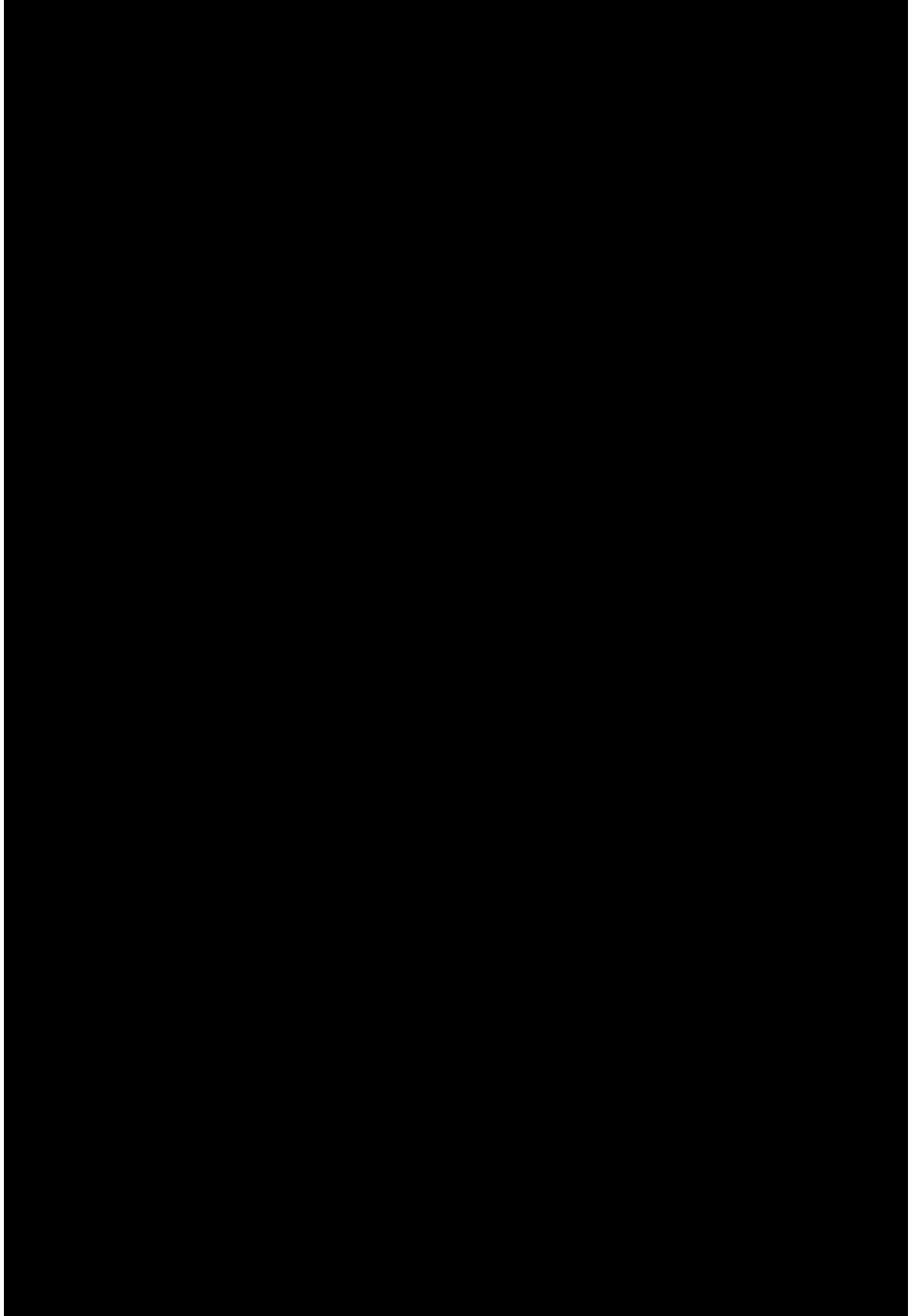
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



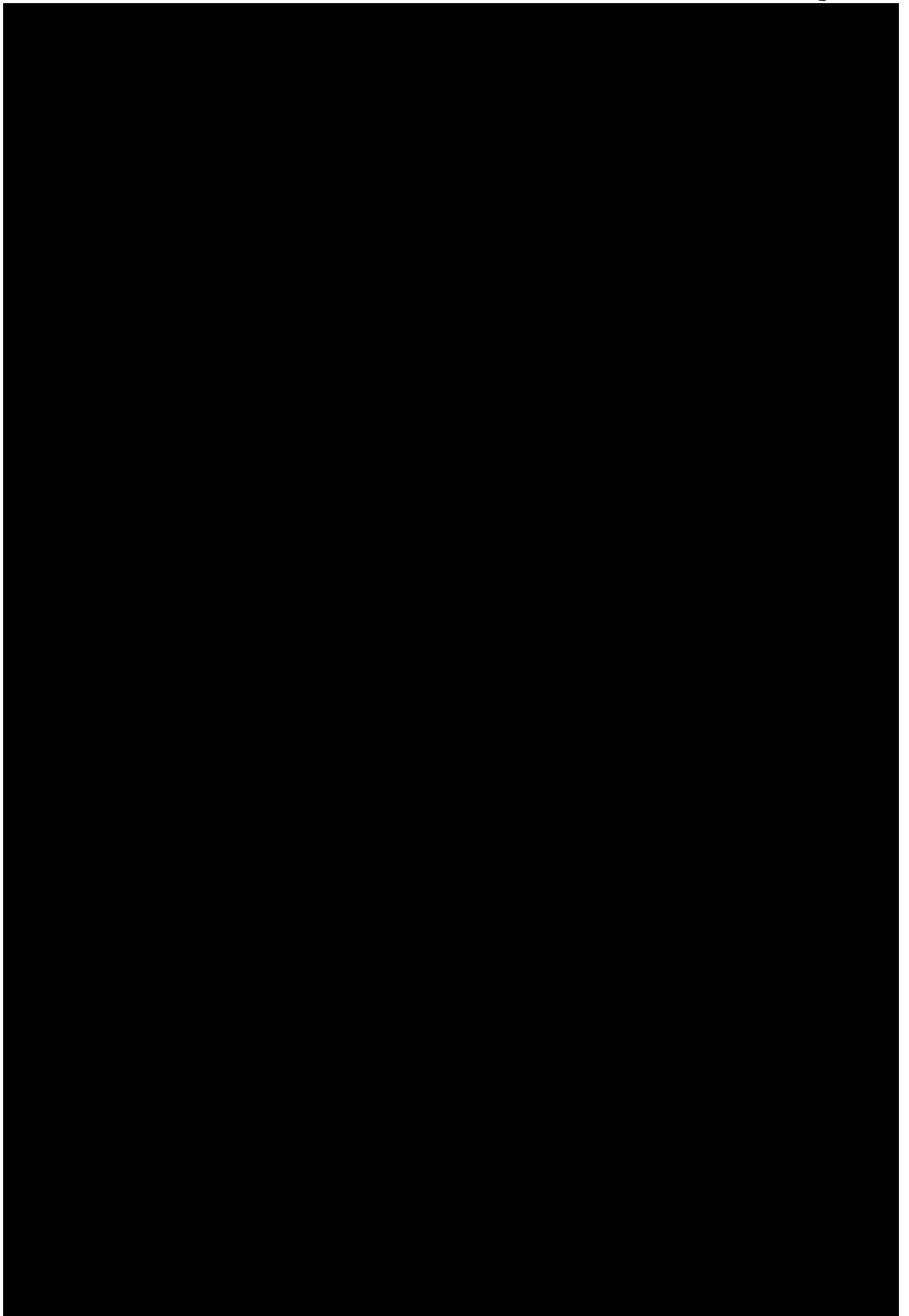
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



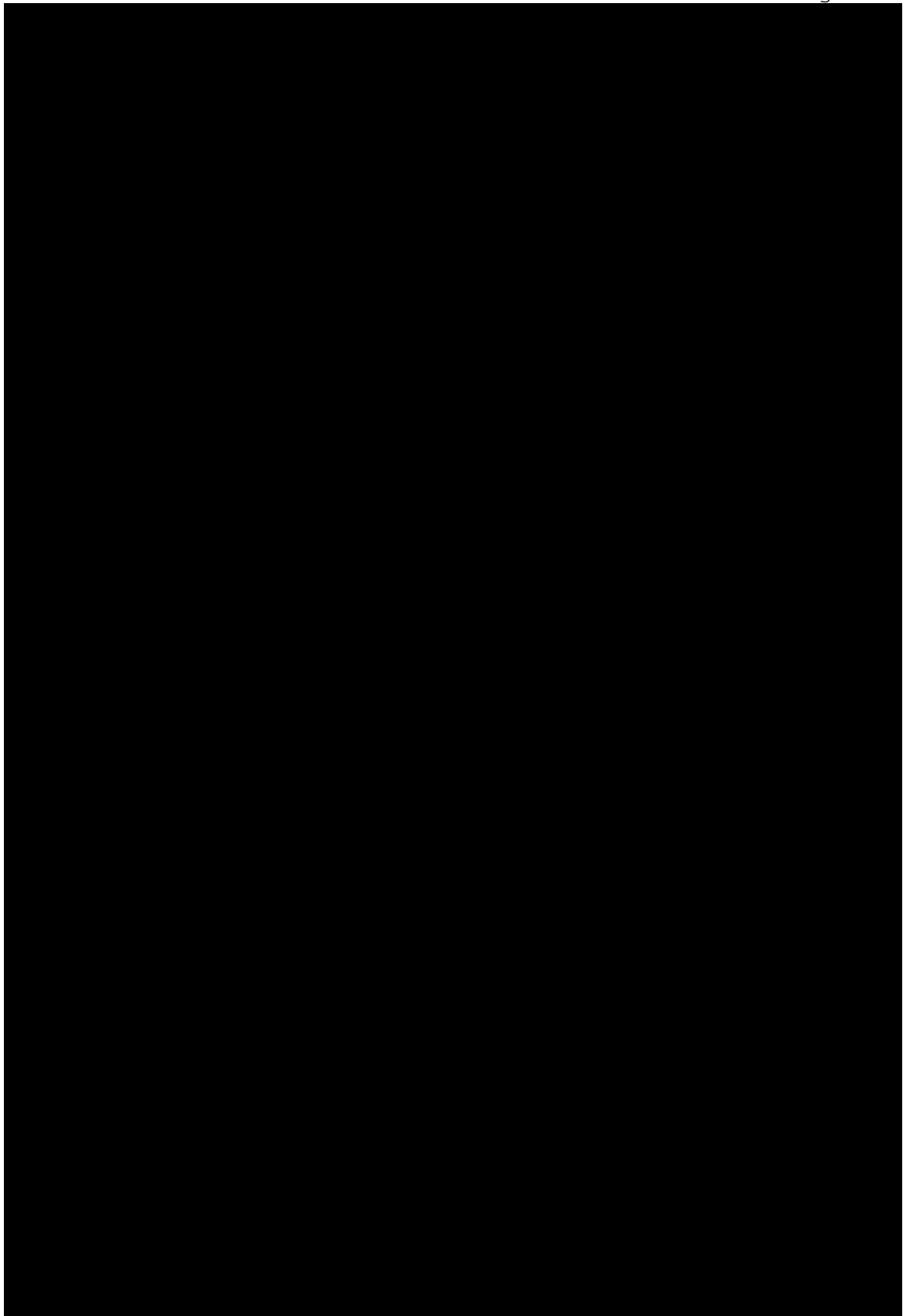
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



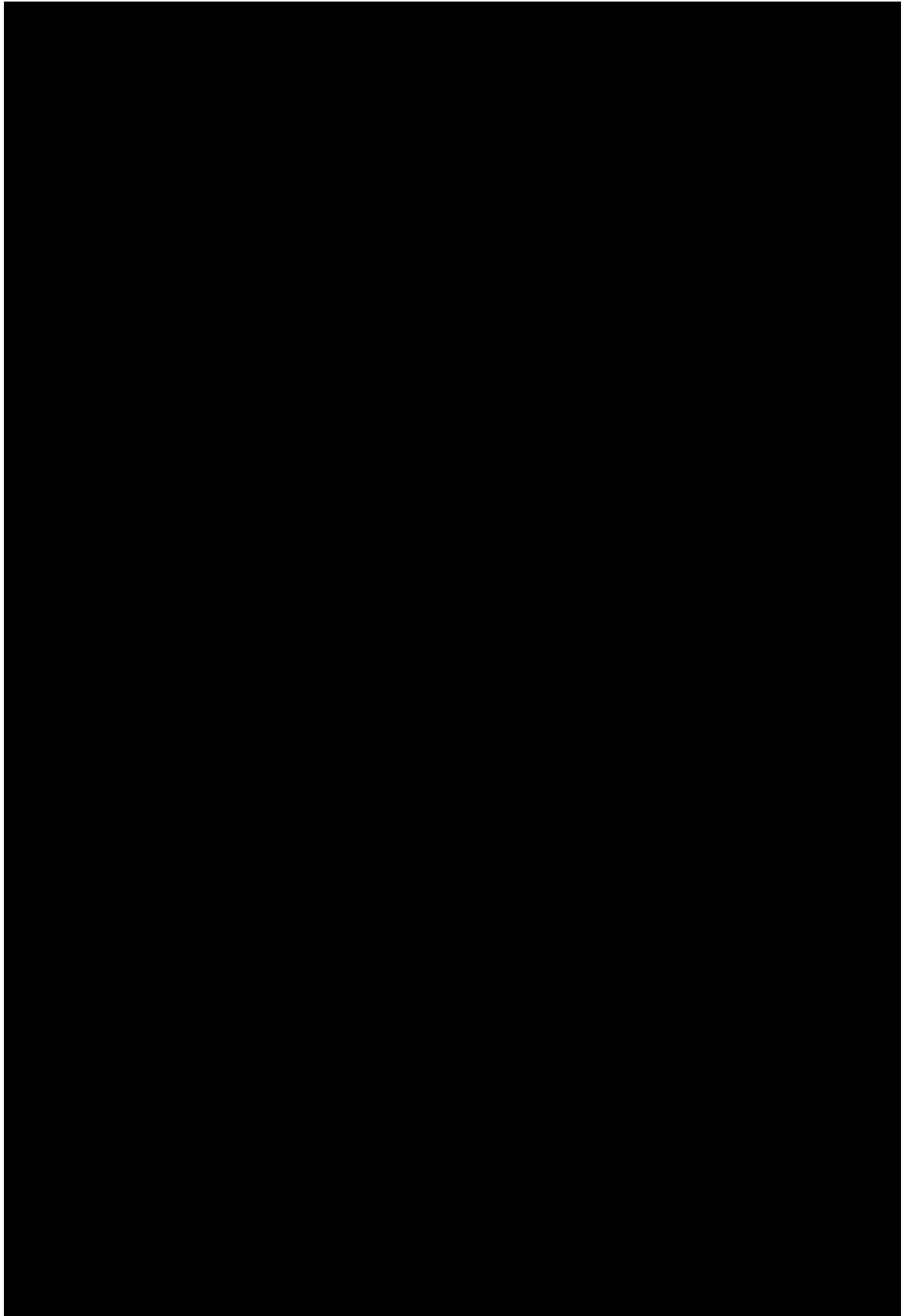
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



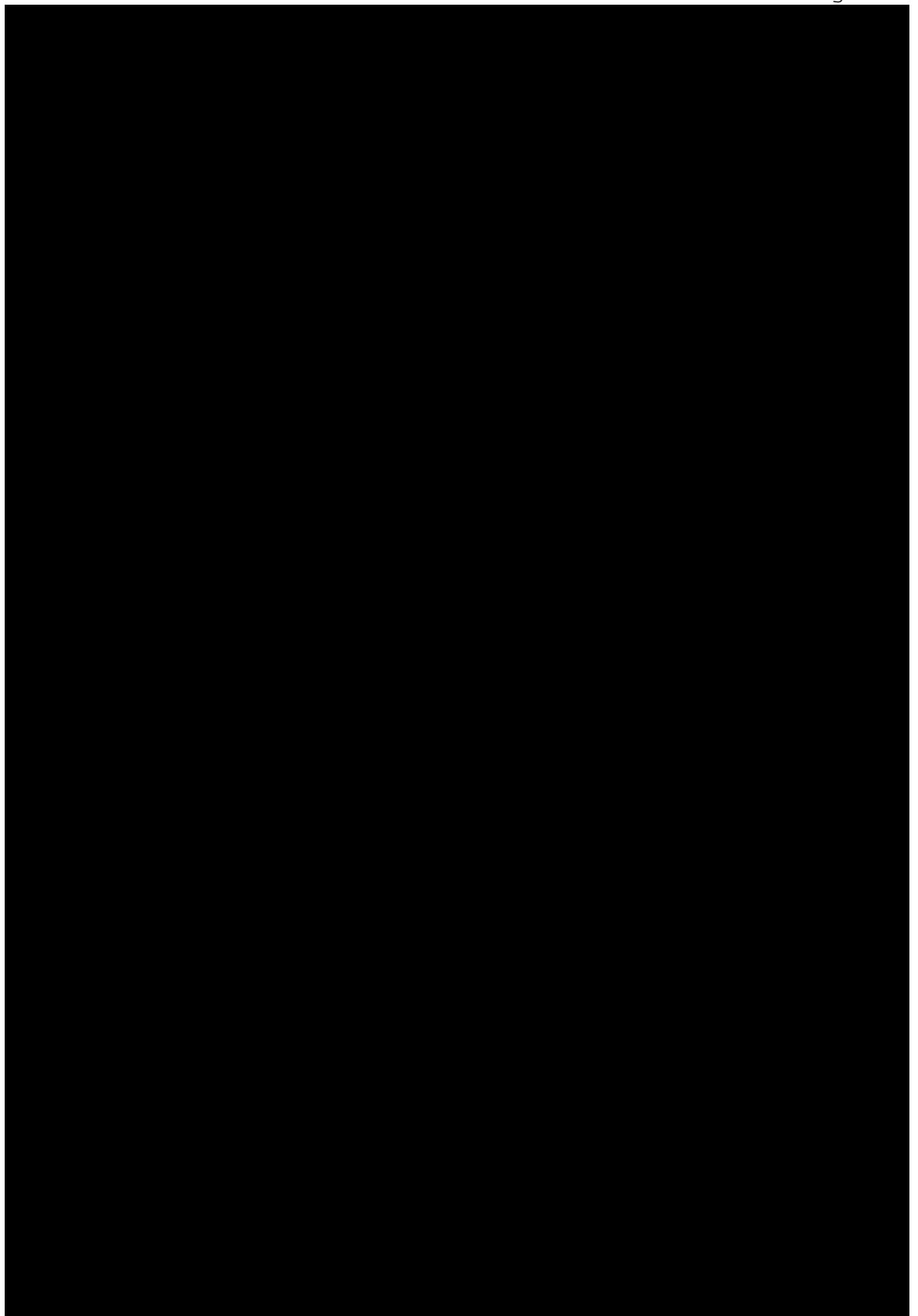
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



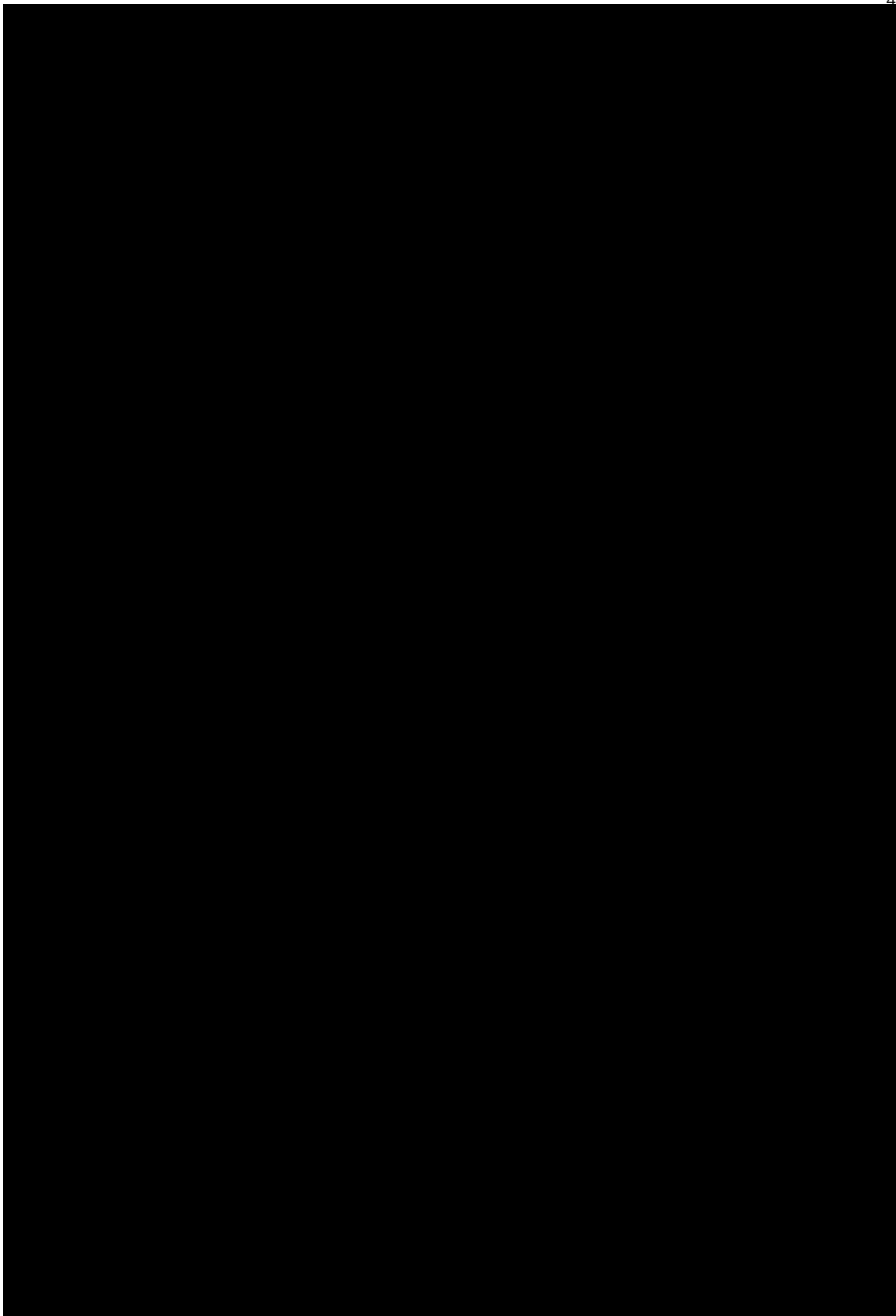
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



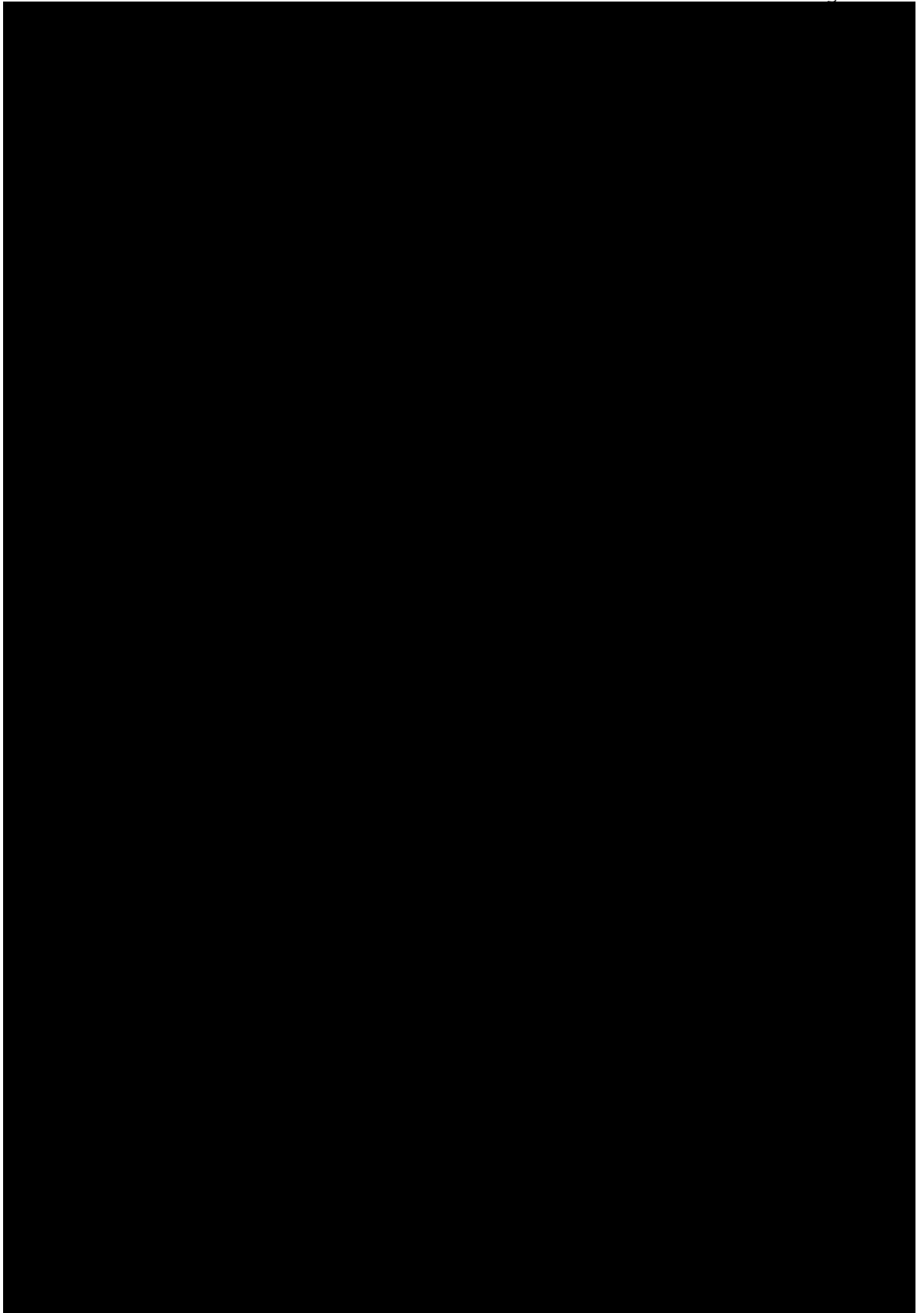
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



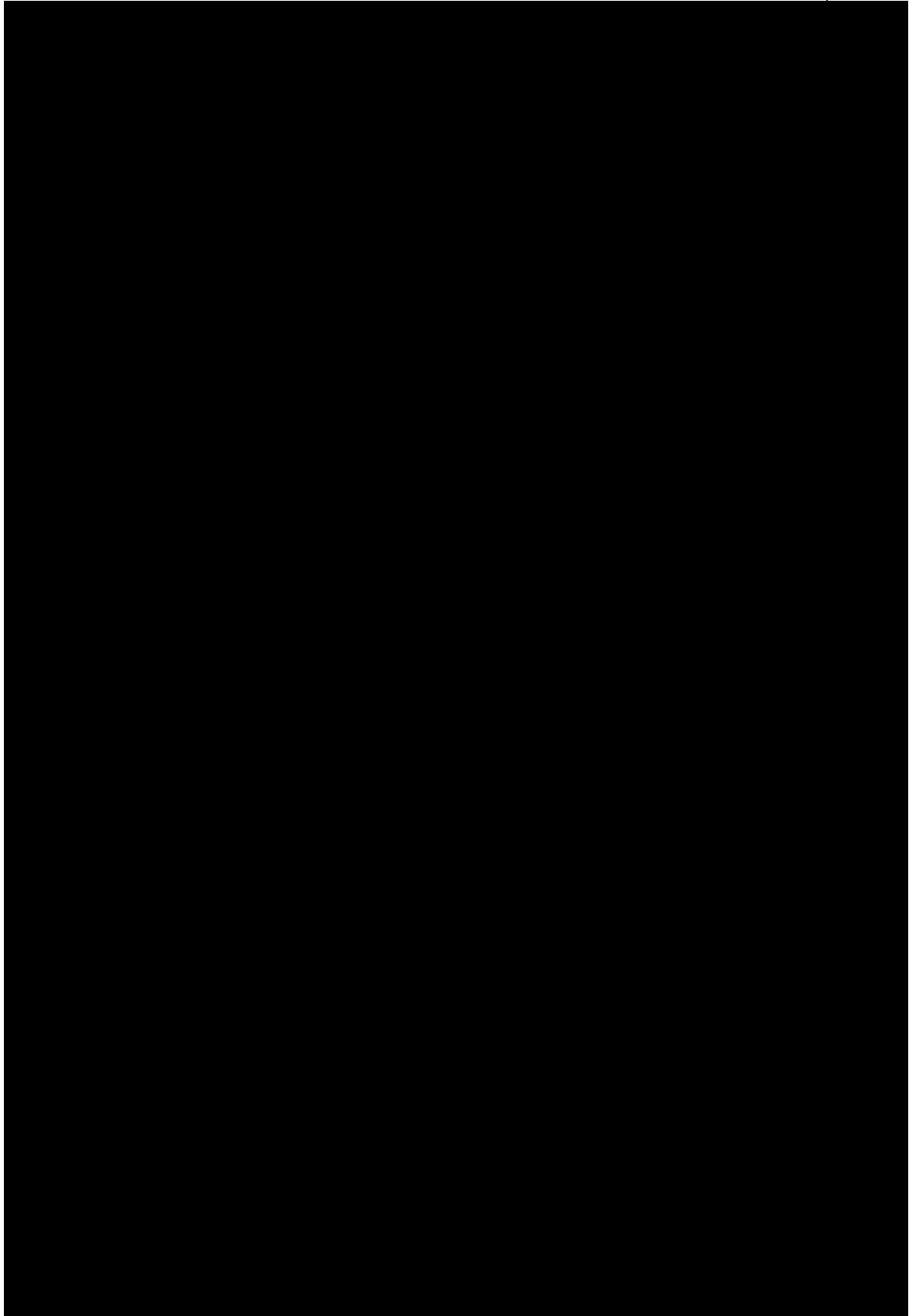
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



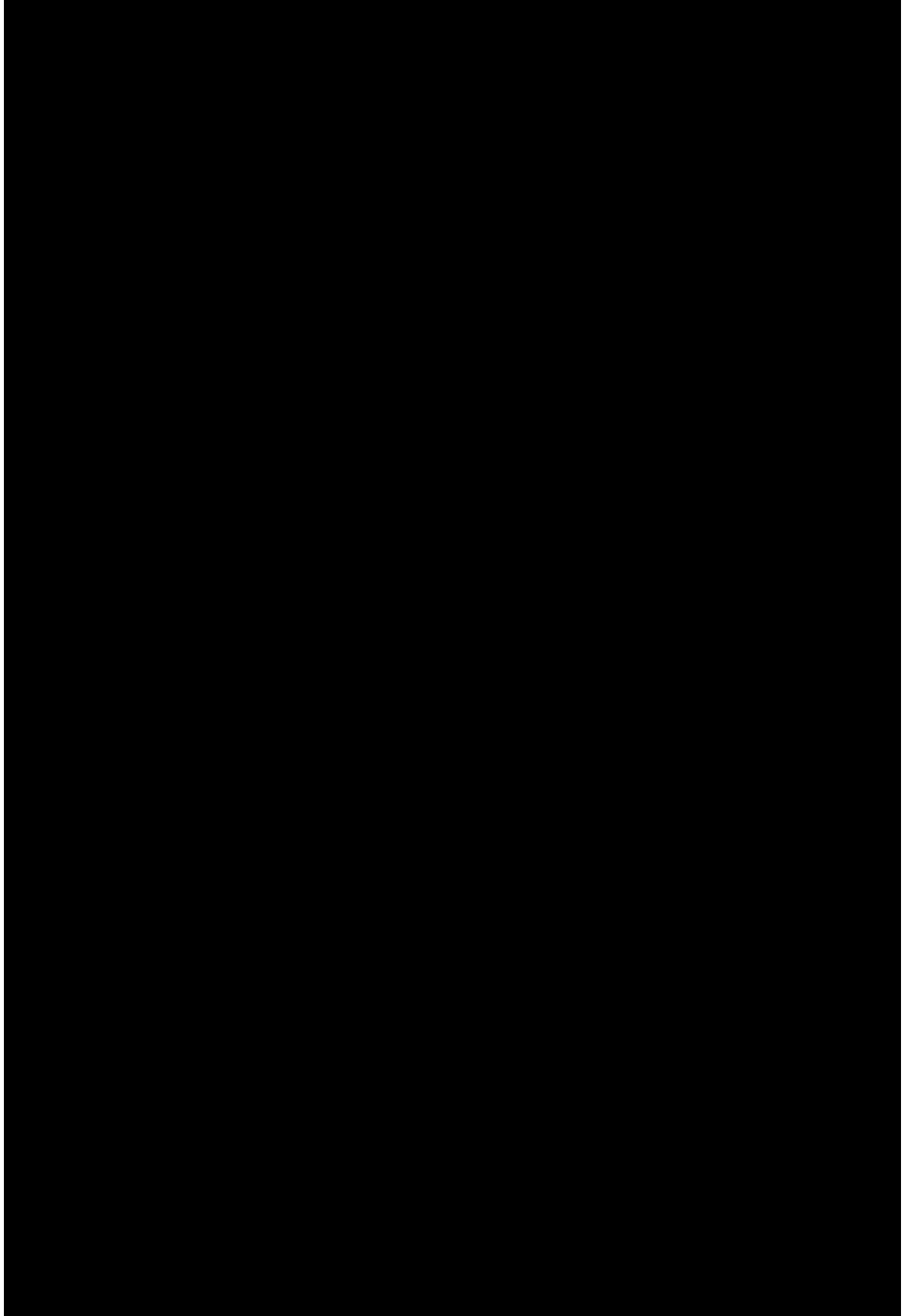
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



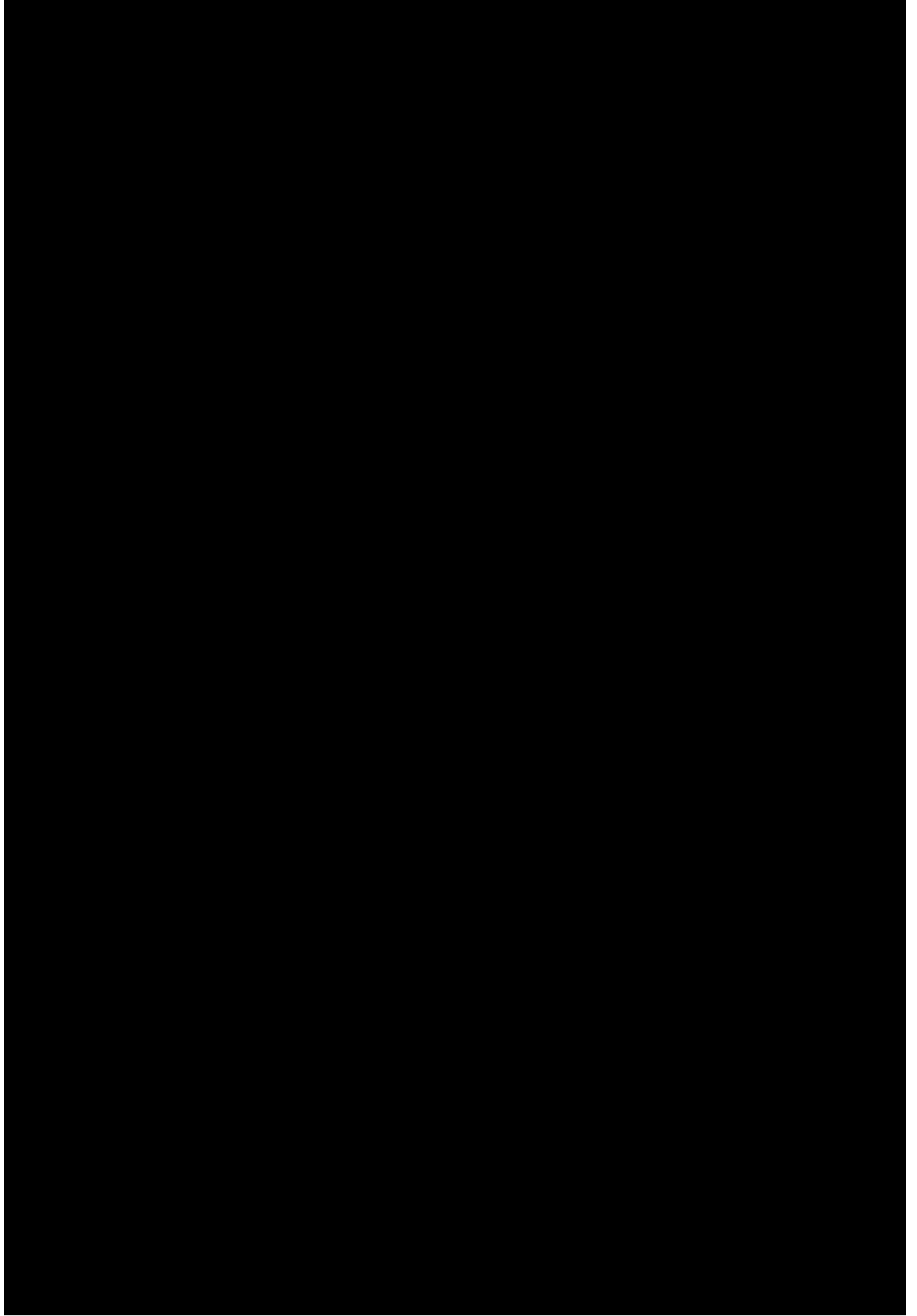
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



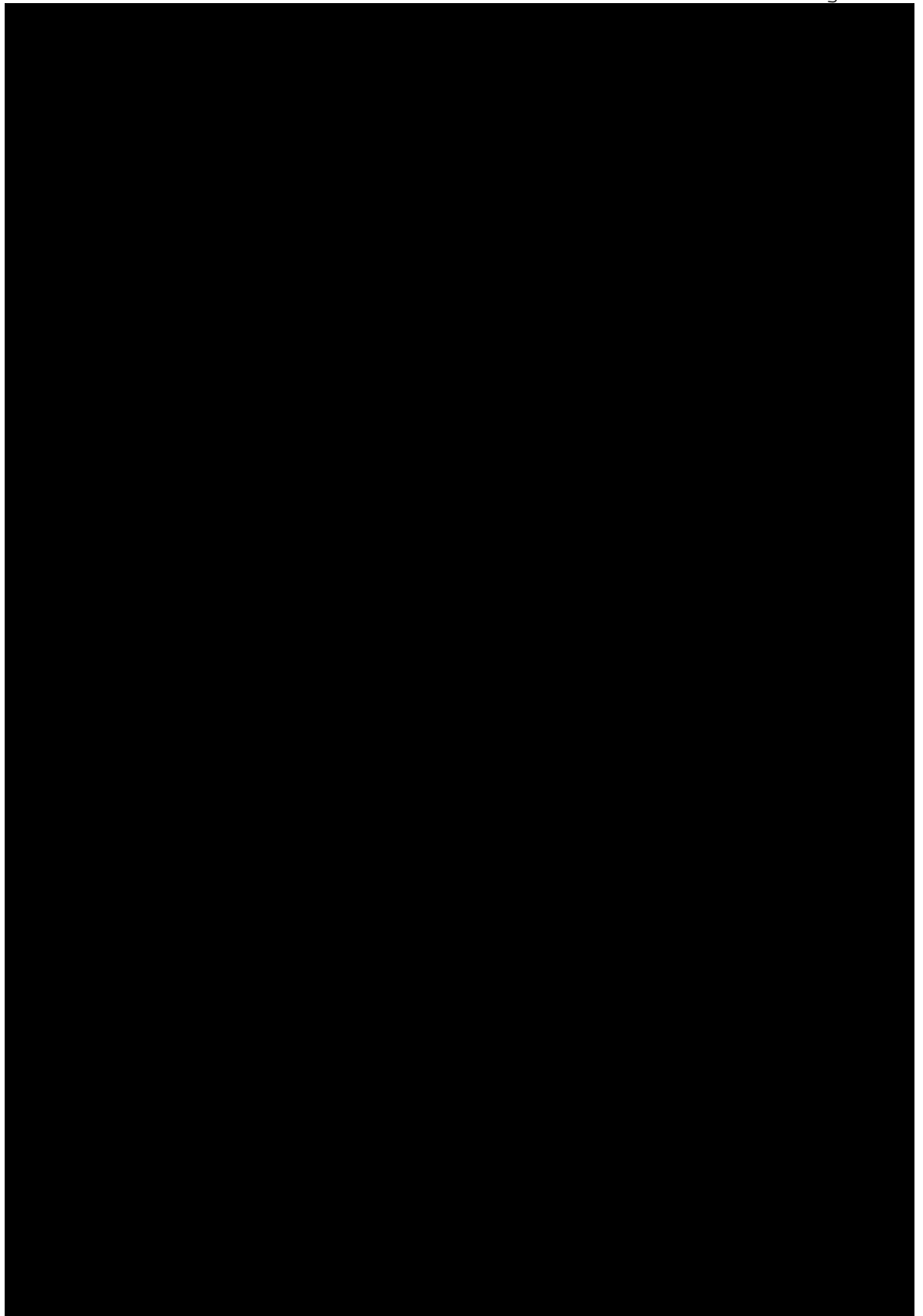
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



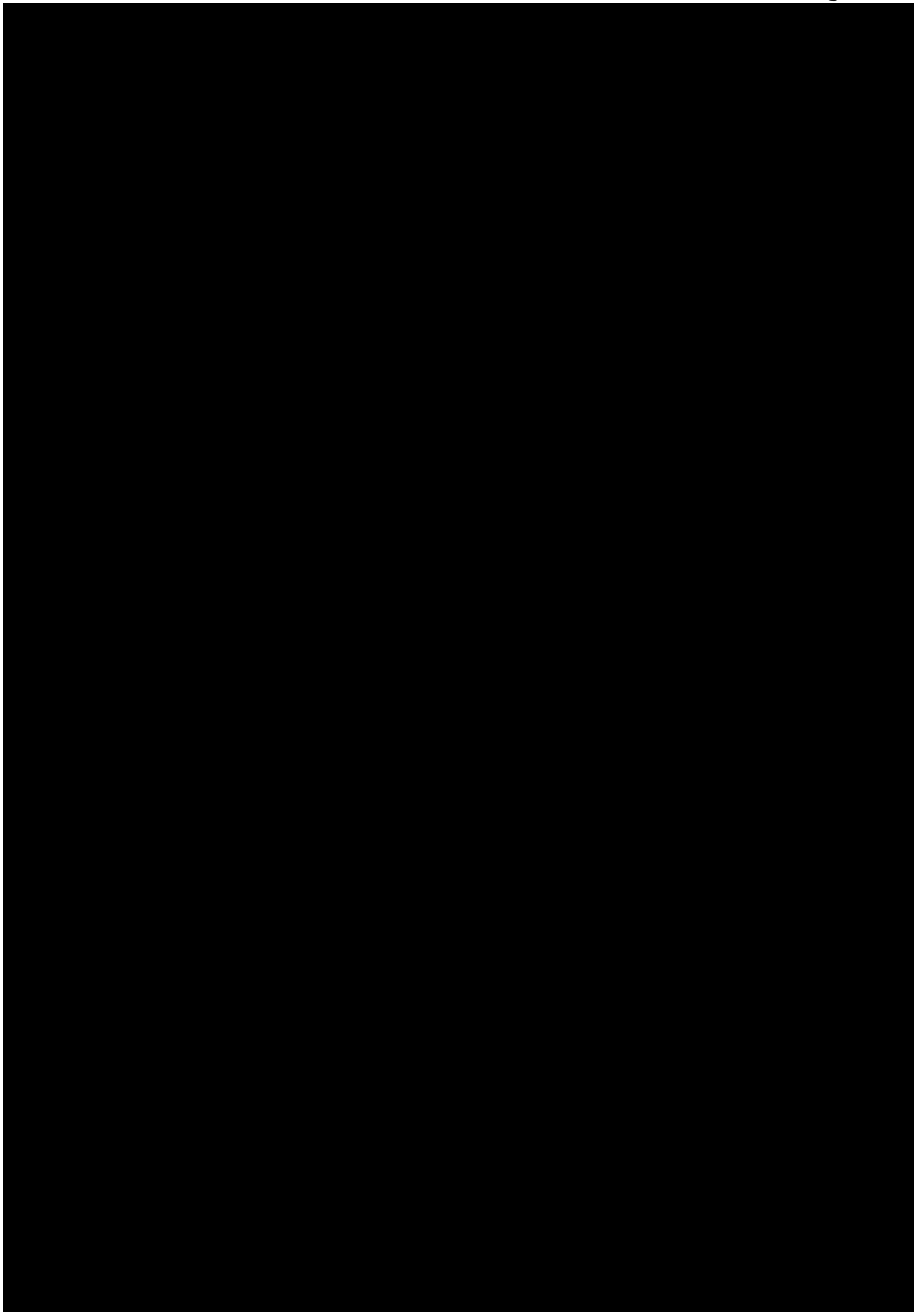
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



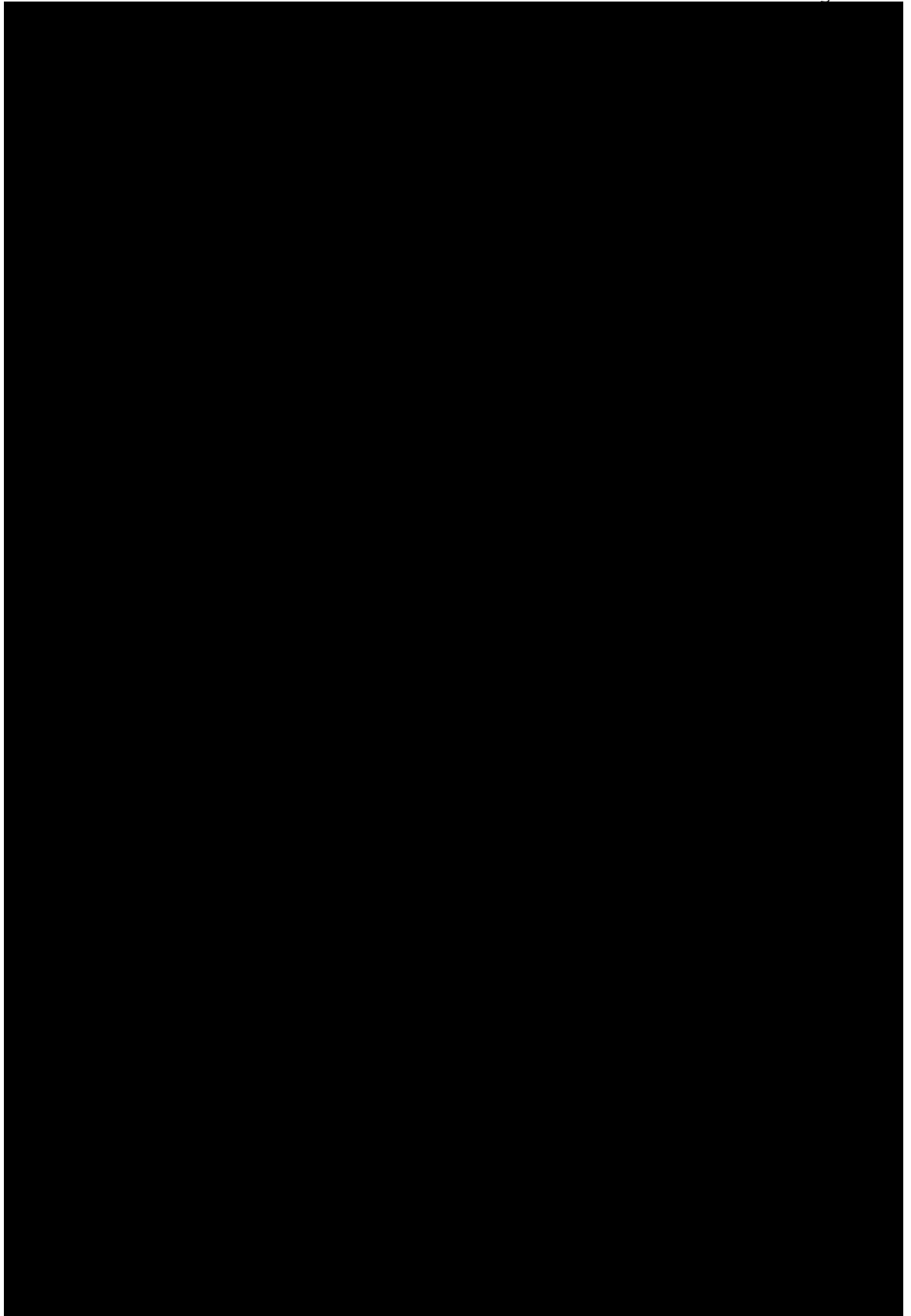
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



1

2

3

4

(The meeting was recessed.)

5

6

7

8

9

VICE CHAIR BROWN: Good afternoon. The time is now 12:08 p.m. and the closed meeting session is terminated and the public meeting is now reopened. We are addressing items 13.1 and 13.2. Commissioner, may I get a motion on those two items?

10

COMMISSIONER DRAGO: (indiscernible) the language.

11

12

13

VICE CHAIR BROWN: The motion that I would suggest is to reject the settlement offer and authorize staff to continue negotiations with PPF.

14

COMMISSIONER DRAGO: I'll make that motion.

15

VICE CHAIR BROWN: Is there a second?

16

COMMISSIONER D'AQUILA: I'll second that motion.

17

18

VICE CHAIR BROWN: Any discussion? All those in favor say aye.

19

(Aye.)

20

21

22

23

24

25

VICE CHAIR BROWN: Okay. Thank you. And looking at the rest of the agenda, looks like that concludes our meeting today. Thank you all for joining us. Have a great day. We will begin our catch list waging rulemaking workshop -- meeting workshop at 1:30 in this room.

1 (The meeting was adjourned.)
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

CERTIFICATE OF DIGITAL REPORTER

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

I, SHELLEY KELLY, a Digital Reporter, do hereby
certify:

That the foregoing proceeding hereinbefore set
forth was accurately captured with annotations by me
during the proceeding.

I further certify that I am not related to any of
the parties to this action by blood or marriage, and
that I am in no way interested in the outcome of this
matter.

IN WITNESS THEREOF, I have hereunto set my hand
this 13th day of May, 2025.


Shelley Kelly

2. Discussion of amended application for Cardroom License

MEMORANDUM

To: The Florida Gaming Control Commission
From: Division of Pari-Mutuel Wagering
Re: South Florida Racing Association, LLC d/b/a Hialeah Park Racing & Casino
(CR544) Amendment A
Request to Add Additional Card Tables
Case#: 2025-042397
Date: June 12, 2025

Executive Summary

A cardroom operator is seeking permission to add additional card tables to its cardroom. The Commission should approve this request.

Background

South Florida Racing Association, LLC d/b/a Hialeah Park Racing & Casino (“Hialeah Park”) possesses a quarter horse permit. Hialeah Park was issued a pari-mutuel operating license and a cardroom license for the 2025-2026 Fiscal Year. Hialeah Park is currently licensed to operate 24 card tables and is requesting permission to add four (4) more to its cardroom. Hialeah Park has paid the \$4,000 license fee associated with the additional tables.¹

Analysis

Aside from the \$1,000-per-card-table license fee, there is no other applicable restriction² to the number of card tables that Hialeah Park can add to its cardroom. Since Hialeah Park has paid the additional \$4,000 license fee, Hialeah Park should be authorized to add additional card tables to its cardroom.

Recommendation: The Florida Gaming Control Commission should approve South Florida Racing Association, LLC d/b/a Hialeah Park Racing & Casino’s Cardroom’s request to add additional card tables to its cardroom.

¹ The annual cardroom license fee costs \$1,000 for each table in the cardroom. § 849.086(5)(e), Fla. Stat.

² There is no indication that permitholder is seeking to change the number of card tables for the play of poker games in a designated player method. *See* §§ 849.086(7)(h)2. & 4., Fla. Stat. (restricting the number of tables for the play of poker games in a designated player manner).

CARDROOM LICENSE CHANGE REQUEST CHECKLIST

PERMITHOLDER: South Florida Racing Association, LLC (CR544) FISCAL YEAR: 2025/2026

DATE RECEIVED: 05/29/2025

CASE NUMBER: 2025-042397

DATE PROCESSED: 05/29/2025

APPLICATION NUMBER: 2274

REVIEWER'S NAME: La'Kesha Jelks

CHANGE REQUESTED: Adding four additional card/poker tables

Requirement	Met? Y/N	Deficiency Sent	Resolved
Original application form FGCC PMW 3160.	Y		
Payment for additional tables	Y	05/29/2025	6/2/25
Floor Plan	N/A		

PMW / CARDROOM LICENSE FORWARDED TO THE FOLLOWING FOR FINAL REVIEW:

REV/AUD SECTION
PERMIT ADMIN
OGC

REVIEWED
REVIEWED
REVIEWED

INITIALS:
INITIALS:
INITIALS:

DATE:
DATE:
DATE:

6/3/25
6/5/25
6/2/25

Notes/Comments:

Rev/Aud Section:

Permit Admin.

OGC:

STATE OF FLORIDA
FLORIDA GAMING CONTROL COMMISSION
DIVISION OF PARI-MUTUEL WAGERING

License Number: CR544
Permit Type: QHRS
Permit County: Miami-Dade
Amendment: A

LICENSE TO OPERATE A CARDROOM

For:

South Florida Racing Association, LLC

D/B/A Hialeah Park Racing & Casino

Licensed to Operate, At the Pari-Mutuel Facility, Located At:

2200 East 4th Avenue
Hialeah, FL 33013
Miami-Dade County

Valid From: July 1, 2025
Expires On: June 30, 2026
Licensed to Operate: 28 Tables

Issued and dated, this _____ day of June, 2025.

By _____
Ross Marshman, Executive Director
Florida Gaming Control Commission



This license is issued in accordance with the Florida Pari-Mutuel Wagering Act, Section 849.086, Fla. Stat., and the rules promulgated thereunder. This license is to be operated at the location of a pari-mutuel permit and is subject to any and all laws of the State of Florida.

Jamie Pouncey

From: Schlaffer, Paul <pschlaffer@hialeahpark.com>
Sent: Thursday, May 29, 2025 12:25 PM
To: La'Kesha Jelks
Cc: Jamie Pouncey
Subject: Hialeah Park +4 Table Addition to 2025-2026 License
Attachments: Cardroom License Application +4 Table Addition (May 29, 2025).pdf

Good Morning,

We are requesting an 4 additional tables be added to our 2025-2026 Cardroom license. I'm sending the 3160 and license fee check (copy attached) via FedEx overnight, tracking 881625745044. If possible, please include this for the June 12th Commission Meeting.

Thank you,

Paul Schlaffer
Director of AML/Casino Compliance & Internal Audit Hialeah Park Racing & Casino
100 E. 32nd Street
Hialeah, FL 33013
Office: (786) 615-5111

This e-mail, and any attachments thereto, is intended only for use by the addressee(s) named herein or entity named above and may contain legally privileged and/or confidential and regulated information. Accessing information in this email, and any attachments thereto, may require the recipient to hold a slot license in accordance with Florida Statute Chapter 551. Any recipient accessing, reviewing or using information subject to Chapter 551 attests that they hold a valid slot license. If you are not licensed or not the intended recipient of this e-mail, you are hereby notified that any review, use, dissemination, distribution or copying of this e-mail, and any attachments thereto, is strictly prohibited and may be a violation under Florida Statute Chapter 551. If you have received this e-mail in error, please immediately notify me and permanently delete the original and any copy of any e-mail and any printout thereof.



May 29, 2025

SEND VIA FEDEX

Ms. Jaime Pouncey
Program Administrator
Florida Gaming Control Commission
4070 Esplanade Way, Suite 250
Tallahassee, FL 32399

Re: **2025 – 2026 Cardroom License +4 Table Addition**

Dear Jaime Pouncey,

Attached is request to add 4 additional tables to our 2025-2025 Cardroom license. Included is:

1. A check for the additional license fees for \$4,000.
2. Form 3160

Sincerely,

Paul Schlaffer
Director of AML/Casino Compliance & Internal Audit

FGCC PMW-3160 – Permitholder Application for Annual License to Operate a Cardroom



**STATE OF FLORIDA
FLORIDA GAMING CONTROL COMMISSION
DIVISION OF PARI-MUTUEL WAGERING**

www.flgaming.gov

INSTRUCTIONS

This form is to be submitted in conjunction with Form FGCC PMW-3220. FGCC PMW-3220 must be submitted with all pertinent cardroom operation information.

ORGANIZATION INFORMATION

Federal Employer ID Number: [REDACTED]		
Permitholder's Legal Name: South Florida Racing Association		
Doing Business As (D/B/A) Name: Hialeah Park Racing & Casino		
MAILING ADDRESS		
Street Address or P.O. Box:		
100 East 32nd Street		
City: Hialeah	State: FL	Zip Code (+4 optional): 33013
County (if Florida address): Miami-Dade	Country: USA	

CONTACT INFORMATION

Contact Name: Stephen R. Calabro	
Primary Phone Number: 786-615-5101	Primary E-Mail Address: scalabro@hialeahpark.com

PHYSICAL ADDRESS

Street Address: 2200 East 4th Avenue		
City: Hialeah	State: FL	Zip Code (+4 optional): 33013
County: Miami-Dade		

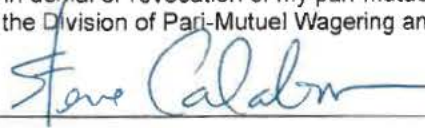
ADDITIONAL CONTACT INFORMATION (OPTIONAL)

Alternate Phone Number: 786-615-5111	Fax Number:
Alternate E-Mail Address: pschlafer@hialeahpark.com	

CARDROOM INFORMATION	
Physical Location of Cardroom:	
2200 East 4th Avenue	
Hialeah, FL 33013	
What is the maximum number of card tables you intend to operate during the license period?	28 (Amended for 4 additional tables)
A check or money order made payable to FGCC for the table fees (\$1,000 per table) must be submitted with this application.	
Name of cardroom manager or cardroom management company:	Stephen R. Calabro
Cardroom manager or cardroom management company license number:	8167486
Type of participation fee charged to players: Rake - Ante <input type="checkbox"/> Seat Charge <input type="checkbox"/> Both <input checked="" type="checkbox"/>	

Additional documentation requirements:

- 1) Attach a list of card games to be offered to your patrons.
- 2) As specified in s. 849.086(9), Florida Statutes, provide evidence that there is in force a surety bond in the amount of \$50,000, payable to the state, or evidence that the pari-mutuel bond has been expanded to include cardroom operations.
- 3) Attach Form FGCC PMW-3220, List of Cardroom Business Occupational Licensees Providing Products and Services to a Cardroom, with whom you intend to do business.
- 4) Attach a copy of your internal controls.
- 5) If this is your initial cardroom operator license application, attach proof that the county commission in the county where you desire to conduct cardroom gaming has voted to approve such activity within the county.

ATTEST STATEMENT	
I hereby certify that every statement contained herein is true and correct and that I understand any misstatement or omission in this application may result in denial or revocation of my pari-mutuel license. I agree to abide by and obey all rules and regulations of the Division of Pari-Mutuel Wagering and the laws of the State of Florida.	
Signature of Applicant or Applicant's Representative	
Date	5/27/25

Lic Type **1055 - Slot/Cardroom/Pari-Mutuel Indiv
Combo**

Expires On **06/30/2027**

Name **CALABRO, STEPHEN R**

Extended To

Rank **SCPL - Slot/Cardroom/Pari-Mutuel Indiv
Combo**

Renewed On **06/25/2024**

Lic Status **Current**

South Florida Racing Association, LLC
DBPR-FGCC
Print As: FGCC

2601 Blair Stone Road
Tallahassee, FL 32399-1037

34537
Wells Fargo Bank, N.A.
Wells Operating Acc
Date: 05/29/2025

Bill No.	Reference Number	Amount Due	Term Discount	Amount Paid/Applied
05/23/2025 5/23/25		\$4,000.00	\$0.00	\$4,000.00
Amount				\$4,000.00

Batch # 2462227

Receipt #: 246135288

Page 1 of 1

DO NOT CASH IF THIS DOCUMENT DOES NOT HAVE A LARGE PAINT IMAGE OF THE "SECURE DOCUMENT" SHIELD OVER A FADING PATTERN OF THE WORDS "SECURE DOCUMENT"

South Florida Racing Association, LLC
dba Hialeah Park Casino
2200 East 4th Avenue
Hialeah, FL 33013

Wells Fargo Bank, N.A.
PO Box 63020
San Francisco, CA
94163

34537
Date: 05/29/2025

Pay Four Thousand Dollars

\$4,000.00

Pay to the
Order of FGCC
2601 Blair Stone Road
Tallahassee, FL 32399-1037
United States

Steve Calabro
[Signature]



State of Florida
Department of Business and Professional Regulation
Cash Listing Report

Client: 100 - Division of Pari-Mutuel Wagering

Batch #: 24022247

Receipt: 1

Total \$ Entered: \$ 4,000.00

Receipts Entered: 1

Origin: TLH

Deposit #: 110179

Total: \$ 4,000.00

Fiscal Year: 2024

Deposit Date: 2025-06-02

Status: Deposited

Receipt #	DLN	Received	Disp	Pmt	Note	Unassigned	Prof	Remitted By / Beneficiary	File #	License #	Assigned
240135288		\$ 4,000.00	DEP	CHK		\$ 0.00					
							1002	SOUTH FLORIDA RACING ASSOCIATION, LLC	59	544	\$ 4,000.00
Total:				\$ 4,000.00		\$ 0.00					\$ 4,000.00

DEPOSIT TICKET
Q Superior (888) 590-7998

Wells Fargo Bank, N.A.



DATE 6/2/2025

CURRENCY	COIN	LIST EACH CHECK	DOLLARS	CENTS
1		USC18	4000	00
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
TOTAL FROM OTHER SIDE OR ATTACHED LIST				

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTION AGREEMENT.

STATE OF FLORIDA DEPARTMENT OF
FINANCIAL SERVICES #4150110
FGCC MAIN

4833752
DSP 10-T-BK

Nº 179

TOTAL
ITEMS

1

PLEASE BE SURE ALL ITEMS
ARE PROPERLY ENDORSED.

PLEASE
ENTER
TOTAL

4000 00

TOTAL DEPOSIT

DEPOSITS MAY NOT BE AVAILABLE
FOR IMMEDIATE WITHDRAWAL.

\$

4000.00



State of Florida
Department of Business and Professional Regulation
Cash Listing Report

Client: 100 - Division of Pari-Mutuel Wagering				Origin: TLH				Fiscal Year: 2024			
Batch #: 24022247				Total \$ Entered: \$ 4,000.00				Deposit #: 110179			
# Receipt: 1				Receipts Entered: 1				Total: \$ 4,000.00			
								Status: Deposited			
Receipt #	DLN	Received	Disp	Pmt	Note	Unassigned	Prof	Remitted By / Beneficiary	File #	License #	Assigned
240135288		\$ 4,000.00	DEP	CHK		\$ 0.00					
							1002	SOUTH FLORIDA RACING ASSOCIATION, LLC	59	544	\$ 4,000.00
Total:				\$ 4,000.00		\$ 0.00					\$ 4,000.00



State of Florida
Department of Business and Professional Regulation
Chronology Report

Case #: 2025042397 **Incident date:** 05/29/2025 **Status:** 10 - Initial Review

Lic Type: 1002 **Disposition:**

Case Type: Complaint

Responsible: ljelks - JELKS, LA'KESHA

Complainant: SOUTH FLORIDA RACING ASSOCIATION, LLC
100 EAST 32ND STREET, HIALEAH, FL 33013

Respondent: FGCC, DIVISION OF PARI MUTUEL WAGERING
4070 ESPLANADE WAY, SUITE 250, TALLAHASSEE, FL 32399

Summary: CR544 Hialeah Park 2025/2026 Amendment A. Hialeah Park has requested to add four additional tables to its cardroom license.

Chronology:	Effective Date	Type	Lic Type	Code	Description	Responsible Party	Respondent
	05/29/2025	R		ljelks	JELKS, LA'KESHA	ljelks	
	05/29/2025	S	1002	10	Initial Review	ljelks	

3. Amendment to Pari-Mutuel Permit

MEMORANDUM

To: The Florida Gaming Control Commission
From: Division of Pari-Mutuel Wagering
Re: Permitholder's application to amend its permitted property
Date: June 6, 2025

Executive Summary

Hamilton Downs Horsetrack, LLC has submitted an application to amend the property description for pari-mutuel permit # 547. The Commission should approve this request.

Background

Hamilton Downs Horsetrack, LLC ("Hamilton Downs") possesses a valid quarter horse permit. Hamilton Downs has been issued a pari-mutuel operating license and cardroom license for the 2025-2026 fiscal year. Hamilton Downs is requesting to amend its permitted property description.

Analysis

Hamilton Downs has submitted all required forms and documents related to this request.¹

Recommendation

The Florida Gaming Control Commission should approve Hamilton Downs Horsetrack, LLC's application to amend its permitted property.

¹ See generally § 550.054(3), Fla. Stat.

VR Home	Inbox	Entity	Application	License	Cash	Exam	Inspection	Enforcement	Report
---------	-------	--------	-------------	---------	------	------	------------	-------------	--------

[Complaint Search Update](#)
[Change Recording License Type Public Case Info](#)
[Delete Complaint](#)
[Mass Activity Update](#)
[Mass Discipline Update](#)
[Mass Status](#)

Domain **10 - Division of Pari-Mutuel Wagering**Logged in as: **jpouncey**VR Home > Complaint Search > **Maintain Complaint****System Messages**

- Complaint created. New Complaint # 2025043138.

Lic Type	1000 - Permit to Conduct Pari-Mutuel Wagering	Status	10 Initial Review	Status Date	06/03/2025
Complaint #	2025043138	Case Type	CMP - Complaint	Disposition	Disposition Date
Docket#	Respondent	HAMILTON DOWNS HORSETRACK, LLC	Responsible	jpouncey - POUNCEY, JAMIE	Private Case

Complaint	Respondent	Complainant	Add'l Info
-----------	------------	-------------	------------

Source	LIC - Licensee	Security Level	1
Form	LTR - Letter	Priority	
Class'n	I-A - Permit/Investigations/failure to Submit	Complexity	R - Regular
Security	STND - Standard	Incident	05/29/2025
Region	NR - Northern Region	Received	05/29/2025
Reference			
Entered	06/03/2025	Entered By	jpouncey
Summary	Hamilton Downs Horsetrack, LLC - 547 - Application to amend permitted property		
Updated	06/03/2025 09:23:48	By	jpouncey

Parties	Activities
Allegations	Discipline
Violations	Compliance
Related	Disposition
Inspection	
Costs	
Time Tracking	Auto Assign
Attachments	History
Work Notes	Print Report

Change

Save

OK

Cancel

Back

 Get Adobe Reader.
SAM O. SHIVER

7071 DAVIS CREEK RD | JACKSONVILLE, FL 32256

MOBILE 850.294.7637

SOS@SAMOSHIVER.COM

Jamie Pouncey

From: Sam Shiver <sos@samoshiver.com>
Sent: Friday, June 6, 2025 2:48 PM
To: Jamie Pouncey
Subject: Re: Hamilton Downs
Attachments: Hamilton Downs Ownership.pdf; Untitled attachment 00213.htm

Request to
Amend Permitted
Property

Section 9, Township 2 North, Range 12 East, East 1/2 of the Southwest 1/4 and the Southeast 1/4, recorded in the Official Record Books of Hamilton County, Florida, Book 515, page 252 (RE No. 3673-000); AND

Section 9, Township 2 North, Range 12 East, being 11.732 acres in the Northwest 1/4 of the Southwest 1/4, described in the Official Record Books of Hamilton County, Florida, Book 553, page 22 and Book 667, page 219 (RE No. 3670-010); AND

Section 10, Township 2 North, Range 12 East, being that part of the Southwest 1/4 lying South and West of I-75, as recorded in the Official Record Books of Hamilton County, Florida, Book 515, page 252 (RE No. 3676-000); TOGETHER WITH a perpetual non-exclusive easement for vehicular and pedestrian ingress and egress as well as the right to construct, maintain and repair a roadway along said strip and any needed utilities over lands described below. This easement, including the benefits and burdens, shall run with the land and be binding upon and inure to the benefit of the parties, their heirs, successors and assigns. BEGIN at the Southwest corner of said Southwest 1/4 of the Northwest 1/4, thence run South 89°44'51" West along the South line of said Southeast 1/4 of Northwest 1/4, a distance of 77.13 feet to the Easterly right-of-way line of County Road 143; thence North 27°29' East along said right of way 67.79 feet; thence North 89°44'51" East, 145.60 feet; and South 0°15'09" East 60 feet to the South line of said Southeast 1/4 of Northwest 1/4, and South 89°44'51" West along said South line 100 feet to the POINT OF BEGINNING.

AND ALSO

All that tract or parcel of land situate, lying and being partly in the City of Jennings and in Section 9, Township 2 North, Range 12 East of Hamilton County, Florida, and more particularly described as follows: Beginning at a 6" round concrete monument found at the Northwest corner of Section 9, said point being the POINT OF COMMENCEMENT; thence South 00°34'19" East a distance of 1328.27 feet to 5/8" iron pin placed with a cap #6995 at the Northwest corner of the South 1/2 of the Northwest 1/4 of Section 9; thence North 89°12'49" East a distance of 2376.63 feet to 5/8" iron pin placed on the North right of way of Hamilton County Road 143; thence South 56°24'52" West along said right of way a distance of 398.05 feet to a Florida Department of Transportation right of way monument found; thence with a curve turning to the left with an arc length of 1202.34 feet along said right of way, with a radius of 2345.83 feet, with a chord bearing of South 41°45'17" West, with a chord length of 1189.22 feet, to a Florida Department of Transportation right of way monument found; thence South 27°00'13" West along said right of way a distance of 274.59 feet to a 5/8 " iron pin placed with a cap #6995 on the North line of property now or formerly owned by J.B. ("Pete") Cunningham; thence North 89°32'48" East a distance of 112.44 feet 5/8 "IPF located on the East right of way of Hamilton County Road 143, said point being the POINT OF BEGINNING; thence North 27°00'13" East along said right of way a distance of 222.89 feet to a Florida Department of Transportation right of way monument found; thence with a curve turning to the right with an arc length of 1159.39 feet, with a radius of 2248.25 feet, with a chord bearing of North 41°52'51" East, with a chord length of 1146.58 feet, to a Florida Department of Transportation right of way monument found; thence North 56°24'52" East a distance of 370.01 feet to a 5/8 " iron pin found with a cap labeled FDOT R/W; thence North 56°24'52" East a distance of 22.39 feet to a 5/8 " iron pin placed with a cap #6995 on the West line of property now or formerly owned by Wade I. Alfarone & Anthony Chessari; thence South 00°29'07" East along said West line a distance of 818.86 feet to a 5/8 " iron pin placed with a cap #6995 on the Southwest corner of said property; thence North 88°00'53" East along the South line of said property a distance of 200.00 feet to a 5/8" iron pin placed with a cap #6995 on the West line of property now or formerly owned by Lucero Unlimited Investments LLC; thence South 00°29'07" East a distance of 431.03 feet to a 5 foot steel fence post found at the Southwest corner of said property at the Southeast corner of the South 1/2 of the Northwest 1/4 of Section 9 and on the North line of property now or formerly owned by Greg Taylor and Elizabeth Taylor; thence South 88°53'47" West a distance of 1327.1 feet to a 1" iron found at the Southwest corner of the Southeast 1/4 of the Northwest 1/4 of Section 9; thence South 89°22'06" West along said line a distance of 77.14 feet back to the POINT OF BEGINNING.

Having an area 23.07 acres.



STATE OF FLORIDA
FLORIDA GAMING CONTROL COMMISSION
DIVISION OF PARI-MUTUEL WAGERING
www.fgcc.fl.gov

Please provide information on the partners, managers, officers, or directors for your business entity below.

ORGANIZATION NAME	
Name of Organization	HAMILTON DOWNS HORSETRACK LLC. 547
D/B/A or Trade Name	DBA HAMILTON DOWNS

LIMITED LIABILITY CORPORATION QUESTIONS	
If your corporation is a limited liability corporation (LLC), is the corporation member managed or manager managed? You can check your Articles of Incorporation for this information.	
Member Managed <input checked="" type="checkbox"/>	Manager Managed <input type="checkbox"/>

Please list below all Officers, Directors, Managers, and/or Shareholders with 5 percent or more interest in the business:

Attach additional sheets as necessary.

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
RICHARDS	ROBERT	GLENN	MM	
Office Held	License #	Percentage of Ownership		
MEMBER MANAGER	6716594	15%		
RESIDENCE ADDRESS				
Street Address or P.O. Box				
1181 OSPREY NEST PT				
City	State	Zip Code (+4 optional)		
ORANGE PARK	FL	32073		
County (if Florida address)	Country			
CLAY	USA			

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
RICHARDS	JODIE	W	M	
Office Held	License #	Percentage of Ownership		
MEMBER	6721314	15%		
RESIDENCE ADDRESS				
Street Address or P.O. Box				
1181 OSPREY NEST PT				
City	State	Zip Code (+4 optional)		
ORANGE PARK	FL	32073		
County (if Florida address)	Country			
CLAY	USA			

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
RICHARDS	BRAUN	ELERN	mm	
Office Held	License #	Percentage of Ownership		
M member	8530487	11%		
RESIDENCE ADDRESS				
Street Address or P.O. Box				
1181 OSPREY West PT				
City	State	Zip Code (+4 optional)		
ORANGE PARK, FL	FL	32073		
County (if Florida address)	Country			
CLAY	USA			

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
SODL	ANDREW	MATTHEW	M	
Office Held	License #	Percentage of Ownership		
member	13376022	14%		
RESIDENCE ADDRESS				
Street Address or P.O. Box				
1849 MALLOY ST				
City	State	Zip Code (+4 optional)		
JACKSONVILLE	FL	32205		
County (if Florida address)	Country			
DUVAL	USA			

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	License #	Percentage of Ownership		
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City	State	Zip Code (+4 optional)		
County (if Florida address)	Country			

OATH			
I swear or affirm that the information provided in this application is true and complete. I understand that knowingly providing false information on this application could subject the applicant to criminal penalties relating to perjury or other offenses.			
Name (Please Print)	Title (Please Print)	Signature	Date
ROBERT G. RICHARDS	MANAGING Member	[Signature]	1-13-25
State of Florida, County of: <u>Columbia</u>			
Sworn to (or affirmed) and subscribed before me this <u>13</u> day of <u>JANUARY</u> , 20 <u>25</u> .			
<u>Robert G. Richards</u> , who is personally known to me or produced the following as identification:			
<u>FDL exp</u> [Redacted]			
Notary Public		KAREN J. MASCIA	
My Commission Expires:		Notary Public	
		State of Florida	
		Comm# HH578353	
		Expires 8/1/2028	

Member Name and Address	Membership Interest
Robert Glenn Richards 1181 Osprey Nest Point Orange Park, Florida 32073 E-mail: glenn7444@icloud.com	15%
Jodie Richards 1181 Osprey Nest Point Orange Park, Florida 32073	15%
Brandon Glen Richards 1181 Osprey Nest Point Orange Park, Florida 32073 Email: brandonglenrichards@gmail.com	11%
Andrew M. Sodl 1617 San Marco Blvd. Jacksonville, Florida 32207 Email: andrew.sodl@si-law.com	14%
Zaher Kassab	2%
George Safar	1%
Sam Rami Kassab	2%
George B. Safar	1%
Antoun Fadel Barakat	1%
Azzat Kassab	0.5%
Sohel Dahi	3%
Milad Dabbas	1%
Janice Dabbas	1%
Nidal Alqabalan	2%
Hedar Khlaf	2%
Milad Machhour Nakhet	1%
Majd Wadie Alnasr	2%
Maykel Safar	2%
Hani Safar	2%
Loai M. Safar	2%
Ryan McQuade Strickland	4%
Sam Sattah	0.5%
Salim Kassab	3%

Julian Christopher Kassab	3%
George Salim Kassab	3%
Candice Kassab	3%
Rola Kassab	3%
TOTAL:	100%

Jamie Pouncey

From: Sam Shiver <sos@samoshiver.com>
Sent: Friday, June 6, 2025 1:29 PM
To: Jamie Pouncey
Subject: Re: Hamilton Downs
Attachments: form 3190.pdf; Untitled attachment 00124.htm; Hamilton amended Annual Rreport.pdf; Untitled attachment 00127.htm; REVISED_SIGNED AND SEALED.pdf; Untitled attachment 00130.htm; SURVRD_HAM_DOWN_HORSETRACK_COMPOSITE_01-SKETCH_REVISED.pdf; Untitled attachment 00133.htm



STATE OF FLORIDA
FLORIDA GAMING CONTROL COMMISSION
DIVISION OF PARI-MUTUEL WAGERING
www.fgcc.fl.gov

Please provide information on the partners, managers, officers, or directors for your business entity below.

ORGANIZATION NAME	
Name of Organization	HAMILTON DOWNS HORSETRACK, LLC
Permit #	547
D/B/A or Trade Name	HAMILTON DOWNS

LIMITED LIABILITY CORPORATION QUESTIONS	
If your corporation is a limited liability corporation (LLC), is the corporation member managed or manager managed? You can check your Articles of Incorporation for this information.	
Member Managed <input checked="" type="checkbox"/>	Manager Managed <input type="checkbox"/>

Please list below all Officers, Directors, Managers, and/or Shareholders with 5 percent or more interest in the business:

Attach additional sheets as necessary.

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
RICHARDS	ROBERT	Glenn		
Office Held	License #	Percentage of Ownership		
MANAGER MEMBER	6716594	15%		
RESIDENCE ADDRESS				
Street Address or P.O. Box				
1181 OSIREY WEST POINT				
City	State	Zip Code (+4 optional)		
ORANGE PARK	FL	32073		
County (if Florida address)	Country			
CLAY	USA			

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
RICHARDS	JODIE			
Office Held	License #	Percentage of Ownership		
MEMBER	6721314	15%		
RESIDENCE ADDRESS				
Street Address or P.O. Box				
1181 OSIREY WEST POINT				
City	State	Zip Code (+4 optional)		
ORANGE PARK	FL	32073		
County (if Florida address)	Country			
CLAY	USA			

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
RICHARDS	BRANDON	CLARK		
Office Held	License #	Percentage of Ownership		
Member	8530487	11%		
RESIDENCE ADDRESS				
Street Address or P.O. Box				
1181 OSPREY WEST POINT				
City	State	Zip Code (+4 optional)		
ORANGE PARK	FL	32073		
County (if Florida address)	Country			
CLAY	USA			

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
SODL	ANDREW	M		
Office Held	License #	Percentage of Ownership		
Member	13376022	12%		
RESIDENCE ADDRESS				
Street Address or P.O. Box				
1617 SAN MARCO BLVD				
City	State	Zip Code (+4 optional)		
JACKSONVILLE	FL	32207		
County (if Florida address)	Country			
DUVAL	USA			

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	License #	Percentage of Ownership		
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City	State	Zip Code (+4 optional)		
County (if Florida address)	Country			

OATH			
I swear or affirm that the information provided in this application is true and complete. I understand that knowingly providing false information on this application could subject the applicant to criminal penalties relating to perjury or other offenses.			
Name (Please Print)	Title (Please Print)	Signature	Date
ROBERT CLARK RICHARDS	M.M.	Robert Clark Richards	6-4-25
State of Georgia			
County of Lowndes			
Sworn to (or affirmed) and subscribed before me this 4th day of June, 2025			
Robert Richards, who is personally known to me or produced the following as identification:			
Drivers license			
Cameron Miley			
Notary Public			
My Commission Expires: Feb 12, 2027			



2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L09000048769

Entity Name: HAMILTON DOWNS HORSETRACK, LLC**Current Principal Place of Business:**2220 CR 143
JENNINGS, FL 32053**Current Mailing Address:**2220 NW COUNTY ROAD 143
JENNINGS, FL 32053 US**FEI Number** [REDACTED]**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SODL, ANDREW
1617 SAN MARCO
JACKSONVILLE, FL 32312 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ANDREW SODL

05/29/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	RICHARDS, ROBERT G
Address	2220 CR 143
City-State-Zip:	JENNINGS FL 32053
Title	MEMBER
Name	RICHARDS, BRANDON GLENN
Address	2220 CR 143
City-State-Zip:	JENNINGS FL 32053

Title	MEMBER
Name	RICHARDS, JODIE W
Address	2220 CR 143
City-State-Zip:	JENNINGS FL 32053
Title	MEMBER
Name	SODL, ANDREW
Address	1617 SAN MARCO
City-State-Zip:	JACKSONVILLE FL 32312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT RICHARDS

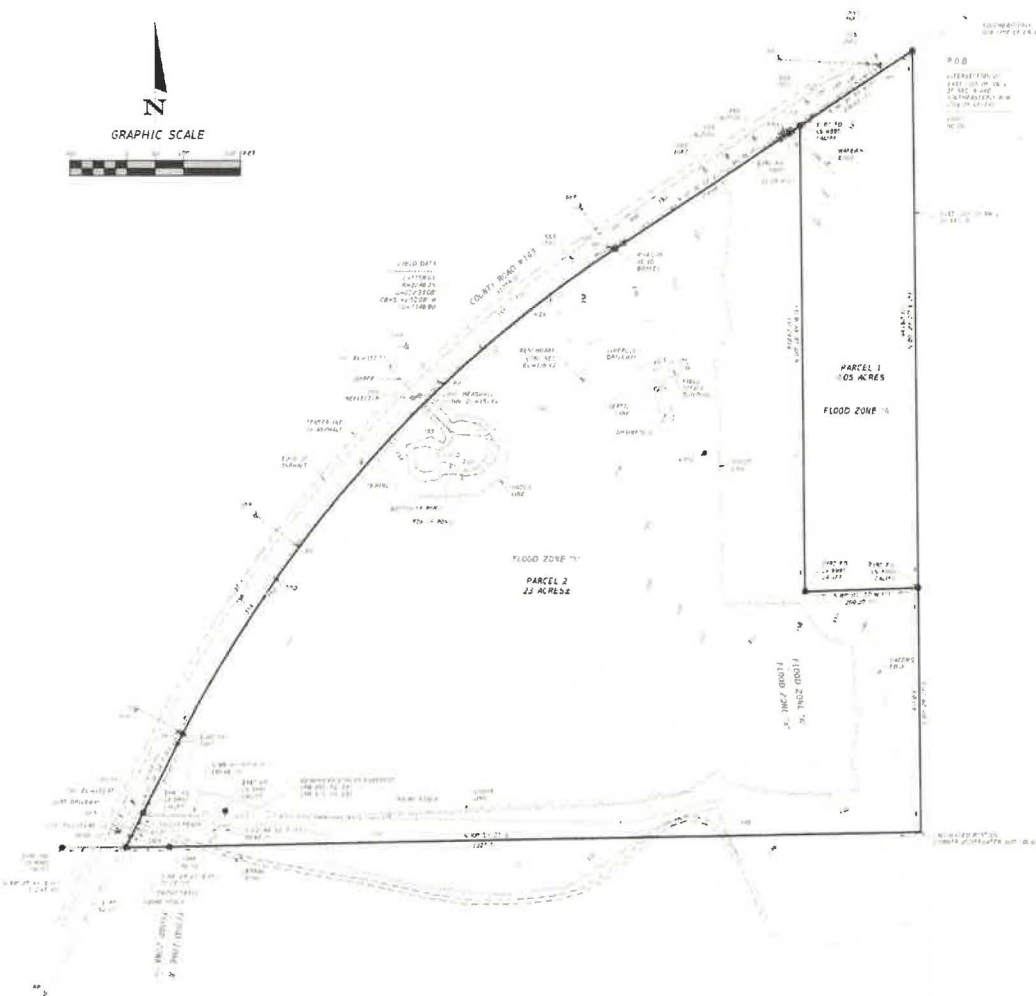
MANAGING MEMBER

05/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

IN SECTION 9
TOWNSHIP 2 NORTH, RANGE 12 EAST
HAMILTON COUNTY, FLORIDA



PARCEL 1:
A parcel of land in Section 9, Township 28 North, Range 12 East, Hamilton County, Florida, being more particularly described as follows:

BEGIN at the intersection of the East line of the Northwest 1/4 of said Section 9 and the Southeasterly right of way line of County Road No. 143, and run South 00°29'27" East, along said East line of the Northwest 1/4 of Section 9, a distance of 943.62 feet, thence South 88°03'52" West, a distance of 200.20 feet, thence North 94°03'48" West, a distance of 838.62 feet to a point on the Southeasterly right of way line of County Road No. 143, thence North 88°03'52" East, along said Southeasterly right of way line of County Road No. 143, a distance of 238.62 feet to the **POINT OF BEGINNING**. Containing 4.05 acres, more or less.

- 1) Flood monumentation is as shown and designated on the face of the plat.
- 2) A complete boundary survey was performed for Parcel 1, but not for Parcel 2. The inner boundary line is based on information found in place, and precise survey by Innovative Engineering and Surveying.
- 3) Bearings based on State Plane Coordinates.
- 4) Improvements shown were located by field ties.
- 5) Date of field survey completion: May 6, 2024
- 6) Examination of the Flood Insurance Rate Maps (FIRM) for Hamilton County shows that, per said maps, the described parcel lies mostly within Flood Zone "X," which according to said maps is one of the 18 flood hazard zones, and partly within Flood Zone "A," which according to said maps is inside of the 19th hazard zone (according to ref. Map No. 12047C0085C and 12047C015C).
- 7) Elevations based on Florida Department of Transportation published control, BM-15 on interstate 75, Elevation 152.21 (NAVD83)

[illegible]

NOT VALID WITHOUT THE SIGNATURE
AND ORIGINAL RAISED SEAL OF A
FLORIDA REGISTERED PROFESSIONAL
SURVEYOR AND MAPPER

James B. Smith
James B. Smith, F.S.M.
Florida Reg No 7355
DATE: 5/2/2024

		REVISIONS	
DATE	DESCRIPTION	DATE	DESCRIPTION



NORTH FLORIDA PROFESSIONAL SERVICES, INC.
P.O. BOX 3823 2551 BLAIRSTONE PINES DR.
LAKE CITY, FL 32056 TALLAHASSEE, FL 32301
PH. 386-752-4675 WWW.NFPS.NET
LIC NO. LB8356

JOB NO. L230619HDM
CA# 29011

HAMILTON DOWNS HORSETRACK

SHEET
NO.

Free

SKETCH
IN SECTION 9
TOWNSHIP 2 NORTH, RANGE 12 EAST
HAMILTON COUNTY, FLORIDA

DESCRIPTION:

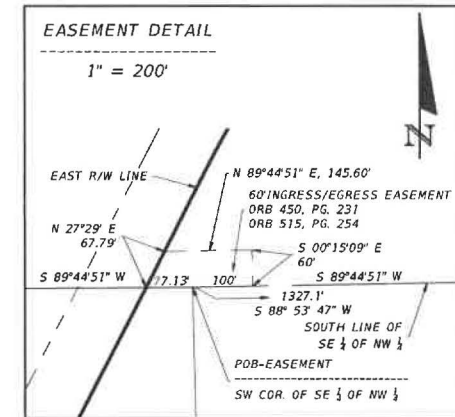
Section 9, Township 2 North, Range 12 East, East $\frac{1}{2}$ of the Southwest $\frac{1}{4}$ and the Southeast $\frac{1}{4}$, recorded in the Official Record Books of Hamilton County, Florida, Book 515, page 252 (RE No. 3673-000); AND


Section 9, Township 2 North, Range 12 East, being 11.732 acres in the Northwest $\frac{1}{4}$ of the Southwest $\frac{1}{4}$, described in the Official Record Books of Hamilton County, Florida, Book 553, page 22 and Book 667, page 219 (RE No. 3670-010); AND

Section 10, Township 2 North, Range 12 East, being that part of the Southwest $\frac{1}{4}$ lying South and West of I-75, as recorded in the Official Record Books of Hamilton County, Florida, Book 515, page 252 (RE No. 3676-000); TOGETHER WITH a perpetual non-exclusive easement for vehicular and pedestrian ingress and egress as well as the right to construct, maintain and repair a roadway along said strip and any needed utilities over lands described below. This easement, including the benefits and burdens, shall run with the land and be binding upon and inure to the benefit of the parties, their heirs, successors and assigns. BEGIN at the Southwest corner of said Southwest $\frac{1}{4}$ of the Northwest $\frac{1}{4}$, thence run South 89°44'51" West along the South line of said Southeast $\frac{1}{4}$ of Northwest $\frac{1}{4}$, a distance of 77.13 feet to the Easterly right-of-way line of County Road 143; thence North 27°29' East along said right of way 67.79 feet; thence North 89°44'51" East, 145.60 feet; and South 0°15'09" East 60 feet to the South line of said Southeast $\frac{1}{4}$ of Northwest $\frac{1}{4}$, and South 89°44'51" West along said South line 100 feet to the POINT OF BEGINNING.

AND ALSO

All that tract or parcel of land situate, lying and being partly in the City of Jennings and in Section 9, Township 2 North, Range 12 East of Hamilton County, Florida, and more particularly described as follows: Beginning at a 6" round concrete monument found at the Northwest corner of Section 9, said point being the POINT OF COMMENCEMENT; thence South 00°34'19" East a distance of 1328.27 feet to a $\frac{5}{8}$ " iron pin placed with a cap #6995 at the Northwest corner of the South $\frac{1}{2}$ of the Northwest $\frac{1}{4}$ of Section 9; thence North 89°12'49" East a distance of 2376.63 feet to a $\frac{5}{8}$ " iron pin placed on the North right of way of Hamilton County Road 143; thence South 56°24'52" West along said right of way a distance of 398.05 feet to a Florida Department of Transportation right of way monument found; thence with a curve turning to the left with an arc length of 1202.34 feet along said right of way, with a radius of 2345.83 feet, with a chord bearing of South 41°45'17" West, with a chord length of 1189.22 feet, to a Florida Department of Transportation right of way monument found; thence South 27°00'13" West along said right of way a distance of 274.59 feet to a $\frac{5}{8}$ " iron pin placed with a cap #6995 on the North line of property now or formerly owned by J.B. ("Pete") Cunningham; thence North 89°32'48" East a distance of 112.44 feet $\frac{5}{8}$ " IPF located on the East right of way of Hamilton County Road 143, said point being the POINT OF BEGINNING; thence North 27°00'13" East along said right of way a distance of 222.89 feet to a Florida Department of Transportation right of way monument found; thence with a curve turning to the right with an arc length of 1159.39 feet, with a radius of 2248.25 feet, with a chord bearing of North 41°52'51" East, with a chord length of 1146.58 feet, to a Florida Department of Transportation right of way monument found; thence North 56°24'52" East a distance of 370.01 feet to a $\frac{5}{8}$ " iron pin found with a cap labeled FDOT R/W; thence North 56°24'52" East a distance of 22.39 feet to a $\frac{5}{8}$ " iron pin placed with a cap #6995 on the West line of property now or formerly owned by Wade I. Alfaron & Anthony Chessari; thence South 00°29'07" East along said West line a distance of 818.86 feet to a $\frac{5}{8}$ " iron pin placed with a cap #6995 on the Southwest corner of said property; thence North 88°00'53" East along the South line of said property a distance of 200.00 feet to a $\frac{5}{8}$ " iron pin placed with a cap #6995 on the West line of property now or formerly owned by Lucero Unlimited Investments LLC; thence South 00°29'07" East a distance of 431.03 feet to a 5 foot steel fence post found at the Southwest corner of said property at the Southeast corner of the South $\frac{1}{2}$ of the Northwest $\frac{1}{4}$ of Section 9 and on the North line of property now or formerly owned by Greg Taylor and Elizabeth Taylor; thence South 88°53'47" West a distance of 1327.1 feet to a 1" iron found at the Southwest corner of the Southeast $\frac{1}{4}$ of the Northwest $\frac{1}{4}$ of Section 9; thence South 89°22'06" West along said line a distance of 77.14 feet back to the POINT OF BEGINNING. Having an area 23.07 acres.



REVISIONS					NORTH FLORIDA PROFESSIONAL SERVICES, INC. P.O. BOX 3823 LAKE CITY, FL 32056 PH. 386-752-4675 LIC NO. LB8356	2551 BLAIRSTONE PINES DR. TALLAHASSEE, FL 32301 WWW.NFPS.NET	JOB NO. L250226HDM CA# 29011	HAMILTON DOWNS HORSETRACK LLC	SHEET NO.
DATE	DESCRIPTION	DATE	DESCRIPTION						
06/02/25	BOUNDARY REVISED. SHEET 2 ADDED.								2 OF 2

Jamie Pouncey

From: Sam Shiver <sos@samoshiver.com>
Sent: Wednesday, June 4, 2025 3:21 PM
To: Jamie Pouncey
Subject: Re: Hamilton Downs
Attachments: REVISED_SIGNED AND SEALED.pdf; Untitled attachment 00059.htm;
SURVRD_HAM_DOWN_HORSETRACK_COMPOSITE_01-SKETCH_REVISED.pdf; Untitled
attachment 00062.htm; Hamilton amended Annual Rreport.pdf; Untitled attachment
00065.htm

My apologies for the tardy response as I have been tied up in Budget Sub Committee meetings all day. Attached you will find the revised sketch depicting the entirety of the NE region as well as the topography Survey that denotes the location of the temporary card room (listed as "field office building"). I have sent the form FGCC PMW-3190 to Mr Richards to have notarized as well as the cover letter for approval. I will submit them each to you via email as soon as I have final approval. Thank you again for all of your assistance.

Sam O. Shiver

On Jun 4, 2025, at 10:44 AM, Jamie Pouncey <Jamie.Pouncey@flgaming.gov> wrote:

Mr. shiver,

Hamilton Downs Horsetrack, LLC has been placed on the June agenda; as a follow-up to our discussion on May 29, 2025, can you please provide a status of the following information:

- Description of change being requested.
- Documents/survey to accurately depict the requested change as discussed
- Officers and Directors, FGCC PMW-3190 (please account for all officer/directors/managers)

Documents for the commission meeting must be submitted 7 days prior to the meeting. The commission meeting is scheduled for June 12, 2025 at 9:30am.

Thank you,

Jamie Pouncey
Program Administrator
850.794.8116 Office 850.964.1705 Cell

-----Original Message-----

From: Sam Shiver <sos@samoshiver.com>
Sent: Thursday, May 29, 2025 11:40 AM
To: Jamie Pouncey <Jamie.Pouncey@flgaming.gov>
Subject: Hamilton Downs

Ms. Pouncey:

I wanted to touch base and thank you for your time this morning in helping to guide me down the path of least resistance. I have spoken with all interested parties and look forward to providing you with the additional required documents directly. Thank you again and I hope you enjoy your weekend.

Sam O. Shiver

IN SECTION 9
TOWNSHIP 2 NORTH, RANGE 12 EAST
HAMILTON COUNTY, FLORIDA



PARCEL 1
A parcel of land in Section 9, Township 2 North, Range 12 East, Hamilton County, Florida, being more particularly described as follows:

BEGIN at the intersection of the East line of the Northwest $\frac{1}{4}$ of said Section 9 and the Southeasterly right of way line of County Road No. 143, and run South 00°29'27" East, along said East line of the Northwest $\frac{1}{4}$ of Section 9, a distance of 943.62 feet; thence South 88°01'33" West, a distance of 200.20 feet; thence North 00°28'48" West, a distance of 818.62 feet to a point on the Southeasterly right of way line of County Road No. 143; thence North 56°26'53" East, along said Southeasterly right of way line of County Road No. 143, a distance of 238.62 feet to the POINT OF BEGINNING. Containing 4.05 acres, more or less.


NOTES:

- 11 Flood zone monumentation is as shown and designated on the face of the plat.
- 12 A complete boundary survey was performed for Parcel 1, but not for Parcel 2. The common boundary lines are shown on monumentation found on plats, and prior survey by Innoteck Engineering and Surveying.
- 13 Bearings based on State Plane Coordinates.
- 14 Improvements shown were located by field notes.
- 15 Date of field survey completed: May 6, 2004
- 16 Examination of the Flood Insurance Rate Maps (FIRM) for Hamilton County shows that, per said maps, the described parcel lies mostly within Flood Zone "7", which is categorized as a special use of the 1% chance floodplain, and partly within Flood Zone "A", which is categorized as said maps is made of the 1% chance floodplain (ref. Map No. 1304740085S and 1304730195C).
- 17 Elevations based on Florida Department of Transportation published control. BM-15 on Interstate 75, Elevation of 152.21 (NAVOD88).

LEGEND	
100 = 100%	100 = 100% of sample size
1.5 = 150% of sample size	1.5 = 150% of sample size
2 = 200%	2 = 200%
3 = 300%	3 = 300%
4 = 400%	4 = 400%
5 = 500%	5 = 500%
6 = 600%	6 = 600%
7 = 700%	7 = 700%
8 = 800%	8 = 800%
9 = 900%	9 = 900%
10 = 1000%	10 = 1000%
11 = 1100%	11 = 1100%
12 = 1200%	12 = 1200%
13 = 1300%	13 = 1300%
14 = 1400%	14 = 1400%
15 = 1500%	15 = 1500%
16 = 1600%	16 = 1600%
17 = 1700%	17 = 1700%
18 = 1800%	18 = 1800%
19 = 1900%	19 = 1900%
20 = 2000%	20 = 2000%
21 = 2100%	21 = 2100%
22 = 2200%	22 = 2200%
23 = 2300%	23 = 2300%
24 = 2400%	24 = 2400%
25 = 2500%	25 = 2500%
26 = 2600%	26 = 2600%
27 = 2700%	27 = 2700%
28 = 2800%	28 = 2800%
29 = 2900%	29 = 2900%
30 = 3000%	30 = 3000%
31 = 3100%	31 = 3100%
32 = 3200%	32 = 3200%
33 = 3300%	33 = 3300%
34 = 3400%	34 = 3400%
35 = 3500%	35 = 3500%
36 = 3600%	36 = 3600%
37 = 3700%	37 = 3700%
38 = 3800%	38 = 3800%
39 = 3900%	39 = 3900%
40 = 4000%	40 = 4000%
41 = 4100%	41 = 4100%
42 = 4200%	42 = 4200%
43 = 4300%	43 = 4300%
44 = 4400%	44 = 4400%
45 = 4500%	45 = 4500%
46 = 4600%	46 = 4600%
47 = 4700%	47 = 4700%
48 = 4800%	48 = 4800%
49 = 4900%	49 = 4900%
50 = 5000%	50 = 5000%
51 = 5100%	51 = 5100%
52 = 5200%	52 = 5200%
53 = 5300%	53 = 5300%
54 = 5400%	54 = 5400%
55 = 5500%	55 = 5500%
56 = 5600%	56 = 5600%
57 = 5700%	57 = 5700%
58 = 5800%	58 = 5800%
59 = 5900%	59 = 5900%
60 = 6000%	60 = 6000%
61 = 6100%	61 = 6100%
62 = 6200%	62 = 6200%
63 = 6300%	63 = 6300%
64 = 6400%	64 = 6400%
65 = 6500%	65 = 6500%
66 = 6600%	66 = 6600%
67 = 6700%	67 = 6700%
68 = 6800%	68 = 6800%
69 = 6900%	69 = 6900%
70 = 7000%	70 = 7000%
71 = 7100%	71 = 7100%
72 = 7200%	72 = 7200%
73 = 7300%	73 = 7300%
74 = 7400%	74 = 7400%
75 = 7500%	75 = 7500%
76 = 7600%	76 = 7600%
77 = 7700%	77 = 7700%
78 = 7800%	78 = 7800%
79 = 7900%	79 = 7900%
80 = 8000%	80 = 8000%
81 = 8100%	81 = 8100%
82 = 8200%	82 = 8200%
83 = 8300%	83 = 8300%
84 = 8400%	84 = 8400%
85 = 8500%	85 = 8500%
86 = 8600%	86 = 8600%
87 = 8700%	87 = 8700%
88 = 8800%	88 = 8800%
89 = 8900%	89 = 8900%
90 = 9000%	90 = 9000%
91 = 9100%	91 = 9100%
92 = 9200%	92 = 9200%
93 = 9300%	93 = 9300%
94 = 9400%	94 = 9400%
95 = 9500%	95 = 9500%
96 = 9600%	96 = 9600%
97 = 9700%	97 = 9700%
98 = 9800%	98 = 9800%
99 = 9900%	99 = 9900%
100 = 10000%	100 = 10000%

NOT VALID WITHOUT THE SIGNATURE
AND ORIGINAL RAISED SEAL OF A
FLORIDA REGISTERED PROFESSIONAL
SURVEYOR AND MAPPER

James B. Smith, S.M.
Florida Reg. No. 7355
DATE: 5/9/2024

		REVISIONS						
DATE	DESCRIPTION	DATE	DESCRIPTION		NORTH FLORIDA PROFESSIONAL SERVICES, INC. P.O. BOX 3823 LAKE CITY, FL 32056 PH. 386-752-4675 LIC NO. LB8356	2551 BLAIRSTONE PINES DR. TALLAHASSEE, FL 32301 WWW.NFPS.NET	JOB NO. L230619H0H CA# 29011	SHEET NO.
								HAMILTON DOWNS HORSETRACK

Alice Geiger

5/9/2024 3:20:27 PM

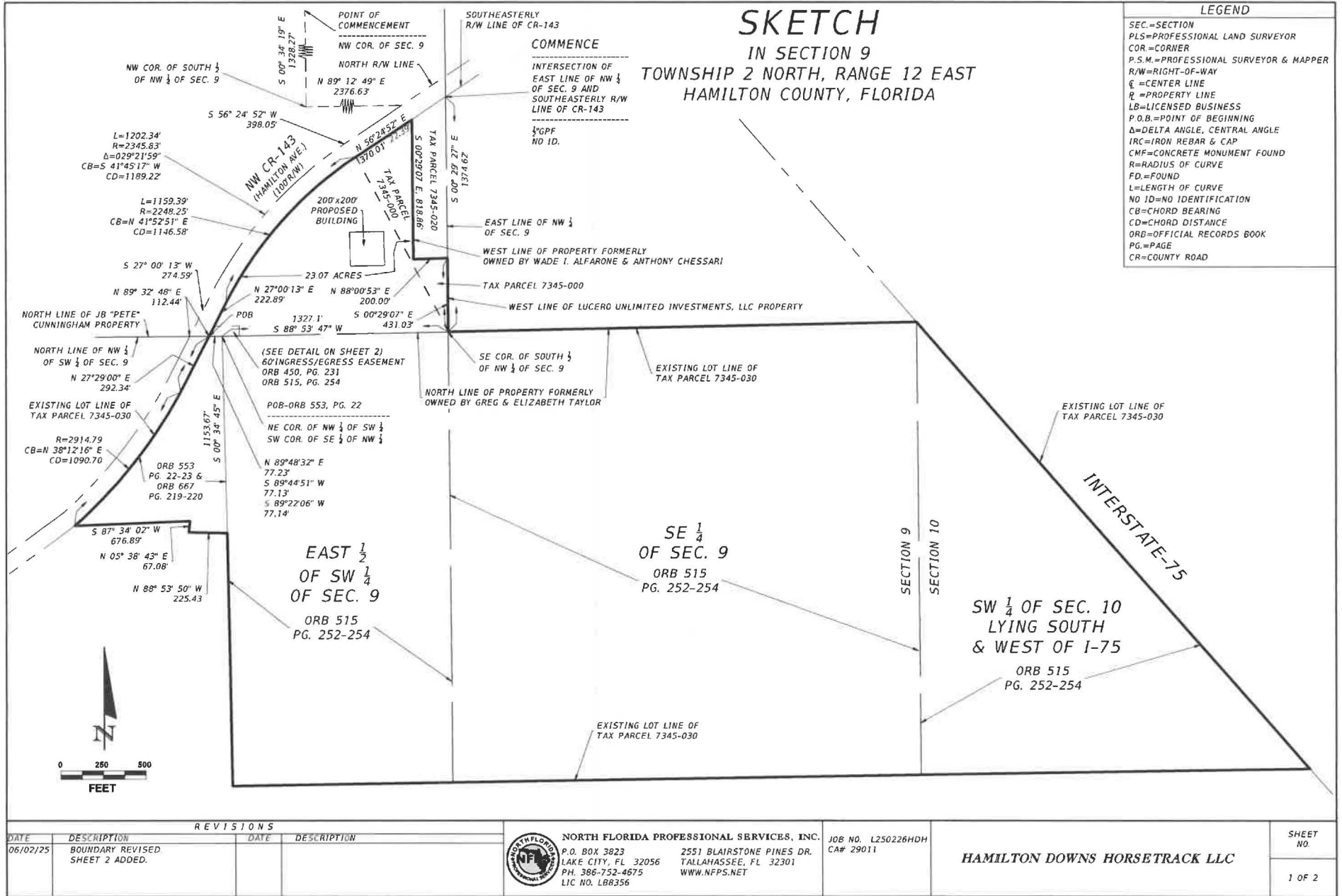
X:\2013\120619HDH\H.CADD\Survey\SURVRD_HAM_DOWN_HORSETRACK_01.dwg NFPS 24X36 (1-1)

SKETCH

IN SECTION 9
TOWNSHIP 2 NORTH, RANGE 12 EAST
HAMILTON COUNTY, FLORIDA

LEGEND

SEC.=SECTION
PLS.=PROFESSIONAL LAND SURVEYOR
COR.=CORNER
P.S.M.=PROFESSIONAL SURVEYOR & MAPPER
R/W=RIGHT-OF-WAY
CL=CENTER LINE
PL=PROPERTY LINE
LB=LICENSED BUSINESS
P.O.B.=POINT OF BEGINNING
Δ=DELTA ANGLE, CENTRAL ANGLE
IRC=IRON REBAR & CAP
CMF=CONCRETE MONUMENT FOUND
R=RADIUS OF CURVE
FD=FOUND
L=LENGTH OF CURVE
NO ID=NO IDENTIFICATION
CB=CHORD BEARING
CD=CHORD DISTANCE
ORB=OFFICIAL RECORDS BOOK
PG.=PAGE
CR=COUNTY ROAD



2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L09000048769

Entity Name: HAMILTON DOWNS HORSETRACK, LLC**Current Principal Place of Business:**2220 CR 143
JENNINGS, FL 32053**Current Mailing Address:**2220 NW COUNTY ROAD 143
JENNINGS, FL 32053 US**FEI Number:** [REDACTED]**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SODL, ANDREW
1617 SAN MARCO
JACKSONVILLE, FL 32312 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ANDREW SODL

05/29/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name RICHARDS, ROBERT G
Address 2220 CR 143
City-State-Zip: JENNINGS FL 32053

Title MEMBER
Name RICHARDS, JODIE W
Address 2220 CR 143
City-State-Zip: JENNINGS FL 32053

Title MEMBER
Name RICHARDS, BRANDON GLENN
Address 2220 CR 143
City-State-Zip: JENNINGS FL 32053

Title MEMBER
Name SODL, ANDREW
Address 1617 SAN MARCO
City-State-Zip: JACKSONVILLE FL 32312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT RICHARDS

MANAGING MEMBER

05/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF PARI-MUTUEL WAGERING
 1940 North Monroe Street
 Tallahassee, Florida 32399-1035
www.MyFlorida.com/dbpr

INSTRUCTIONS

This form and its attachments are to be completed by individuals or businesses desiring to obtain a Permit to Conduct Pari-Mutuel Wagering. Upon completion, the original notarized application and all attachments should be returned to the Division.

At a minimum, the attachments include:

Request for Release of Information and Authorization to Release Information (Form DBPR PMW-3195)
 Personal History Record (Form DBPR PMW-3030)
 Individual Occupational License Application (Form DBPR PMW-3120)

SPECIAL NOTES

The following Florida Statutes and Rules are referenced for additional information required for completing this application package.

Section 550.054, Section 550.0555, Section 550.0651, Section 550.0745, Section 550.1815, and Section 550.334, Florida Statutes.
 Rule 61D-4.002, Florida Administrative Code.

This application shall only be used when applying for a new pari-mutuel wagering permit. Please be certain that all attachment numbers correspond with the numbers in the appropriate boxes throughout the application.

SELECT PERMIT TYPE

- | | |
|--|--|
| <input type="checkbox"/> Greyhound Racing | <input type="checkbox"/> Harness Racing |
| <input type="checkbox"/> Thoroughbred Racing | <input type="checkbox"/> Jai-Alai |
| <input checked="" type="checkbox"/> Quarter Horse Racing | <input type="checkbox"/> Non-Wagering Meet |

Name of Florida county in which racing will be conducted:

HAMILTON

APPLICANT INFORMATION

Federal Employer ID Number/*Social Security Number

Applicant Name *HAMILTON DOWNS HORSETRACK LLC*

Doing Business As (D/B/A) Name *HAMILTON DOWNS*

Type of Ownership: Proprietorship ☐ All Corporations ☒ All Partnerships ☐
 Joint Venture Agreement ☐ Trust ☐ Estate ☐

Other ☐ _____

MAILING ADDRESS

Street Address or P.O. Box *2220 CR 143 NW*

City <i>JENNINGS</i>	State <i>FL</i>	Zip Code (+4 optional) <i>32053</i>
County (if Florida address) <i>HAMILTON</i>	Country <i>USA</i>	

CONTACT INFORMATION			
Contact Name <u>ROBERT GLENN RICHARDS / BRANDON GLENN RICHARDS</u>			
Primary Phone Number <u>904-472-1481 904-5845701</u>		Primary E-Mail Address <u>Glenn7444@icloud.com / brandonglennrichards@gmail.com</u>	
BUSINESS LOCATION ADDRESS			
Street Address <u>2220 CR 143 NW</u>			
City <u>JENNINGS</u>		State <u>FL</u>	Zip Code (+4 optional) <u>32053</u>
County <u>HAMILTON</u>		Country <u>USA</u>	

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number <u>904-472-1481</u>	Fax Number
Alternate E-Mail Address <u>Glenn7444@icloud.com</u>	

1. If the applicant is a Corporation, complete the following:

- (a) Where incorporated: FLORIDA
 When incorporated: 05/18/2009
- (b) Attach a copy of the Articles of Incorporation.
 Attachment # INCLUDED
- (c) If incorporated outside of the State of Florida, attach a copy of license to do business in Florida.
 Attachment # N/A
- (d) Attach a copy of the last five corporate annual reports filed with the Department of State.
 Attachment # INCLUDED
- (e) If the applicant corporation is a subsidiary of any other entity, attach an organizational chart reflecting the complete holdings of the parent entity.
 Attachment # _____
- (f) Attach a listing of all present or past civil suits involving the applicant as a defendant for the past twenty years. Include style of case, case number, court of jurisdiction, and final outcome of case.
 Attachment # N/A
- (g) Attach a listing of all present or past criminal actions involving the applicant. Include investigating agency, case number, and final outcome of case.
 Attachment # N/A
- (h) Attach a schedule disclosing all owners of 5 percent or more of any interest in this corporation.
 Attachment # INCLUDED

- (i) Attach a schedule disclosing defacto equity ownership where corporate debt exceeds 10 percent of assets owed to any one party.

Attachment # N/A

- (j) Attach a schedule disclosing any ownership of 5 percent or more in any business or other entity holding interest in any gambling or wagering activity in the State of Florida, the United States, or internationally.

Attachment # N/A ON FILE

- (k) Attach a schedule disclosing the structure of ownership and all individuals involved (refer to question 1(j) above).

Attachment # N/A ON FILE

- (l) Attach a schedule disclosing the names and addresses of the officers and directors.

Attachment # N/A ON FILE

2. If the applicant is a Partnership, Joint Venture Agreement, Trust Agreement, or other business entity:

- (a) Attach a copy of all agreements which established the entity.

Attachment # N/A ON FILE

- (b) Attach a listing of all present or past civil suits involving the applicant as a defendant for the past twenty years. Include style of case, case number, court of jurisdiction, and final outcome of case.

Attachment # N/A

- (c) Attach a listing of all present or past criminal actions involving the applicant. Include investigating agency, case number, and final outcome of case.

Attachment # N/A

- (d) Attach a schedule disclosing the names and addresses of the principals, partners, or shareholders owning 5 percent or more of the business entity.

Attachment # N/A ON FILE

- (e) If the applicant is a subsidiary of any other entity, attach an organization chart reflecting the complete holdings of the parent entity.

Attachment # N/A

- (f) Attach a schedule disclosing any ownership of 5 percent or more in any business or other entity holding interest in any gambling or wagering activity in the State of Florida, the United States, or internationally.

Attachment # N/A

- (g) Attach a schedule disclosing the structure of ownership and all individuals involved (refer to question 2 (f) above).

Attachment # N/A

3. The following financial information is required for applicants which are Corporations, Partnerships, Joint Venture Agreements, Trust Agreements, or other business entities:

- (a) Attach a copy of the applicant's financial statements for the last five years. If no financial statements were prepared, so state, and attach necessary documents which reflect the financial condition of the applicant for the past five years.

Attachment # N/A

- (b) If the applicant is a subsidiary of any other entity, the applicant must attach a copy of the parent corporation's financial statements for the past five years. If no financial statements were prepared for the parent corporation, so state, and attach necessary documents which reflect the financial condition of the parent corporation for the past five years.

Attachment # N/A

- (c) Please attach the names and addresses of the ultimate equitable owners for a corporation or other business entity, if different from those provided in 1(h), 1(i), and 4(a), unless the securities of the corporation or entity are registered pursuant to s. 12 of the Securities Exchange Act of 1934, 15 U.S.C. ss. 78a-78kk; and if such corporation or entity files with the United States Securities and Exchange Commission the reports required by s. 13 of that act or if the securities of the corporation or entity are regularly traded on an established securities market in the United States.

Attachment # N/A

4. Ownership Interests

- (a) Provide the full name, legal residence, business address, and percentage of ownership and total number of shares held, of all parties holding an interest in the applicant.

Attachment # N/A ON FILE

- (b) All ownership interests must complete a Personal History Record, as included in the permit application package; a Request for Release of Information and Authorization to Release Information, as included in the permit application package; and a Division of Pari-Mutuel Wagering fingerprint card, as included in the permit application package.

Attachment # N/A

- (c) Attach a listing of all past or present criminal charges involving the above-listed ownership interests and their spouses; if none, so state. Include arrest charge, arresting agency, date of arrest, court of jurisdiction, and final outcome.

Attachment # N/A ON FILE

- (d) Attach a listing of all past or present civil suits involving the above-listed ownership interests and their spouses; if none, so state. Include style of case, case number, court of jurisdiction, and final outcome of case.

Attachment # N/A

- (e) All ownership interests shall make available for division inspection a copy of all income tax returns filed for the past five years, including spouses. Said inspection shall be conducted at a time and place designated by the division.

- (f) All ownership interests shall provide an audited financial statement, with an independent CPA opinion, of their personal financial condition as of the date of the application.

Attachment # N/A

- (g) All ownership interests shall attach a listing of all occupational and/or professional licenses held by them, their spouses, or any associated business entity under the jurisdiction of any federal, state, county, or municipal authority and a statement indicating whether administrative proceedings were

ever initiated against any of the listed licenses. Include type of proceeding, agency initiating the proceedings, date, and final outcome of case.

Attachment # N/A

- (h) All ownership interests shall attach a statement indicating if they, their spouses, or any associated business entities have ever filed for bankruptcy.

Attachment # N/A

- (i) All ownership interests shall attach a listing of the full name, legal address, business address, and date of birth of any divorced spouse or divorce proceedings involving the current spouse.

Attachment # N/A

5. All applicants shall provide:

- (a) A detailed statement (with supporting evidence) of the method of financing the purchase/construction of the facility, and first year's operating expenses. Said statement shall include a complete disclosure of the sources of funds.

Attachment # N/A

- (b) A statement detailing all preliminary plans with respect to the operation of the facility, including the names of management personnel and racing officials, and any arrangements to obtain contractual services such as totalisator equipment, video equipment, food service, security service, housekeeping, and maintenance service.

Attachment # N/A

- (c) A complete listing of any loans obtained by the applicant within the past two years, including the name of lender, amount of loan, terms of loan, collateral, reason for loan, and a copy of loan agreements.

Attachment # See Survey

- (d) A legal description of the property where the proposed pari-mutuel facility is or will be located.

Attachment # See Survey

- (e) Applicant's control over the above-described property is by:

☒ Ownership
☐ Lease
☐ Other Authority

Copies of all deeds, titles, contracts or agreements concerning the acquisition of land where the facility is or will be located. Said documents shall reflect applicant's control of property, method of financing the acquisition of the property, and sources of funds.

Attachment # INCLUDED

- (f) An aerial view or detailed area map depicting the location of the facility, adjacent barn or kennel areas, and access roads.

Attachment # INCLUDED

- (g) Preliminary plans and drawings detailing the construction of the proposed pari-mutuel facility, including backside areas. The dimensions of the facility, type of construction, seating capacity, barn size and design, and facilities for handling the public.

Attachment # ~~INCLUDED~~ N/A *RM*

- (h) A listing of all contractors used in the construction of the facility. A copy of contracts between the applicant and the contractors shall be provided to the division no less than ten working days after finalization of the contracts.

Attachment # N/A

- (i) If a facility previously existed, a copy of all contracts or agreements concerning the acquisition of existing assets (sales agreement).

Attachment # N/A

- (j) If the permit is to be used for quarter horse racing, a statement that the permit will be used for quarter horse racing within one year of the date on which the permit is granted, or, if the facility is not already built, a statement that substantial construction will be started within one year of the issuance of the permit.

Attachment # N/A

NOTARIZATION

The foregoing application was sworn to and subscribed before me this 21st day of May 20 25

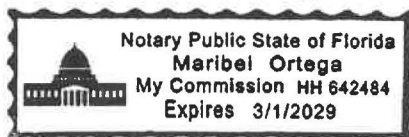
by Robert G. Richards Robert G. Richards
Type or print name of applicant's representative Signature of applicant's representative

who is personally known to me or who has produced the following as identification:

Florida license

Type of identification

Ma-2/ [Signature]
Signature of person taking acknowledgement
(Stamp and Expiration)



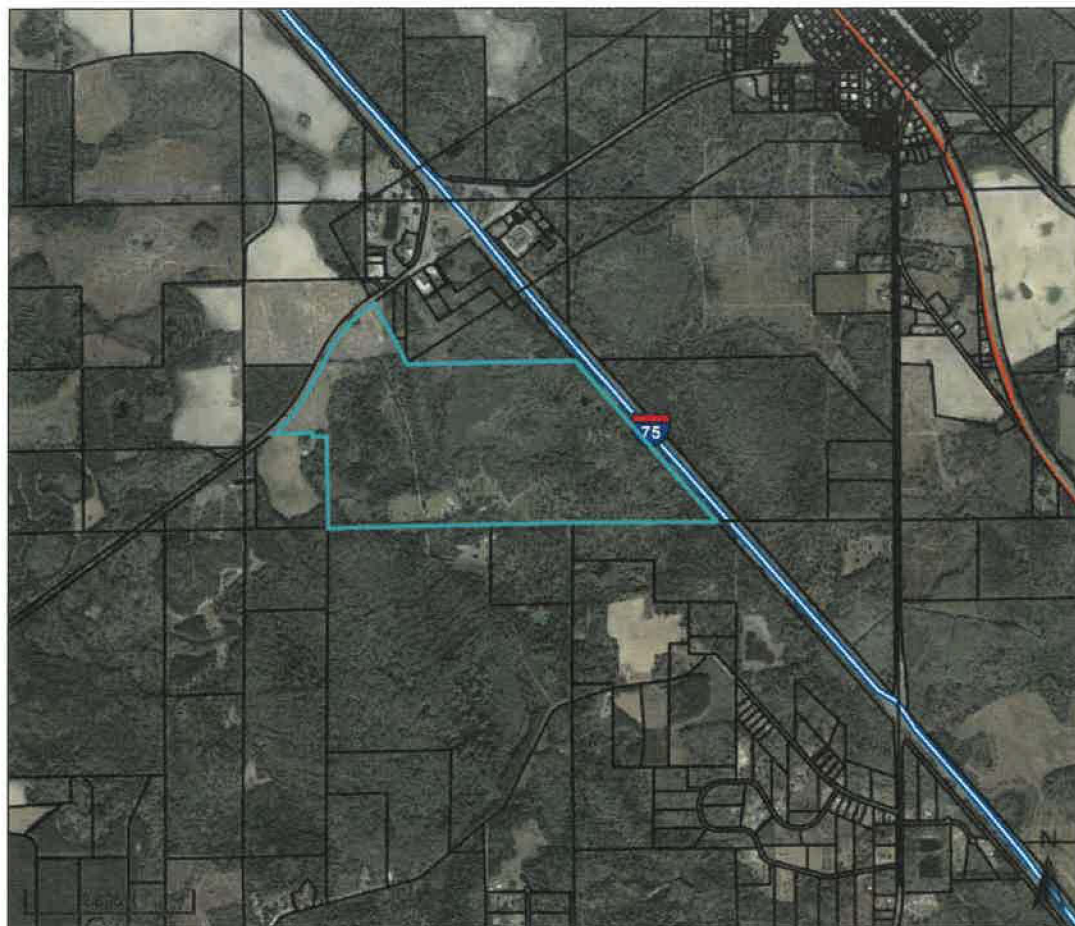
*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, disclosure of Social Security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 409.2577, 409.2598, and 559.79, Florida Statute. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all occupational license applications and are used for licensee identification purposes pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L. 193, Sec. 317.

DESCRIPTION:

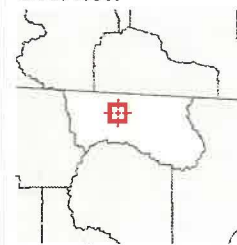
Section 9, Township 2 North, Range 12 East, East 1/2 of the Southwest 1/4 and the Southeast 1/4, recorded in the Official Record Books of Hamilton County, Florida, Book 515, page 252 (RE No. 3673-000); AND

Section 9, Township 2 North, Range 12 East, being 11.732 acres in the Northwest 1/4 of the Southwest 1/4, described in the Official Record Books of Hamilton County, Florida, Book 553, page 22 and Book 667, page 219 (RE No. 3670-010); AND

Section 10, Township 2 North, Range 12 East, being that part of the Southwest 1/4 lying South and West of I-75, as recorded in the Official Record Books of Hamilton County, Florida, Book 515, page 252 (RE No. 3676-000); TOGETHER WITH a perpetual non-exclusive easement for vehicular and pedestrian ingress and egress as well as the right to construct, maintain and repair a roadway along said strip and any needed utilities over lands described below. This easement, including the benefits and burdens, shall run with the land and be binding upon and inure to the benefit of the parties, their heirs, successors and assigns. BEGIN at the Southwest corner of said Southwest 1/4 of the Northwest 1/4, thence run South 89°44'51" West along the South line of said Southeast 1/4 of Northwest 1/4, a distance of 77.13 feet to the Easterly right-of-way line of County Road 143; thence North 27°29' East along said right of way 67.79 feet; thence North 89°44'51" East, 145.60 feet; and South 0°15'09" East 60 feet to the South line of said Southeast 1/4 of Northwest 1/4, and South 89°44'51" West along said South line 100 feet to the POINT OF BEGINNING. Commence at the intersection of the East line of the Northwest 1/4 of Section 9, Township 2 North, Township 12 East, Hamilton County, Florida and the Southeasterly right-of-way line of County Road 143 and run South 00°29'27" East, along said East line of the Northwest 1/4 of Section 9, a distance of 1374.62 feet, more or less; thence South 88°53'27" West, a distance of 208.91 feet to the POINT OF BEGINNING; thence North 01°06'33" West, a distance of 660.11 feet; thence South 88°55'27" West, a distance of 760.26 feet to a point on the Southeasterly right-of-way line of County Road 143, said point being a point on a curve concave to the Southeast having a radius of 2248.25 feet, a central angle of 14°32'36", a chord bearing of South 34°21'51" West, and a chord distance of 569.14 feet; thence Southwesterly along the arc of said curve, being said Southeasterly right-of-way line of County Road 143, a distance of 570.67 feet to the end of said curve; thence South 27°00'34" West, still along said Southeasterly right-of-way line of County Road 143, a distance of 222.64 feet; thence North 88°53'27" East, a distance of 1195.48 feet to the POINT OF BEGINNING.



Overview



Legend

-  Parcels
-  Roads
-  City Labels

Parcel ID 7345-030
Sec/Twp/Rng 9-2N-12E
Property Address
District 2
Brief Tax Description 9 2N 12E
(Note: Not to be used on legal documents)

Alternate ID 7345030
Class IMPROVED AG
Acreage 343.612

Owner Address HAMILTON DOWNS HORSETRACK LLC
2220 NW CR 143
JENNINGS, FL 32053

Date created: 4/2/2025
Last Data Uploaded: 4/2/2025 11:03:29 AM

Developed by  **SCHNEIDER**
GEOSPATIAL

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L09000048769
FILED 8:00 AM
May 19, 2009
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:
HAMILTON DOWNS HORSETRACK, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
6869 US HWY 129 SOUTH
JASPER, FL. US 32052

The mailing address of the Limited Liability Company is:
3500 VIA DE LA REINA
JACKSONVILLE, FL. US 32217

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
ROBERT G RICHARDS
3500 VIA DE LA REINA
JACKSONVILLE, FL. 32217

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ROBERT G RICHARDS

Article V

The name and address of managing members/managers are:

Title: MGRM
ROBERT G RICHARDS
3500 VIA DE LA REINA
JACKSONVILLE, FL. 32217 US

L09000048769
FILED 8:00 AM
May 19, 2009
Sec. Of State
ncausseaux

Article VI

The effective date for this Limited Liability Company shall be:

05/18/2009

Signature of member or an authorized representative of a member

Signature: ROBERT G RICHARDS

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000048769

Entity Name: HAMILTON DOWNS HORSETRACK, LLC**Current Principal Place of Business:**2220 CR 143
JENNINGS, FL 32053**Current Mailing Address:**2220 NW COUNTY ROAD 143
JENNINGS, FL 32053 US**FEI Number:** [REDACTED]**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SODL, ANDREW
1617 SAN MARCO
JACKSONVILLE, FL 32312 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ANDREW SODL

04/21/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name RICHARDS, ROBERT G
Address 2220 CR 143
City-State-Zip: JENNINGS FL 32053

6716594

Title MEMBER
Name RICHARDS, BRANDON GLENN
Address 2220 CR 143
City-State-Zip: JENNINGS FL 32053

8530487

Title MEMBER
Name KASSAB, SAM
Address 2220 CR 143
City-State-Zip: JENNINGS FL 32053

~~Removed~~

Title MEMBER
Name RICHARDS, JODIE W
Address 2220 CR 143
City-State-Zip: JENNINGS FL 32053

6721314

Title MEMBER
Name SODL, ANDREW
Address 1617 SAN MARCO
City-State-Zip: JACKSONVILLE FL 32312

13376022

Title MEMBER
Name STRICKLAND, RYAN
Address 2220 CR 143
City-State-Zip: JENNINGS FL 32053

~~Removed~~

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAM KASSAB

MEMBER

04/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

Domain **10 - Division of Pari-Mutuel Wagering**

Logged in as: **jpouncey**
[VR Home](#) > [License Search](#) > [License Home](#)
License

Lic Type	1012 - Cardroom Employee Occupational	Expires On	06/30/2027
File #	13311	Name	RICHARDS, ROBERT GLENN
License #	6716594	Rank	CEMP - Cardroom Employee Occupational
Entity #	6716594	Lic Status	Current


[Licensee](#)
[History](#)
[Notes](#)
[Notes History](#)
[Back](#)
Address

Street #	1181	Street	OSPNEY NEST PT
Line 2			
Line 3			
City	ORANGE PARK	State	FL
		Zip	32073
		Routing	

Other

1st License Date	11/18/2021	Rank Date	12/04/2024	Certificate #	
Method	I-S-1020	Status Date	12/04/2024	Certificate Date	
Fee Exempt	No	Birth Date	[REDACTED]	Renewal Sent	

Select

Action  
Modifiers

Type	Modifier	Effective Date	Additional Info
C	TMGT - Track Management	11/18/2021	
I	QHRS - Quarter-Horse	12/04/2024	
L	910 - TLH Licensing	11/18/2021	
Y	3YR - 3 Year License	11/18/2021	

Alt Keys

BEST LIC NBR **6716594**

Domain **10 - Division of Pari-Mutuel Wagering**

Logged in as: **jpouncey**
[VR Home](#) > [License Search](#) > [License Home](#)
License

Lic Type	1021 - PMW Professional Individual Occupational	Expires On	06/30/2027
File #	40041	Name	RICHARDS, ROBERT GLENN
License #	6716594	Rank	PIND - Professional Individual Occupational
Entity #	6716594	Lic Status	Current

[Licensee](#)
[History](#)
[Notes](#)
[Notes History](#)
[Back](#)
Address

Street #	1181	Street	OSPREY NEST PT
Line 2			
Line 3			
City	ORANGE PARK	State	FL
		Zip	32073
Routing			

Other

1st License Date	11/18/2021	Rank Date	12/04/2024	Certificate #	
Method	I-S-1020	Status Date	12/04/2024	Certificate Date	
Fee Exempt	No	Birth Date	[REDACTED]	Renewal Sent	

Select

Action  
Modifiers

Type	Modifier	Effective Date	Additional Info
C	ODS - Officer/Director/Shareholder	02/28/2003	
C	TMGT - Track Management	11/18/2021	
I	QHRS - Quarter-Horse	10/08/2024	
L	538 - Hamilton Downs	10/08/2024	
Y	3YR - 3 Year License	02/28/2003	

Alt Keys

BEST LIC NBR **PIN6716594**

VR Home	Inbox	Entity	Application	License	Cash	Exam	Inspection	Enforcement	Report
-------------------------	-----------------------	------------------------	-----------------------------	-------------------------	----------------------	----------------------	----------------------------	-----------------------------	------------------------

License Search	Entity Search	Modify License Standing	Maintain License CE Control
--------------------------------	-------------------------------	---	---

Domain **10 - Division of Pari-Mutuel Wagering**

Logged in as: **jpouncey**
[VR Home](#) > [License Search](#) > [License Home](#)
License

File # 8714	ic Type 1012 - Cardroom Employee Occupational	Expires On 06/30/2027
License # 8530487	Name RICHARDS, BRANDON GLENN	Extended To
Entity # 8530487	Rank CEMP - Cardroom Employee Occupational	Renewed On 03/19/2025
	Lic Status Current	

[Licensee](#)
[History](#)
[Notes](#)
[Notes History](#)
[Back](#)
Address

Street # **929** Street **COUNTY ROAD 215**

Line 2

Line 3

City **PARACHUTE**

State **CO**

Zip **81635**

Routing

Other

1st License Date 12/21/2021	Rank Date 03/19/2025	Certificate #
Method I-S-1020	Status Date 03/19/2025	Certificate Date
Fee Exempt No	Birth Date [REDACTED]	Renewal Sent

Select

Action


Modifiers


Type	Modifier	Effective Date	Additional Info
C	CMAN - Cardroom Manager	05/07/2015	
C	TMGT - Track Management	12/21/2021	
I	GHND - Greyhound	05/07/2015	
I	QHRS - Quarter-Horse	12/21/2021	
L	538 - Hamilton Downs	12/21/2021	
Y	3YR - 3 Year License	05/07/2015	

Alt Keys

BEST LIC NBR **8530487**

VR Home	Inbox	Entity	Application	License	Cash	Exam	Inspection	Enforcement	Report
-------------------------	-----------------------	------------------------	-----------------------------	-------------------------	----------------------	----------------------	----------------------------	-----------------------------	------------------------

[License Search](#) |
 [Entity Search](#) |
 [Modify License Standing](#) |
 [Maintain License CE Control](#)

Domain **10 - Division of Pari-Mutuel Wagering**

Logged in as: **jpouncey**

[VR Home](#) > [License Search](#) > [License Home](#)

License

Lic Type **1012 - Cardroom Employee Occupational** Expires On **06/30/2027**
 File # **13313** Name **RICHARDS, JODIE WILCOX** Extended To
 License # **6721314** Rank **CEMP - Cardroom Employee Occupational** Renewed On **12/12/2024**
 Entity # **6721314** Lic Status **Current**

[Licensee](#)

[History](#)

[Notes](#)

[Notes History](#)

[Back](#)

Address

Street # **1181** Street **OSPREY NEST PT**
 Line 2
 Line 3
 City **ORANGE PARK** State **FL** Zip **32073**
 Routing

Other

1st License Date **12/20/2021** Rank Date **12/12/2024** Certificate #
 Method **I-S-1020** Status Date **12/12/2024** Certificate Date
 Fee Exempt **No** Birth Date [REDACTED] Renewal Sent

Select

Action  

Modifiers

Type	Modifier	Effective Date	Additional Info
A	FING - Fingerprint Date Analysis Required	12/12/2024	Fingerprint Requirement
C	TMGT - Track Management	12/20/2021	
I	QHRS - Quarter-Horse	12/12/2024	
L	910 - TLH Licensing	12/20/2021	
Y	3YR - 3 Year License	12/20/2021	

Alt Keys

BEST LIC NBR **6721314**

VR Home	Inbox	Entity	Application	License	Cash	Exam	Inspection	Enforcement	Report
-------------------------	-----------------------	------------------------	-----------------------------	-------------------------	----------------------	----------------------	----------------------------	-----------------------------	------------------------

License Search	Entity Search	Modify License Standing	Maintain License CE Control
--------------------------------	-------------------------------	---	---

Domain **10 - Division of Pari-Mutuel Wagering**

Logged in as: **jpouncey**
[VR Home](#) > [License Search](#) > [License Home](#)
License

Lic Type	1021 - PMW Professional Individual Occupational	Expires On	06/30/2025
File #	72297	Name	SODL, ANDREW MATTHEW
License #	13376022	Rank	PIND - Professional Individual Occupational
Entity #	13376022	Lic Status	Current

[Licensee](#)
[History](#)
[Notes](#)
[Notes History](#)
[Back](#)
Address

Street #	1849	Street	MALLORY STREET
Line 2			
Line 3			
City	JACKSONVILLE	State	FL
		Zip	32205
Routing			

Other

1st License Date	10/28/2022	Rank Date	10/28/2022	Certificate #	
Method	I-S-1020	Status Date	10/28/2022	Certificate Date	
Fee Exempt	No	Birth Date		Renewal Sent	

Select

Action


Modifiers


Type	Modifier	Effective Date	Additional Info
L	910 - TLH Licensing	10/28/2022	
Y	3YR - 3 Year License	10/28/2022	

Alt Keys

BEST LIC NBR **13376022**

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000048769

Entity Name: HAMILTON DOWNS HORSETRACK, LLC

Current Principal Place of Business:

2220 CR 143
JENNINGS, FL 32053

Current Mailing Address:

2220 NW COUNTY ROAD 143
JENNINGS , FL 32053 US

FEI Number [REDACTED]

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SODL, ANDREW
1617 SAN MARCO
JACKSONVILLE , FL 32312 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANDREW SODL

02/17/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	RICHARDS, ROBERT G
Address	2220 CR 143
City-State-Zip:	JENNINGS FL 32053
Title	MEMBER
Name	RICHARDS, BRANDON GLENN
Address	2220 CR 143
City-State-Zip:	JENNINGS FL 32053
Title	MEMBER
Name	KASSAB, SAM
Address	2220 CR 143
City-State-Zip:	JENNINGS FL 32053

Title	MEMBER
Name	RICHARDS, JODIE W
Address	2220 CR 143
City-State-Zip:	JENNINGS FL 32053
Title	MEMBER
Name	SODL, ANDREW
Address	1617 SAN MARCO
City-State-Zip:	JACKSONVILLE FL 32312
Title	MEMBER
Name	STRICKLAND, RYAN
Address	2220 CR 143
City-State-Zip:	JENNINGS FL 32053

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT RICHARDS

MM

02/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000048769

Entity Name: HAMILTON DOWNS HORSETRACK, LLC**Current Principal Place of Business:**2220 CR 143
JENNINGS, FL 32053**Current Mailing Address:**1181 OPSREY NEST POINT
ORANGEPARK, FL 32073 US**FEI Number:** [REDACTED]**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RICHARDS, ROBERT GLENN
1181 OSPREY NEST POINT
ORANGEPARK, FL 32073 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ROBERT G RICHARDS

04/30/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name RICHARDS, ROBERT G
Address 1181 OSPREY NEST POINT
City-State-Zip: ORANGEPARK FL 32073

Title MEMBER
Name RICHARDS, JODIE W
Address 1181 OPSREY NEST POINT
City-State-Zip: ORANGEPARK FL 32073

Title MEMBER
Name RICHARDS, BRANDON GLENN
Address 1181 OPSREY NEST POINT
City-State-Zip: ORANGEPARK FL 32073

Title MEMBER
Name SODL, ANDREW
Address 1617 SAN MARCO
City-State-Zip: JACKSONVILLE FL 32312

Title MEMBER
Name KASSAB, SAM
Address 2220 CR 143
City-State-Zip: JENNINGS FL 32053

Title MEMBER
Name STRICKLAND, RYAN
Address 2220 CR 143
City-State-Zip: JENNINGS FL 32053

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT G RICHARDS

MM

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000048769

Entity Name: HAMILTON DOWNS HORSETRACK, LLC

Current Principal Place of Business:

2220 CR 143
JENNINGS, FL 32053

Current Mailing Address:

1181 OPSREY NEST POINT
ORANGEPARK, FL 32073 US

FEI Number

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RICHARDS, ROBERT GLENN
1181 OPSREY NEST POINT
ORANGEPARK, FL 32073 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: ROBERT G RICHARDS

04/29/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :Title MGRM
Name RICHARDS, ROBERT G
Address 1181 OPSREY NEST POINT
City-State-Zip: ORANGEPARK FL 32073Title MEMBER
Name RICHARDS, JODIE W
Address 1181 OPSREY NEST POINT
City-State-Zip: ORANGEPARK FL 32073Title MEMBER
Name RICHARDS, BRANDON GLENN
Address 1181 OPSREY NEST POINT
City-State-Zip: ORANGEPARK FL 32073Title MEMBER
Name CHAMPION, MILTON
Address 7870 COUNTRY CHASE AVE
City-State-Zip: LAKELAND, FL FL 33810Title MEMBER
Name BOGDANOFF, ELLYB
Address 908 SOUTH ANDREWS AVE
City-State-Zip: FT LAUDERDALE FL 33325Title MEMBER
Name MCCOY, SAMMY
Address 2140 ME 86 BLVD
City-State-Zip: JASPER FL 32052Title MEMBER
Name MCCOY, RICHIE
Address 2140 NW 86 BLVD
City-State-Zip: JASPER FL 32052Title MEMBER
Name SUTTER, MAX
Address 840 S EDGEWOOD AVE
220
City-State-Zip: JACKSONVILLE FL 32205

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT GLENN RICHARDS

MGRM

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000048769

Entity Name: HAMILTON DOWNS HORSETRACK, LLC**Current Principal Place of Business:**2220 CR 143
JENNINGS, FL 32053**Current Mailing Address:**1181 OPSREY NEST POINT
ORANGEPARK, FL 32073 US**FEI Number:** [REDACTED]**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RICHARDS, ROBERT G GLENN RICHARDS
1181 OSPREY NEST POINT
ORANGEPARK, FL 32073 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ROBERT GLENN RICHARDS

04/30/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :**Title** MGRM
Name RICHARDS, ROBERT G
Address 1181 OSPREY NEST POINT
City-State-Zip: ORANGEPARK FL 32073**Title** MEMBER
Name RICHARDS, JODIE W
Address 1181 OPSREY NEST POINT
City-State-Zip: ORANGEPARK FL 32073**Title** MEMBER
Name RICHARDS, BRANDON GLENN
Address 1181 OPSREY NEST POINT
City-State-Zip: ORANGEPARK FL 32073**Title** MEMBER
Name CHAMPION, MILTON
Address 7870 COUNTRY CHASE AVE
City-State-Zip: LAKELAND, FL FL 33810**Title** MEMBER
Name BOGDANOFF, ELLYB
Address 908 SOUTH ANDREWS AVE
City-State-Zip: FT LAUDERDALE FL 33325**Title** MEMBER
Name MCCOY, SAMMY
Address 2140 ME 86 BLVD
City-State-Zip: JASPER FL 32052**Title** MEMBER
Name MCCOY, RICHIE
Address 2140 NW 86 BLVD
City-State-Zip: JASPER FL 32052**Title** MEMBER
Name SUTTER, MAX
Address 840 S EDGEWOOD AVE
220
City-State-Zip: JACKSONVILLE FL 32205

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT GLENN RICHARDS

MMBR

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

DESCRIPTION:

Section 9, Township 2 North, Range 12 East, East 1/2 of the Southwest 1/4 and the Southeast 1/4, recorded in the Official Record Books of Hamilton County, Florida, Book 515, page 252 (RE No. 3673-000); AND

Section 9, Township 2 North, Range 12 East, being 11.732 acres in the Northwest 1/4 of the Southwest 1/4, described in the Official Record Books of Hamilton County, Florida, Book 553, page 22 and Book 667, page 219 (RE No. 3670-010); AND

Section 10, Township 2 North, Range 12 East, being that part of the Southwest 1/4 lying South and West of I-75, as recorded in the Official Record Books of Hamilton County, Florida, Book 515, page 252 (RE No. 3676-000); TOGETHER WITH a perpetual non-exclusive easement for vehicular and pedestrian ingress and egress as well as the right to construct, maintain and repair a roadway along said strip and any needed utilities over lands described below. This easement, including the benefits and burdens, shall run with the land and be binding upon and inure to the benefit of the parties, their heirs, successors and assigns. BEGIN at the Southwest corner of said Southwest 1/4 of the Northwest 1/4, thence run South 89°44'51" West along the South line of said Southeast 1/4 of Northwest 1/4, a distance of 77.13 feet to the Easterly right-of-way line of County Road 143; thence North 27°29' East along said right of way 67.79 feet; thence North 89°44'51" East, 145.60 feet; and South 0°15'09" East 60 feet to the South line of said Southeast 1/4 of Northwest 1/4, and South 89°44'51" West along said South line 100 feet to the POINT OF BEGINNING. Commence at the intersection of the East line of the Northwest ¼ of Section 9, Township 2 North, Township 12 East, Hamilton County, Florida and the Southeasterly right-of-way line of County Road 143 and run South 00°29'27" East, along said East line of the Northwest ¼ of Section 9, a distance of 1374.62 feet, more or less; thence South 88°53'27" West, a distance of 208.91 feet to the POINT OF BEGINNING; thence North 01°06'33" West, a distance of 660.11 feet; thence South 88°55'27" West, a distance of 760.26 feet to a point on the Southeasterly right-of-way line of County Road 143, said point being a point on a curve concave to the Southeast having a radius of 2248.25 feet, a central angle of 14°32'36", a chord bearing of South 34°21'51" West, and a chord distance of 569.14 feet; thence Southwesterly along the arc of said curve, being said Southeasterly right-of-way line of County Road 143, a distance of 570.67 feet to the end of said curve; thence South 27°00'34" West, still along said Southeasterly right-of-way line of County Road 143, a distance of 222.64 feet; thence North 88°53'27" East, a distance of 1195.48 feet to the POINT OF BEGINNING.



HAMILTON
COUNTY

JENNINGS CARD ROOM HAMILTON COUNTY, FLORIDA

PROJECT LOCATION



PLANS PREPARED FOR:

HAMILTON DOWNS HORSETRACK, LLC
1181 OSPREY NEST POINT
ORANGE PARK, FL 32073
904-334-8865

04/2025

FOR CONSTRUCTION

SHEET INDEX

COVER SHEET	C-1
SIGNATURE SHEET	C-2
GENERAL NOTES AND SITE DATA TABLE	C-3
DEMOLITION PLAN	C-4
OVERALL SITE PLAN	C-5
SITE PLAN A	C-6
SITE PLAN B	C-7
GRADING PLAN A	C-8
GRADING PLAN B	C-9
STORMWATER PLAN A	C-10
STORMWATER PLAN B	C-11
UTILITIES PLAN A	C-12
UTILITIES PLAN B	C-13
LANDSCAPE PLAN	C-14
SWMF PLAN	C-15
SWMF DETAILS	C-16
EROSION CONTROL PLAN	C-17
WATER & SEWER NOTES	C-18
EROSION CONTROL NOTES & DETAILS	C-19
UTILITIES DETAILS	C-20-C-21
MISC DETAILS	C-22-C-23
FUTURE DEVELOPMENT	C-24
PRE CONDITION BASIN	C-25
POST CONDITION BASIN	C-26

ATTACHMENTS

SURVEY	A-1
--------	-----

REVISIONS	
DATE	DESCRIPTION



NORTH FLORIDA PROFESSIONAL SERVICES, INC.
P.O. BOX 3823
LAKE CITY, FL 32066
PH. 386-762-4676
LIC NO. LB#356

2541 BLAINSTONE PINE DR.
TALLAHASSEE, FL 32301
WWW.NFPS.NET
CA# 29011

JOB NUMBER:
L230619HDH
EOR:
ROBIN Q. SMITH
P.E. NO.:
77842

COVER SHEET

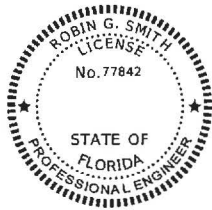
SHEET
NO.
C-1

THE OFFICIAL RECORD OF THIS SHEET IS THE ELECTRONIC FILE DIGITALLY SIGNED AND SEALED UNDER RULE 61J15-23.004, F.A.C.

Drawn by: Pearson

4/14/2025 2:34:34 PM

C:\2025\JENNINGS CARD ROOM\Roadway\XREF\CDR COVER.B1.dwg




THIS ITEM HAS BEEN DIGITALLY SIGNED AND SEALED BY ROBIN G. SMITH ON THE DATE ADJACENT TO THE SEAL
PRINTED COPIES OF THIS DOCUMENT ARE NOT CONSIDERED SIGNED AND SEALED AND THE SIGNATURE MUST BE VERIFIED ON ANY ELECTRONIC COPIES

NORTH FLORIDA PROFESSIONAL SERVICES INC.
P.O. BOX 3823
LAKE CITY, FL 32056
CERTIFICATE OF AUTHORIZATION: 28011
ROBIN G. SMITH, P.E. NO. 77842

THE ABOVE NAMED PROFESSIONAL ENGINEER SHALL BE RESPONSIBLE FOR THE FOLLOWING SHEETS IN ACCORDANCE WITH RULE 61G15-23.004, F.A.C.

SHEET INDEX

COVER SHEET	C-1
SIGNATURE SHEET	C-2
GENERAL NOTES AND SITE DATA TABLE	C-3
DEMOLITION PLAN	C-4
OVERALL SITE PLAN	C-5
SITE PLAN A	C-6
SITE PLAN B	C-7
GRADING PLAN A	C-8
GRADING PLAN B	C-9
STORMWATER PLAN A	C-10
STORMWATER PLAN B	C-11
UTILITIES PLAN A	C-12
UTILITIES PLAN B	C-13
LANDSCAPE PLAN	C-14
SWMF PLAN	C-15
SWMF DETAILS	C-16
EROSION CONTROL PLAN	C-17
WATER & SEWER NOTES	C-18
EROSION CONTROL NOTES & DETAILS	C-19
UTILITIES DETAILS	C-20-C-21
MISC DETAILS	C-22-C-23
FUTURE DEVELOPMENT	C-24
PRE CONDITION BASIN	C-25
POST CONDITION BASIN	C-26

REVISIONS			NORTH FLORIDA PROFESSIONAL SERVICES, INC. P.O. BOX 3823 LAKE CITY, FL 32056 PH. 386-762-4576 LIC NO. LB6366	2561 BLAIRSTONE PINES DR. TALLAHASSEE, FL 32301 WWW.NFPS.NET CA# 28011	JOB NUMBER: L230618HQH EOR: ROBIN G. SMITH P.E. NO.: 77842	SIGNATURE SHEET JENNINGS CARD ROOM HAMILTON COUNTY, FLORIDA	SHEET NO. C-2
DATE	DESCRIPTION						

Erice Pearson

4/14/2024 2:24:04 PM

c:\2023\1230618HQH\1230618HQH.dwg XREF CARD ROOM 21.mg

GENERAL NOTES

1. THE CONTRACTOR SHALL VERIFY ALL EXISTING CONDITIONS AND DIMENSIONS AT THE JOB SITE TO ENSURE THAT ALL NEW WORK WILL FIT IN THE MANNER INTENDED ON THE PLANS. SHOULD ANY CONDITIONS EXIST THAT ARE CONTRARY TO THOSE SHOWN ON THE PLANS, THE CONTRACTOR SHALL NOTIFY THE ENGINEER AND HAMILTON COUNTY, FLORIDA OF SUCH DIFFERENCES IMMEDIATELY AND PRIOR TO PROCEEDING WITH THE WORK.
2. THE CONTRACTOR SHALL COMPLY WITH ALL CONDITIONS AS SET FORTH BY THE SUWANNEE RIVER WATER MANAGEMENT DISTRICT ENVIRONMENTAL RESOURCE PERMIT, FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION WATER AND SEWER EXTENSION PERMIT.
3. THE CONTRACTOR SHALL MAINTAIN THE CONSTRUCTION SITE IN A SECURE MANNER. ALL OPEN TRENCHES AND EXCAVATED AREAS SHALL BE PROTECTED FROM ACCESS BY THE GENERAL PUBLIC.
4. ANY PUBLIC LAND CORNER WITHIN THE LIMITS OF CONSTRUCTION SHALL BE PROTECTED. IF A CORNER MONUMENT IS IN DANGER OF BEING DESTROYED AND HAS NOT BEEN PROPERLY REFERENCED, THE CONTRACTOR SHOULD NOTIFY THE ENGINEER.
5. THE SITE IS LOCATED IN SECTION 9, TOWNSHIP 2 NORTH, RANGE 12 EAST, HAMILTON COUNTY, FLORIDA.
6. THE CONTRACTOR SHALL IMPLEMENT ALL COMPONENTS OF THE EROSION AND SEDIMENTATION CONTROL PLAN PRIOR TO ANY EARTH DISTURBING ACTIVITIES. ALL COMPONENTS SHALL BE MAINTAINED BY THE CONTRACTOR UNTIL ALL VEGETATION IS ESTABLISHED, THE ENTIRE PROJECT AREA IS STABILIZED AND THE OWNER HAS ACCEPTED OPERATION AND MAINTENANCE.
7. THE STORMWATER BASIN IS DESIGNED IN ACCORDANCE WITH SRWMD APPLICANT HANDBOOK VOLUME 11 AND 62-330 F.A.C.
8. ALL SLOPES OF THE STORMWATER BASIN SHALL BE GRASSED. ALL SLOPES STEEPER THAN 3:1 SHALL BE STAPLED SOD.
9. ALL DISTURBED AREAS NOT SODDED SHALL BE SEEDED WITH A MIXTURE OF LONG-TERM VEGETATION AND QUICK GROWING SHORT-TERM VEGETATION FOR THE FOLLOWING CONDITIONS. FOR THE MONTHS FROM SEPTEMBER THROUGH MARCH, THE MIX SHALL CONSIST OF 70 POUNDS PER ACRE OF LONG-TERM SEED AND 20 POUNDS PER ACRE OF WINTER RYE. FOR THE MONTHS OF APRIL THROUGH AUGUST, THE MIX SHALL CONSIST OF 70 PER ACRE OF LONG-TERM SEED AND 20 POUNDS PER ACRE OF MILLET.
10. THE LOCATION OF THE UTILITIES SHOWN IN THE PLANS ARE APPROXIMATE ONLY. THE EXACT LOCATION SHALL BE DETERMINED BY THE CONTRACTOR DURING CONSTRUCTION. CONTRACTOR SHALL PROTECT ALL UTILITIES WITHIN THE PROJECT AREAS.
11. ALL UTILITY CONSTRUCTION SHALL MEET THE HAMILTON COUNTY WATER AND WASTEWATER UTILITY STANDARDS, AVAILABLE FROM COUNTY HALL OR PUBLIC WORKS.
12. THE CONTRACTOR SHALL WASTE ALL EXCESS EARTH ON SITE AS DIRECTED BY THE ENGINEER.
13. ALL SITE CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE HAMILTON COUNTY LAND DEVELOPMENT REGULATIONS.
14. CONTRACTOR SHALL REVIEW AND BECOME FAMILIAR WITH ALL REQUIRED UTILITY CONNECTIONS PRIOR TO BIDDING. CONTRACTOR SHALL PROVIDE ALL WORK AND MATERIALS REQUIRED TO COMPLETE CONNECTION TO THE EXISTING UTILITIES. THIS INCLUDES BUT IS NOT LIMITED TO MANHOLE CORING, WET TAPS, PAVEMENT REPAIRS AND DIRECTIONAL BORING.
15. CONTRACTOR SHALL COORDINATE ALL WORK WITH OTHER CONTRACTORS WITHIN PROJECT AREA.
16. CONTRACTOR SHALL PROVIDE ACTUAL INVERT ELEVATIONS ON ALL DRAINAGE STRUCTURES, INCLUDING CULVERTS, PRIOR TO PLACING ANY BASE MATERIAL. DEVIATIONS FROM THE PLANS SHALL BE APPROVED BY THE ENGINEER BEFORE CONTINUING WORK.
17. ALL WETLAND BUFFERS SHALL BE PERMANENTLY MONUMENTED ACCORDING TO THE REQUIREMENTS AS ESTABLISHED IN CHAPTER 61G17-6, F.A.C. PRIOR TO

COMMENCEMENT OF ROAD CONSTRUCTION OR THE SALE OF ANY LOT, WHICHEVER COMES FIRST.

18. THIS PROJECT IS TO BE CONSTRUCTED IN ACCORDANCE WITH THE F.D.O.T. STANDARD SPECIFICATIONS FOR ROAD AND BRIDGE CONSTRUCTION (CURRENT EDITION) AND THE F.D.O.T. STANDARD PLANS FOR ROAD AND BRIDGE CONSTRUCTION (CURRENT EDITION), AWWA SPECIFICATIONS, AND THE HAMILTON COUNTY DEVELOPMENT STANDARDS UNLESS OTHERWISE NOTED.
19. THIS PROJECT IS TO BE CONSTRUCTED IN ACCORDANCE WITH THE SPECIFICATIONS PREPARED BY NORTH FLORIDA PROFESSIONAL SERVICES, INC., April 1, 2025.
20. IF UNSUITABLE MATERIAL IS ENCOUNTERED DURING GRADING, CONTRACTOR SHALL REMOVE UNSUITABLE MATERIAL TO A DEPTH OF 24" BELOW FINISHED GRADE WITHIN THE CONSTRUCTION LIMITS.
21. THE CONTRACTOR SHALL NOTIFY THE COUNTY AT LEAST 48 HOURS PRIOR TO BEGINNING OF CONSTRUCTION.
22. THE CONTRACTOR SHALL SUBMIT A NOTICE OF CONSTRUCTION COMMENCEMENT TO THE WATER MANAGEMENT DISTRICT AT LEAST 48 HOURS PRIOR TO THE BEGINNING OF CONSTRUCTION.
23. THE CONTRACTOR SHALL NOTIFY THE COUNTY AT LEAST 48 HOURS IN ADVANCE OF THE PRESSURE AND LEAKAGE TESTS.
24. NO FINAL TESTING OR PRESSURE TESTING WILL BE ACCEPTED UNLESS WITNESSED BY THE COUNTIES REPRESENTATIVE.
25. NO WORK SHALL BE PERFORMED ON SATURDAY OR SUNDAY WITHOUT WRITTEN NOTIFICATION TO THE OWNER AND OWNER'S ENGINEER.
26. CONTRACTOR SHALL PROVIDE AN AS-BUILT SURVEY MEETING THE REQUIREMENTS OF CHAPTER 61G17 F.A.C. FOR THE STORMWATER MANAGEMENT SYSTEMS. INCLUDE HORIZONTAL AND VERTICAL DIMENSIONAL DATA SO THAT IMPROVEMENTS ARE LOCATED AND DELINEATED RELATIVE TO THE BOUNDARY. THIS AS-BUILT SURVEY SHOULD INCLUDE ALL OUTFALL STRUCTURES. PROVIDE SUFFICIENT DETAILED DATA TO DETERMINE WHETHER THE IMPROVEMENTS WERE CONSTRUCTED IN ACCORDANCE WITH THE PLANS. A COPY OF THE AS-BUILT SURVEY (IN PAPER AND DIGITAL AUTOCAD FORMAT) MUST BE SUBMITTED TO HAMILTON COUNTY, FLORIDA AND THE ENGINEER.
27. THE CONTRACTOR SHALL SUBMIT A NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM NOTICE OF INTENT ALONG WITH SUPPORTING DOCUMENTATION TO THE FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION AT LEAST 48 HOURS PRIOR TO BEGINNING OF CONSTRUCTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR ALL PERMIT FEES.
28. IF DURING CONSTRUCTION OR OPERATION OF THE STORM WATER MANAGEMENT SYSTEM, A STRUCTURAL FAILURE IS OBSERVED THAT HAS THE POTENTIAL TO CAUSE THE DIRECT DISCHARGE OF SURFACE WATER INTO THE FLORIDIAN AQUIFER SYSTEM, CORRECTIVE ACTIONS DESIGNED OR APPROVED BY A REGISTERED PROFESSIONAL SHALL BE TAKEN AS SOON AS PRACTICAL TO CORRECT THE FAILURE. SEE KARST REPAIR DETAIL #223. IN ADDITION, A REPORT PREPARED BY A REGISTERED PROFESSIONAL MUST BE PROVIDED AS SOON AS PRACTICAL TO THE DEPARTMENT FOR REVIEW AND APPROVAL THAT PROVIDES REASONABLE ASSURANCE THAT THE BREACH WILL BE PERMANENTLY CORRECTED.
29. ALL CONCRETE SLABS ABUTTING EXTERIOR WALLS SHALL BE SOIL TREATED FOR TERMITES.
30. ALL UTILITY AND/OR DRAINAGE STRUCTURES SHALL BE PRECAST UNLESS APPROVED BY THE ENGINEER. CONTRACTOR SHALL SUBMIT SHOP DRAWINGS FOR APPROVAL PRIOR TO PROCUREMENT.

SITE DATA TABLE

JENNINGS CARD ROOM

PARCEL ID NUMBER	3673-000			
ZONING	CHI			
LAND USE	A-5			
CITY COUNCIL DISTRICT NUMBER	1			
PHYSICAL ADDRESS	SE OF NWCR 143			
PROJECT PROPERTY BOUNDARY	SQ. FT.	ACRES	% OF SITE	
TOTAL PROPERTY BOUNDARY AREA	1181046	27.11	100.00%	
PROJECT AREA / LIMITS OF CONSTRUCTION (LOC)			% OF LOC	
BOTH ON-SITE & OFF-SITE	501448	20.60	76.33%	100.00%
EXISTING IMPERVIOUS AREA ON-SITE				
TOTAL EXISTING IMPERVIOUS AREA ON-SITE	0	0.00	0.00%	0.00%
PROPOSED IMPERVIOUS AREA ON-SITE				
PROPOSED ASPHALT PAVEMENT	135833	3.12	11.51%	15.06%
PROPOSED CONCRETE	22216	0.51	1.88%	2.40%
PROPOSED BUILDING	40000	0.92	3.39%	4.44%
PROPOSED STORMWATER MANAGEMENT FACILITY	189824	3.89	14.36%	18.82%
TOTAL PROPOSED IMPERVIOUS AREA ON-SITE	365802	8.45	31.17%	40.83%
TOTAL PROPOSED PERVIOUS AREA ON-SITE	533366	12.24	45.16%	59.17%
REQUIRED PARKING LANDSCAPE AREA	13994	0.31	1.15%	1.61%
PROPOSED PARKING LANDSCAPE AREA	24742	0.57	2.09%	2.74%
REQUIRED PARKING	273 SPACES (268 REGULAR SPACES AND 7 ADA SPACES)			
PROVIDED PARKING	276 SPACES (271 REGULAR SPACES, 7 ADA SPACES, AND 1 SECURE PARKING SPACE)			

REVISIONS	
DATE	DESCRIPTION



NORTH FLORIDA PROFESSIONAL SERVICES, INC.
P.O. BOX 3823
LAKE CITY, FL 32066
PH. 386-762-4675
LIC NO. LB8356

2151 BLAIRSTONE PINES DR.
TALLAHASSEE, FL 32301
WWW.NFPS.NET
CA# 25011

JOB NUMBER:
L230619H0H
EOR:
ROBIN G. SMITH
P.E. NO.:
77842

GENERAL NOTES AND SITE DATA TABLE

JENNINGS CARD ROOM

HAMILTON COUNTY, FLORIDA

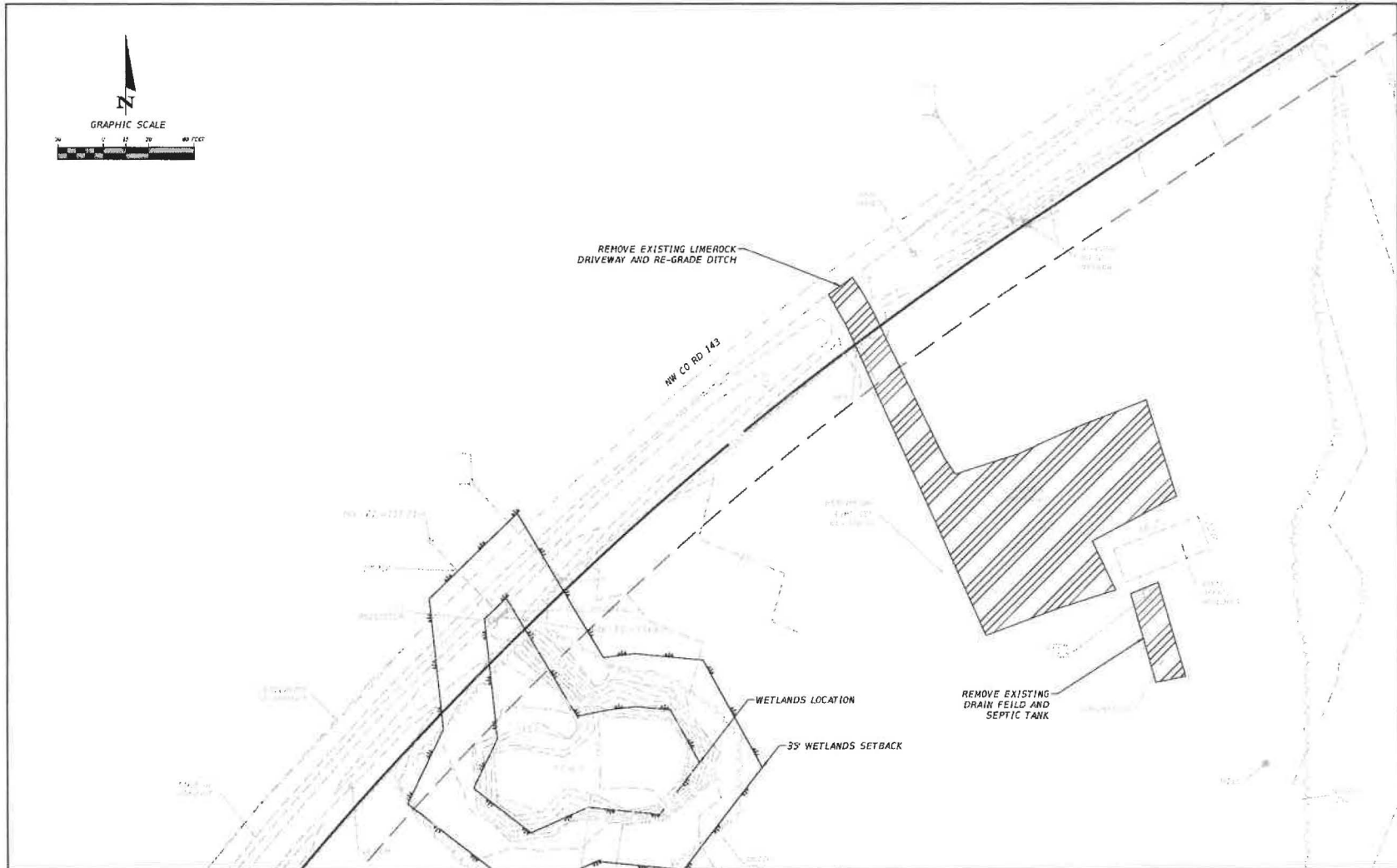
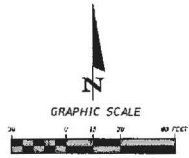
SHEET NO.
C-3


THIS ITEM HAS BEEN ELECTRONICALLY SIGNED AND SEALED BY ROBIN G. SMITH, P.E. ON 4/10/2025 USING A SHA AUTHENTICATION CODE. PRINTED COPIES OF THIS DOCUMENT ARE NOT CONSIDERED SIGNED AND SEALED AND THE SHA AUTHENTICATION CODE MUST BE VERIFIED ON ANY ELECTRONIC COPIES.

Orlana Pearson

4/10/2025 2:24 PM PT

C:\2025\L230619\107141\2025\Random\SHEET03 CARD ROOM 21.06

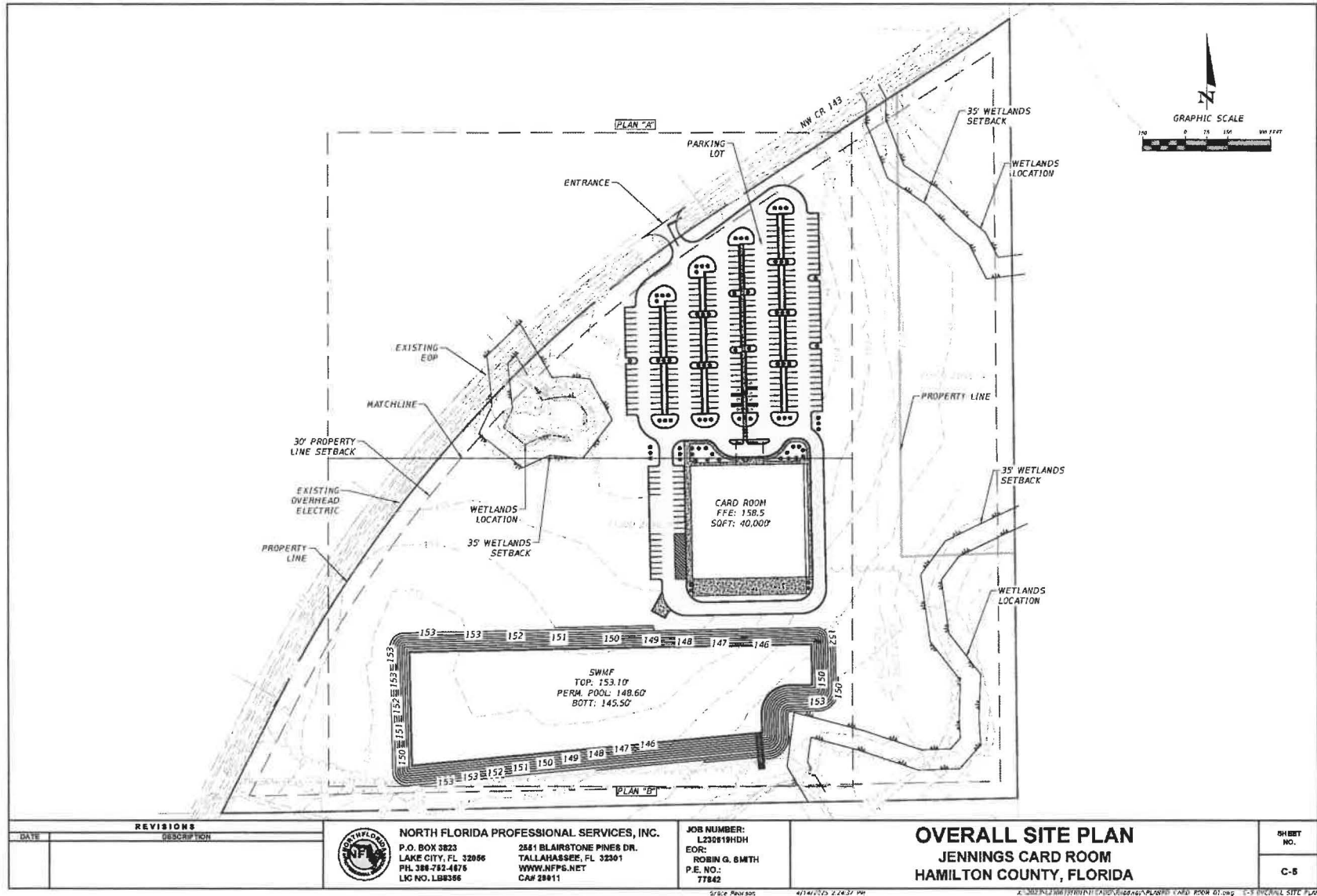


REVISIONS		NORTH FLORIDA PROFESSIONAL SERVICES, INC.	JOB NUMBER: L22081810H	DEMOLITION PLAN JENNINGS CARD ROOM HAMILTON COUNTY, FLORIDA	SHEET NO. C-4
DATE	DESCRIPTION				
		 <p> P.O. BOX 3823 LAKE CITY, FL 32806 PH. 386-782-4676 LIC NO. LB8366 </p>	<p> 2661 BLAIRSTONE PINES DR. TALLAHASSEE, FL 32301 WWW.NFPS.NET CA# 28011 </p>	<p> EOR: ROBIN G. SMITH P.E. NO.: 77642 </p>	

Scale: Not to Scale 4/14/2018 2:24:30 PM

1:2018 L22081810H-DEMOLITION PLAN CARD ROOM Bldg C-4 DEMOLITION PLAN

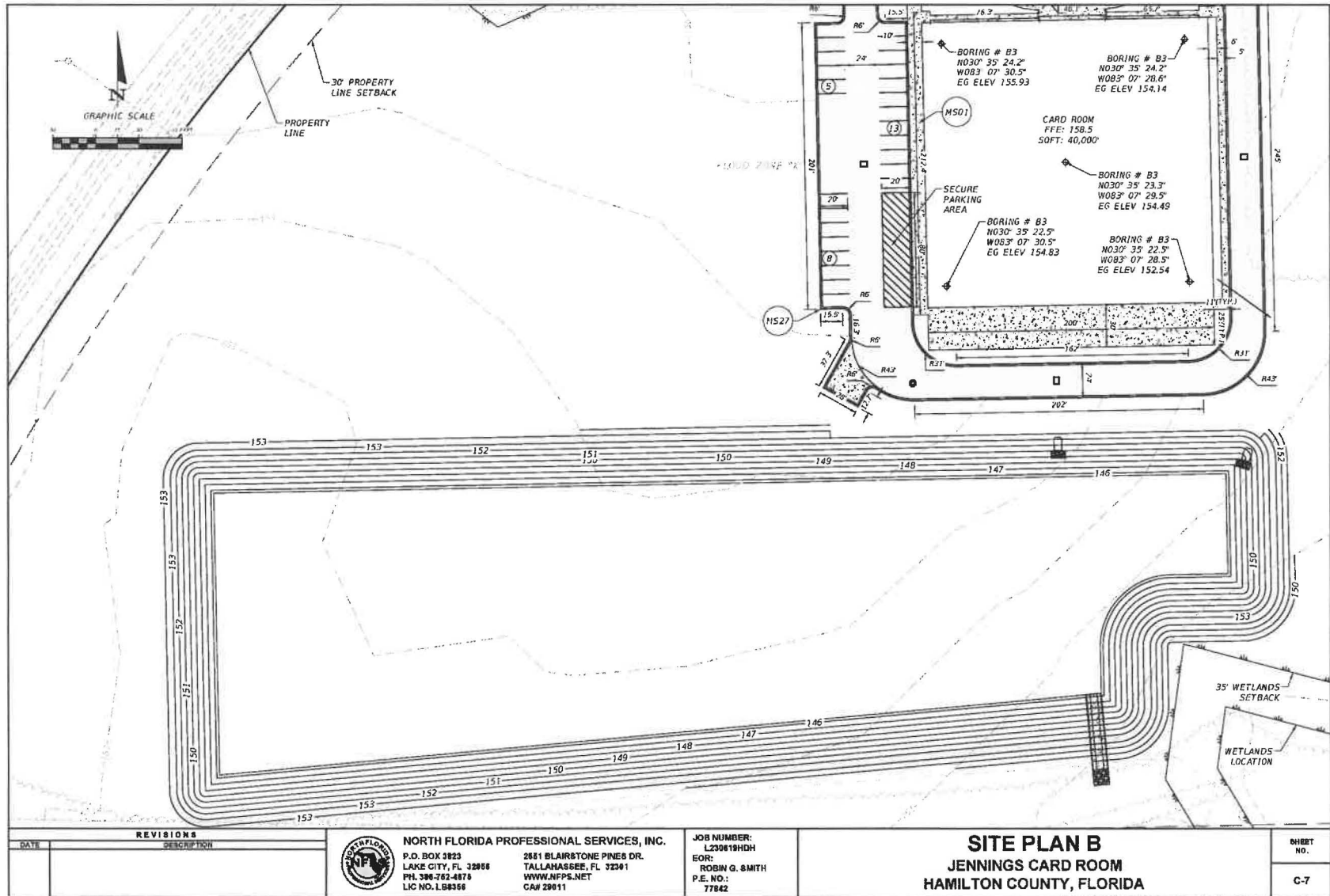
THIS PLAN HAS BEEN PREPARED, SIGNED AND SEALED BY ROBIN G. SMITH, AS THE DATE INDICATED TO THE LEFT. PRINTED COPIES OF THIS DOCUMENT ARE NOT VALID UNLESS SIGNED AND SEALED AND THE SIGNATURE MUST BE VERIFIED BY AN ELECTRONIC COPY.

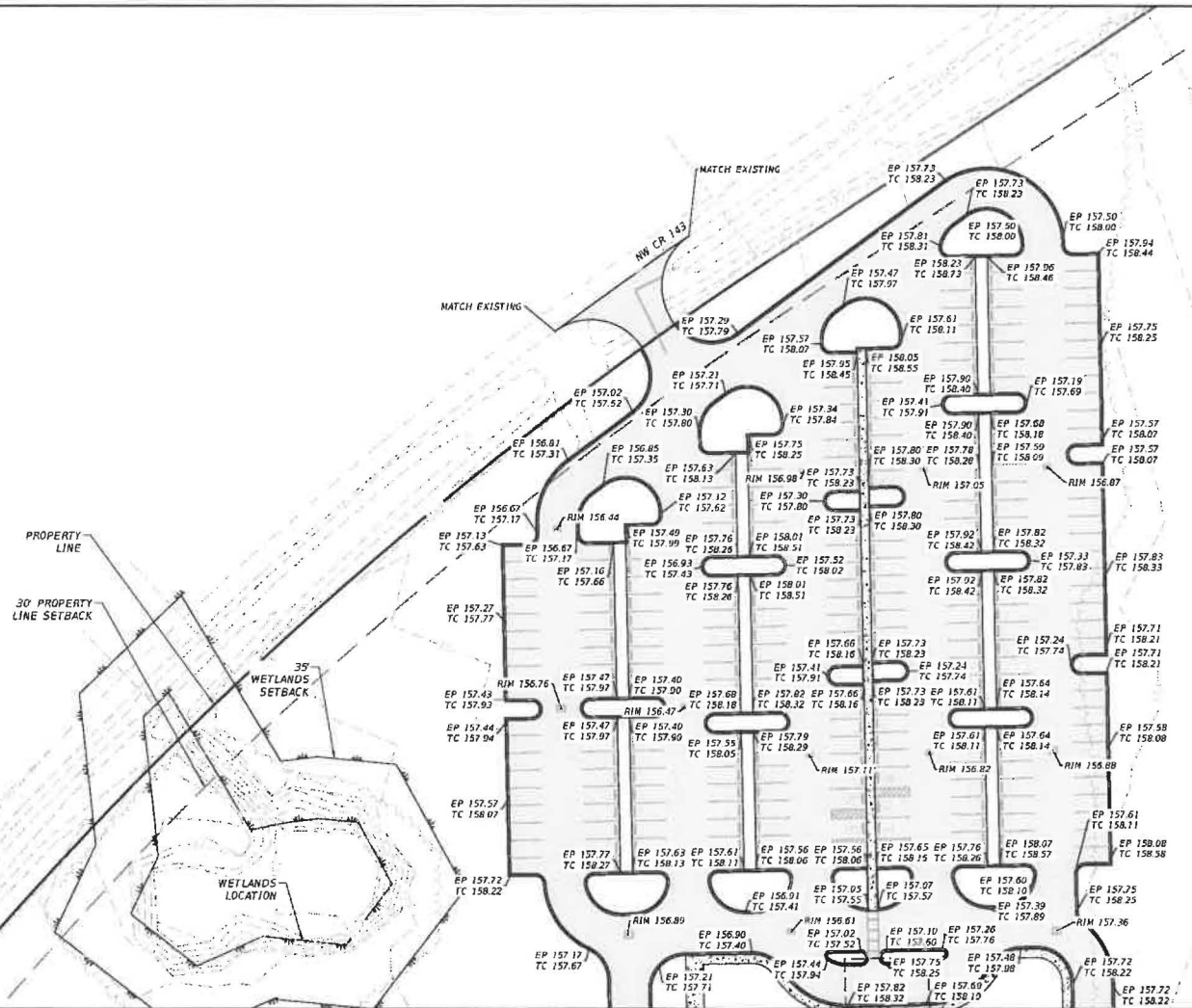
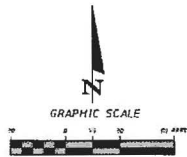


THIS SETTING SIZE DIGITAL FILE SIGNED AND SEALED BY ROBIN G. SMITH, ON THE DATE INDICATED IN THE SEAL. PRINTED COPIES OF THIS DOCUMENT ARE NOT UNLESS INDICATED AND SEALED AND THE SIGNATURE MUST BE VERIFIED IN AND ELECTRONIC COPIES.

DATE	REVISIONS DESCRIPTION	<div data-bbox="655 1286 722 1354"> </div> <div data-bbox="730 1286 1079 1354"> <p>NORTH FLORIDA PROFESSIONAL SERVICES, INC. P.O. BOX 3823 LAKE CITY, FL 32056 PH: 386-782-4876 LIC NO. LB8386</p> <p>2861 BLAIRSTONE PINES DR. TALLAHASSEE, FL 32301 WWW.NFPS.NET CA# 28811</p> </div>	JOB NUMBER: L230819HDH EOR: ROBIN G. SMITH P.E. NO.: 77842	<p>OVERALL SITE PLAN JENNINGS CARD ROOM HAMILTON COUNTY, FLORIDA</p>	SHEET NO. C-5
------	---------------------------------	---	---	---	-------------------------

S:\C-5 Plan 505 4/14/2023 2:24:32 PM X:\2023\JL\JENNINGS CARD ROOM\OVERALL SITE PLAN.dwg C-5 OVERALL SITE PLAN





REVISIONS	
DATE	DESCRIPTION



NORTH FLORIDA PROFESSIONAL SERVICES, INC.
 P.O. BOX 3923
 LAKE CITY, FL 32966
 PH. 386-782-4876
 LIC NO. LB8366

2661 BLAIRSTONE PINES DR.
 TALLAHASSEE, FL 32301
 WWW.NFPS.NET
 CA# 29811

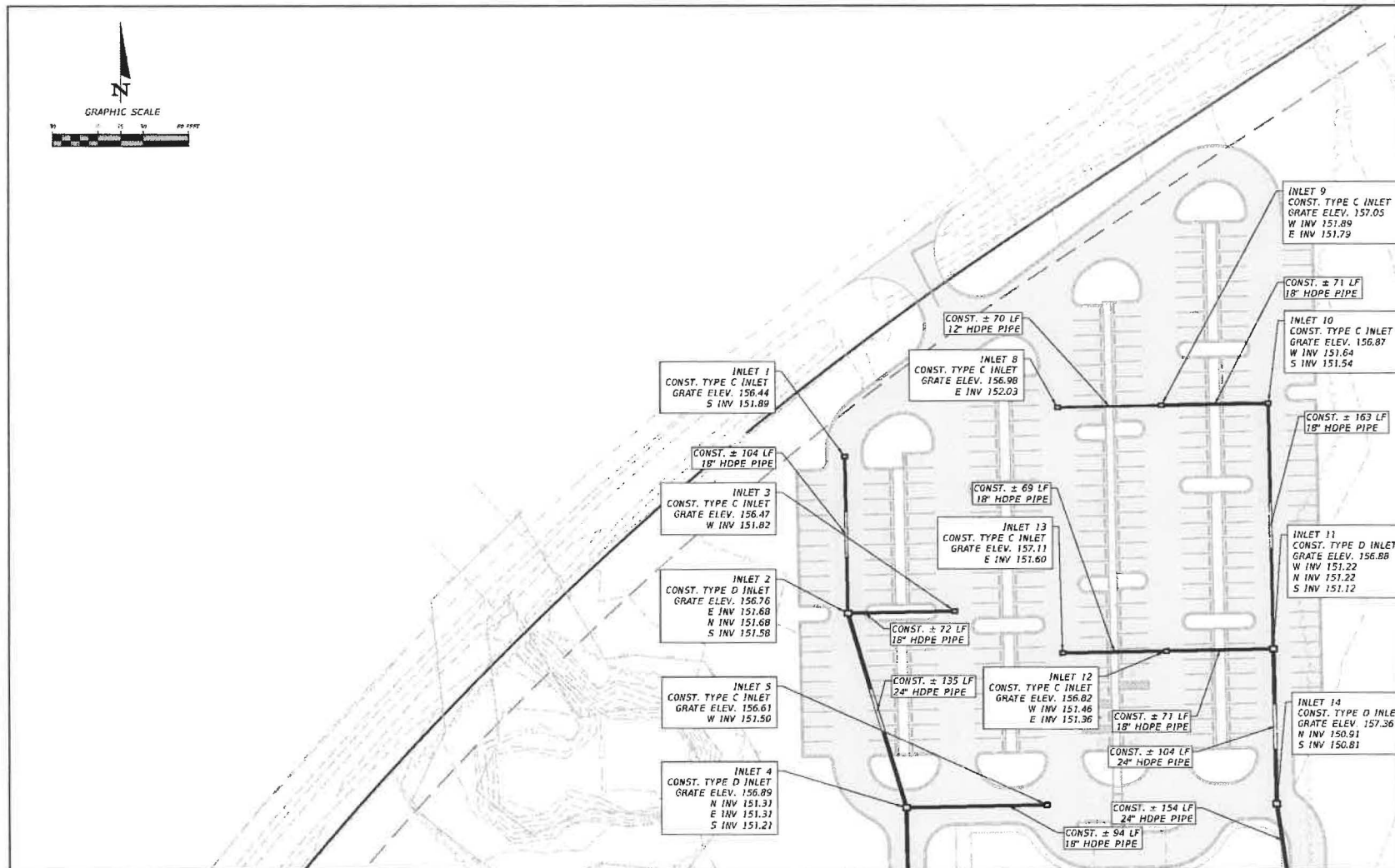
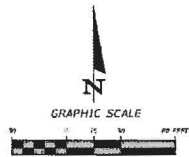
JOB NUMBER:
 L230819HDH
EOR:
 ROBIN G. SMITH
P.E. NO.:
 77842

GRADING PLAN A
JENNINGS CARD ROOM
HAMILTON COUNTY, FLORIDA


SHEET NO.
C-5

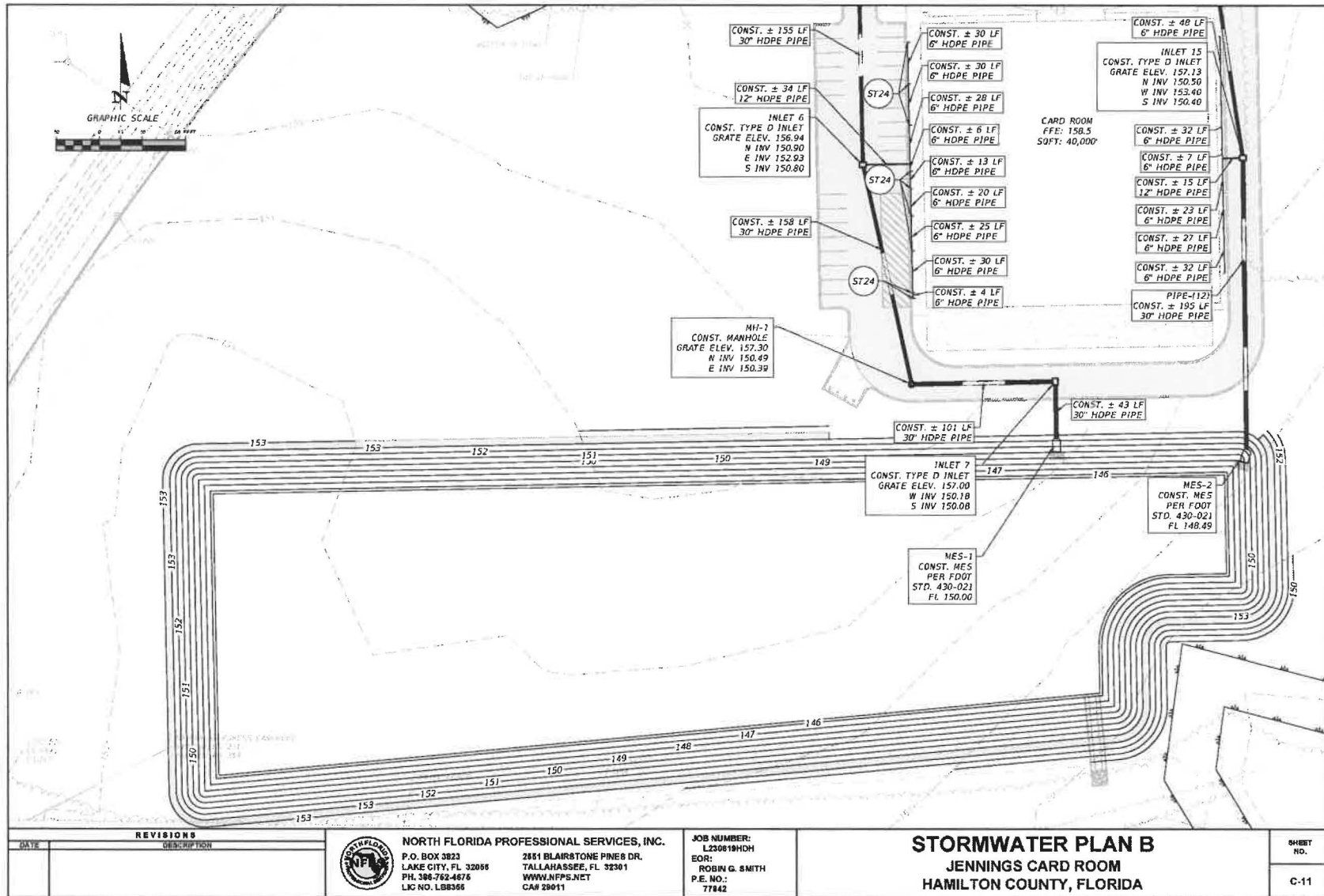
Scale: Proposed 1"=40'-0" (1:4800) 4/14/2023 2:44:41 PM 4:00231230819HDH\PROJECTS\HAMILTON\CARD ROOM\PLAN A.dwg C:\S\JENNINGS\PLAN A

THIS SET OF PLANS IS A PRELIMINARY DESIGN AND SHOULD NOT BE USED FOR CONSTRUCTION. THE SHOWN ARE NOT BE VERIFIED BY AND ELECTRICIAN. COMES



THIS PLAN HAS BEEN EXAMINED AND FOUND TO BE IN ACCORDANCE WITH THE DESIGN AND CONSTRUCTION SPECIFICATIONS AND THE SUPPLEMENTARY NOTES. IT IS HEREBY VERIFIED ON AN ELECTRONIC COPY.

REVISIONS			NORTH FLORIDA PROFESSIONAL SERVICES, INC.		JOB NUMBER: L230819HDH	STORMWATER PLAN A	SHEET NO.
DATE	DESCRIPTION		P.O. BOX 3823 LAKE CITY, FL 32956 PH. 386-782-4875 LIC NO. LB8358	2561 BLAIRSTONE PINES DR. TALLAHASSEE, FL 32301 WWW.NFPS.NET CAF 28011			
					EOR: ROBIN G. SMITH P.E. NO.: 77842		



REVISIONS	
DATE	DESCRIPTION



NORTH FLORIDA PROFESSIONAL SERVICES, INC.
P.O. BOX 3823
LAKE CITY, FL 32065
PH. 386-762-4676
LIC NO. LBS366

2851 BLAIRSTONE PINE DR.
TALLAHASSEE, FL 32301
WWW.NFPS.NET
CA# 29011

JOB NUMBER:
L230819H0H
EOR:
ROBIN G. SMITH
P.E. NO.:
77842

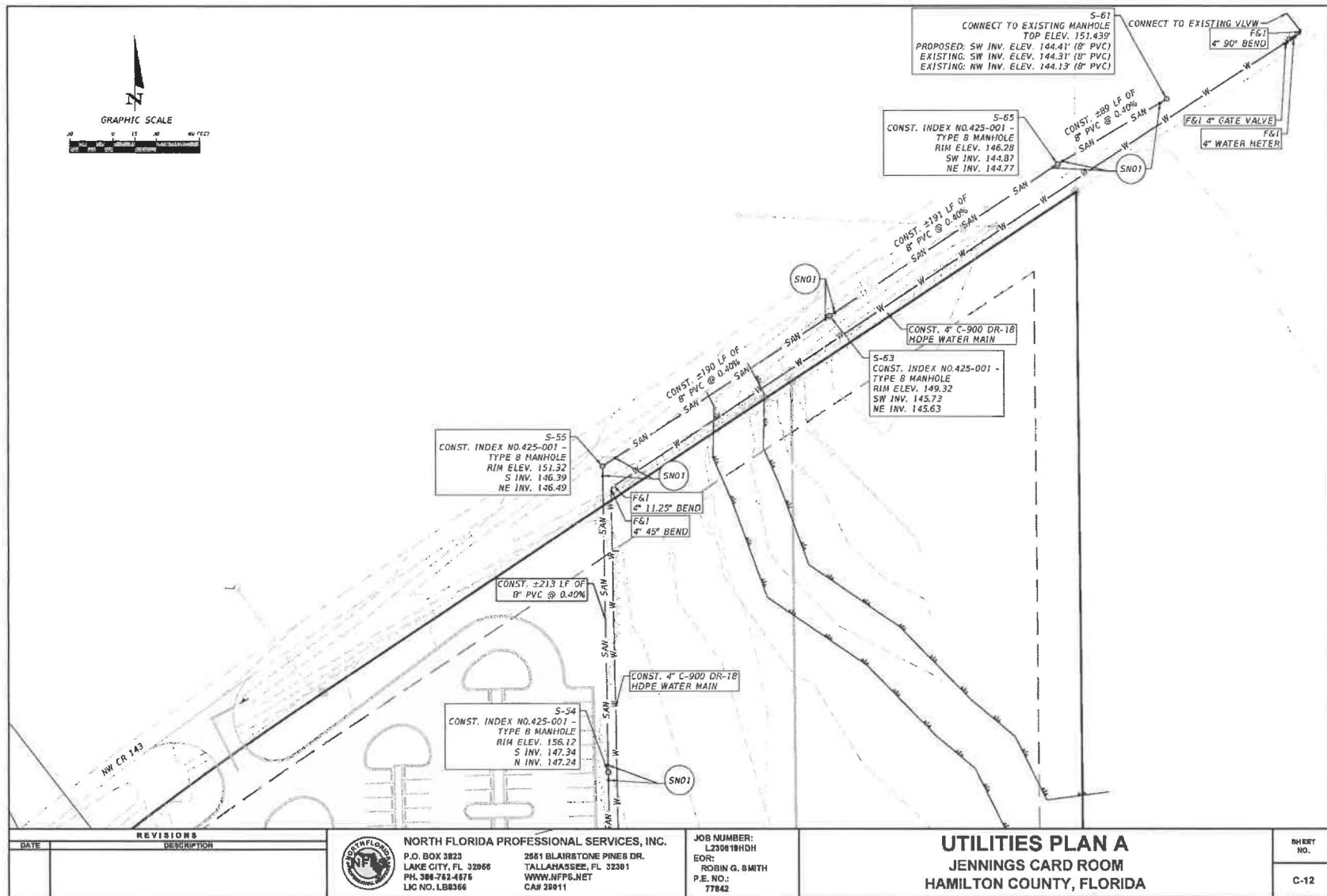
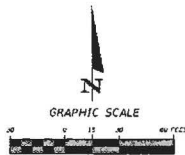
STORMWATER PLAN B

JENNINGS CARD ROOM


HAMILTON COUNTY, FLORIDA

SHEET NO.
C-11

THIS SET HAS BEEN PREPARED, DESIGNED, AND SEaled BY A PROFESSIONAL ENGINEER. ANY CHANGES TO THIS SET MUST BE APPROVED BY THE ENGINEER. ANY CHANGES NOT APPROVED BY THE ENGINEER ARE NOT TO BE USED. ANY CHANGES NOT APPROVED BY THE ENGINEER ARE NOT TO BE USED.



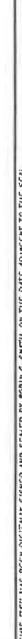
THIS SET HAS BEEN REPRODUCED AND SCALED BY JOHN G. SMITH, ON THE DATE ADJACENT TO THE SEAL. PRINTED LINES OF THIS DOCUMENT ARE NOT CONSIDERED SIGNED AND SEALED AND THE SIGNATURE MUST BE HANDWRITTEN BY AN AUTHORIZED PERSON.

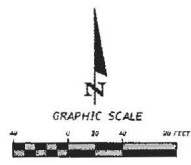
REVISIONS			NORTH FLORIDA PROFESSIONAL SERVICES, INC.	JOB NUMBER: L230818H0H EOR: ROBIN G. SMITH P.E. NO.: 77842	UTILITIES PLAN A JENNINGS CARD ROOM HAMILTON COUNTY, FLORIDA	SHEET NO. C-12
DATE	DESCRIPTION					
			P.O. BOX 3823 LAKE CITY, FL 32966 PH. 386-782-4676 LIC NO. LB8366	2881 BLAIRSTONE PINES DR. TALLAHASSEE, FL 32301 WWW.NFPS.NET CAN 28011		

Scale: As Shown

4/11/2024 2:24:46 PM

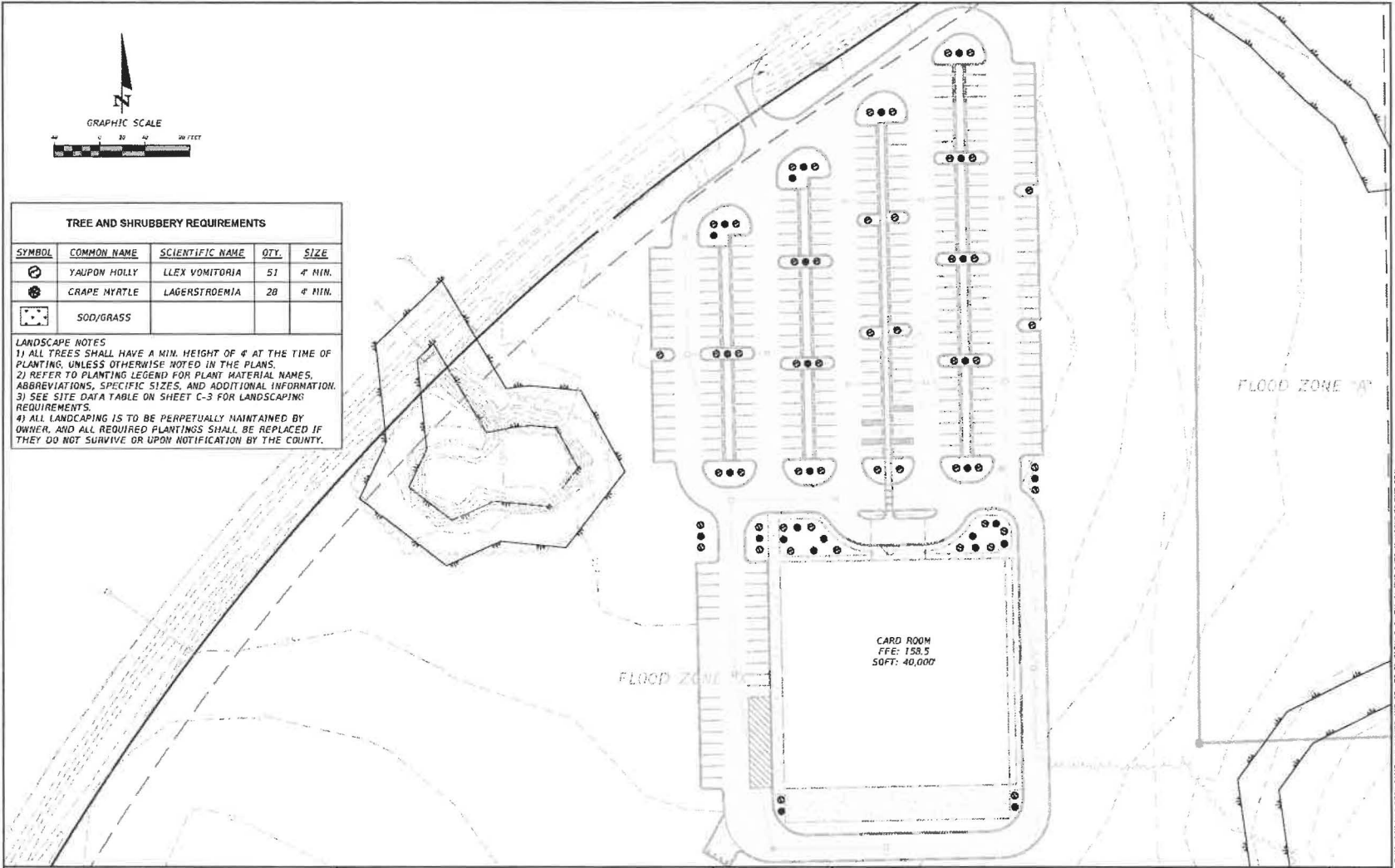
E:\2023\JL230818\H0H\JENNINGS CARD ROOM\PLAN A\UTILITIES PLAN A.dwg C-12 UTILITIES PLAN A





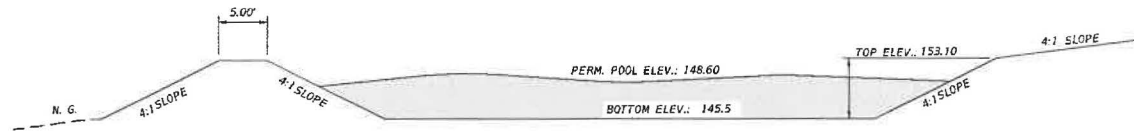
TREE AND SHRUBBERY REQUIREMENTS				
SYMBOL	COMMON NAME	SCIENTIFIC NAME	QTY.	SIZE
	YAUPOH HOLLY	LLEX VOMITORIA	51	4" MIN.
	CAPE MYRTLE	LAGERSTROEMIA	28	4" MIN.
	SOD/GRASS			

LANDSCAPE NOTES
 1) ALL TREES SHALL HAVE A MIN. HEIGHT OF 4' AT THE TIME OF PLANTING, UNLESS OTHERWISE NOTED IN THE PLANS.
 2) REFER TO PLANTING LEGEND FOR PLANT MATERIAL NAMES, ABBREVIATIONS, SPECIFIC SIZES, AND ADDITIONAL INFORMATION.
 3) SEE SITE DATA TABLE ON SHEET C-3 FOR LANDSCAPING REQUIREMENTS.
 4) ALL LANDSCAPING IS TO BE PERPETUALLY MAINTAINED BY OWNER, AND ALL REQUIRED PLANTINGS SHALL BE REPLACED IF THEY DO NOT SURVIVE OR UPON NOTIFICATION BY THE COUNTY.

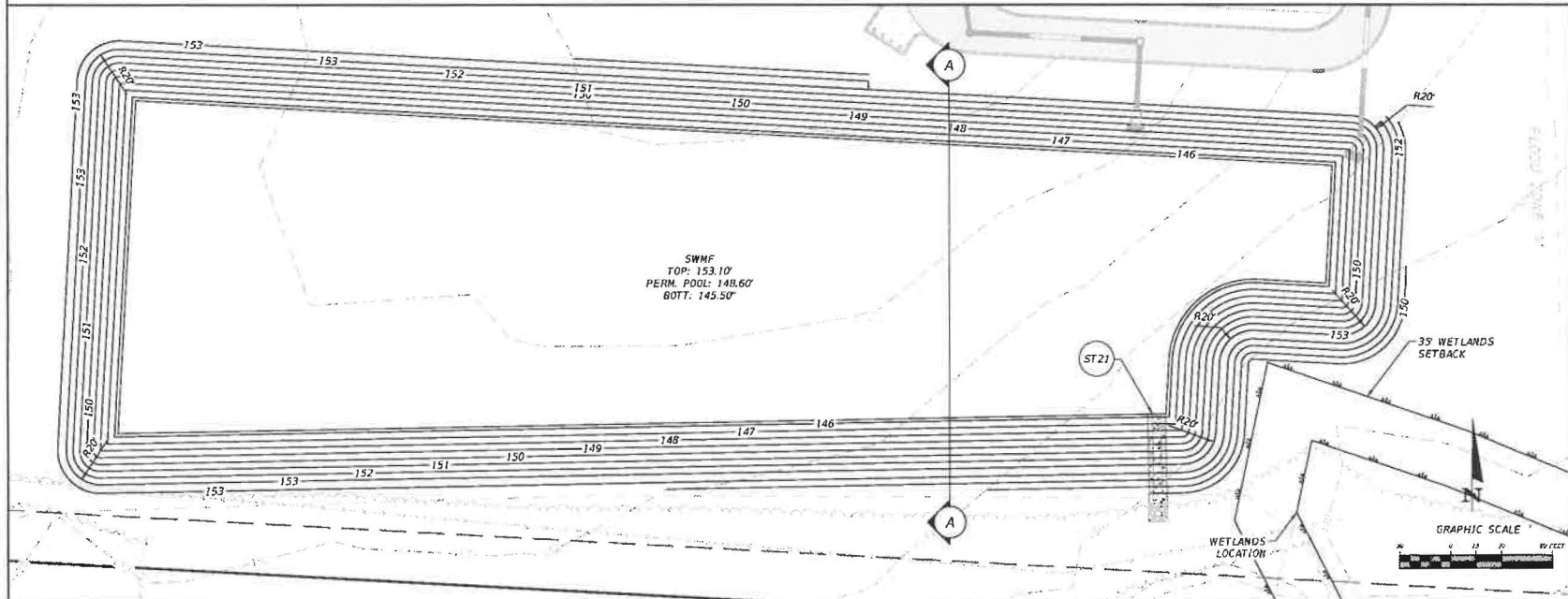



REVISIONS DATE DESCRIPTION		 NORTH FLORIDA PROFESSIONAL SERVICES, INC. P.O. BOX 3823 LAKE CITY, FL 32066 PH. 386-762-4676 LIC NO. LB8366	JOB NUMBER: L230619HDM EOR: ROBIN G. SMITH P.E. NO.: 77842	LANDSCAPE PLAN JENNINGS CARD ROOM HAMILTON COUNTY, FLORIDA	SHEET NO. C-14

THIS SET HAS BEEN EXAMINED AND SIGNED BY ROBIN G. SMITH, OR THE DATE SUBMIT TO THE LOCAL PERMITTED EMPLOYER OF THIS DOCUMENT AND NOT UNDESIGNED VIOLATED AND THE VIOLETION MUST BE VERIFIED IN AN ELECTRONIC COMPLEX.

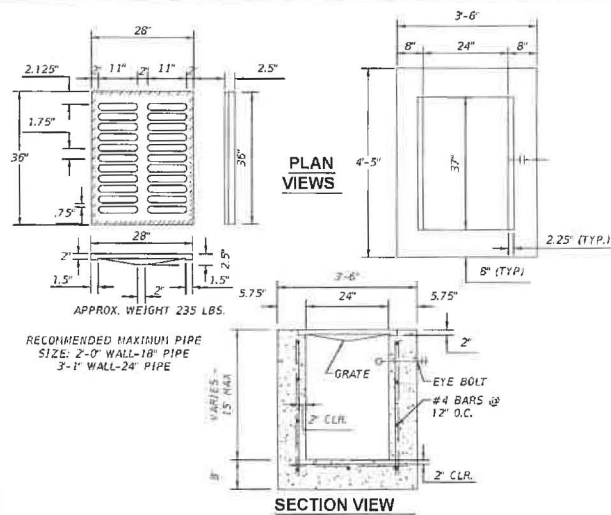


AA **STORMWATER MANAGEMENT
FACILITY DETAIL**
SCALE: N.T.S

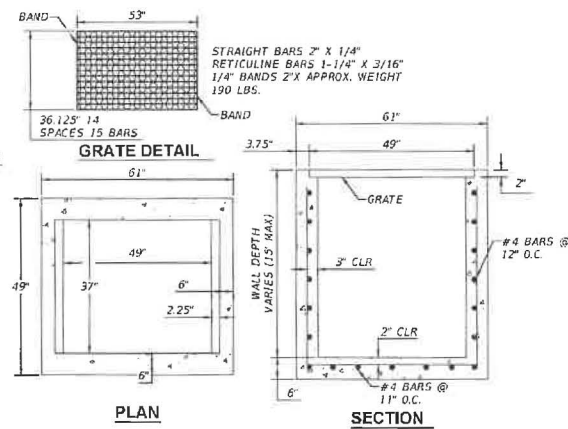


REVISIONS			NORTH FLORIDA PROFESSIONAL SERVICES, INC. P.O. BOX 3923 LAKE CITY, FL 32066 PH. 386-782-4875 LIC NO. LB8396	2851 BLAIRSTONE PINES DR. TALLAHASSEE, FL 32301 WWW.NFPS.NET CAF 28511	JOB NUMBER: L230619HDH EOR: ROBIN G. SMITH P.E. NO.: 77842	SWMF PLAN JENNINGS CARD ROOM HAMILTON COUNTY, FLORIDA	SHEET NO.
DATE	DESCRIPTION						C-15
				Scale: Pearson 4/14/2022 2:45:51 PM		C:\230619\JOB\PROJECTS\LAND\HAWAII\PLANS\CARD ROOM\01.dwg C-15 SWMF PLAN	

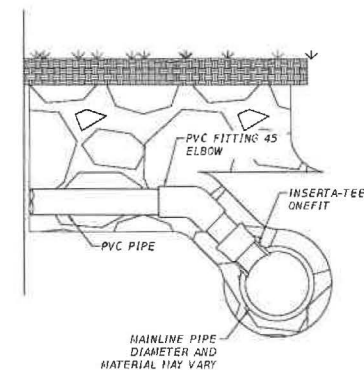
THIS SET HAS BEEN DIGITALLY SIGNED AND SEALED BY ROBIN G. SMITH, ON THE DATE INDICATED IN THE SEAL. PRINTED COPIES OF THIS DOCUMENT ARE NOT UNLESS OTHERWISE NOTED.



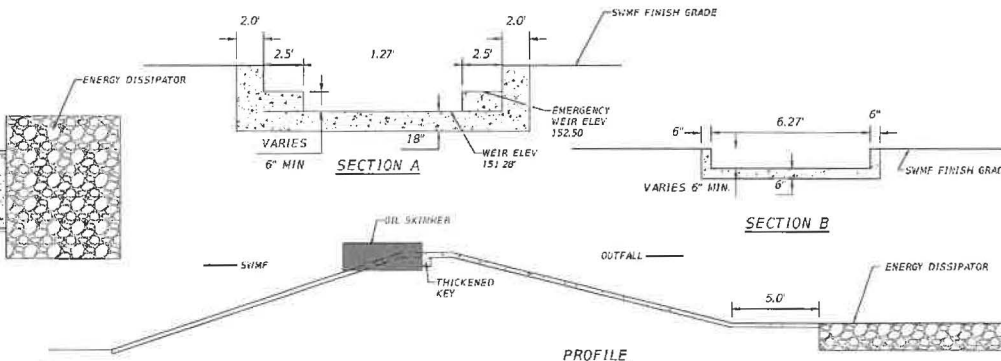
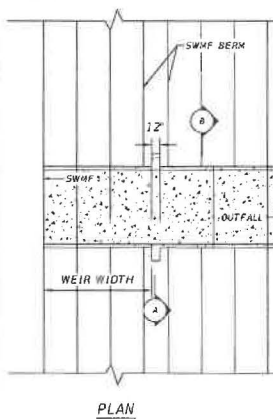
ST01 INLET - TYPE "C"
SCALE: N.T.S



ST02 INLET - TYPE "D"
SCALE: N.T.S



ST24 INSERTA-TEE ONEFIT
SCALE: N.T.S



ST21 SWMF CONTROL STRUCTURE DETAIL
SCALE: N.T.S.

REVISIONS	
DATE	DESCRIPTION



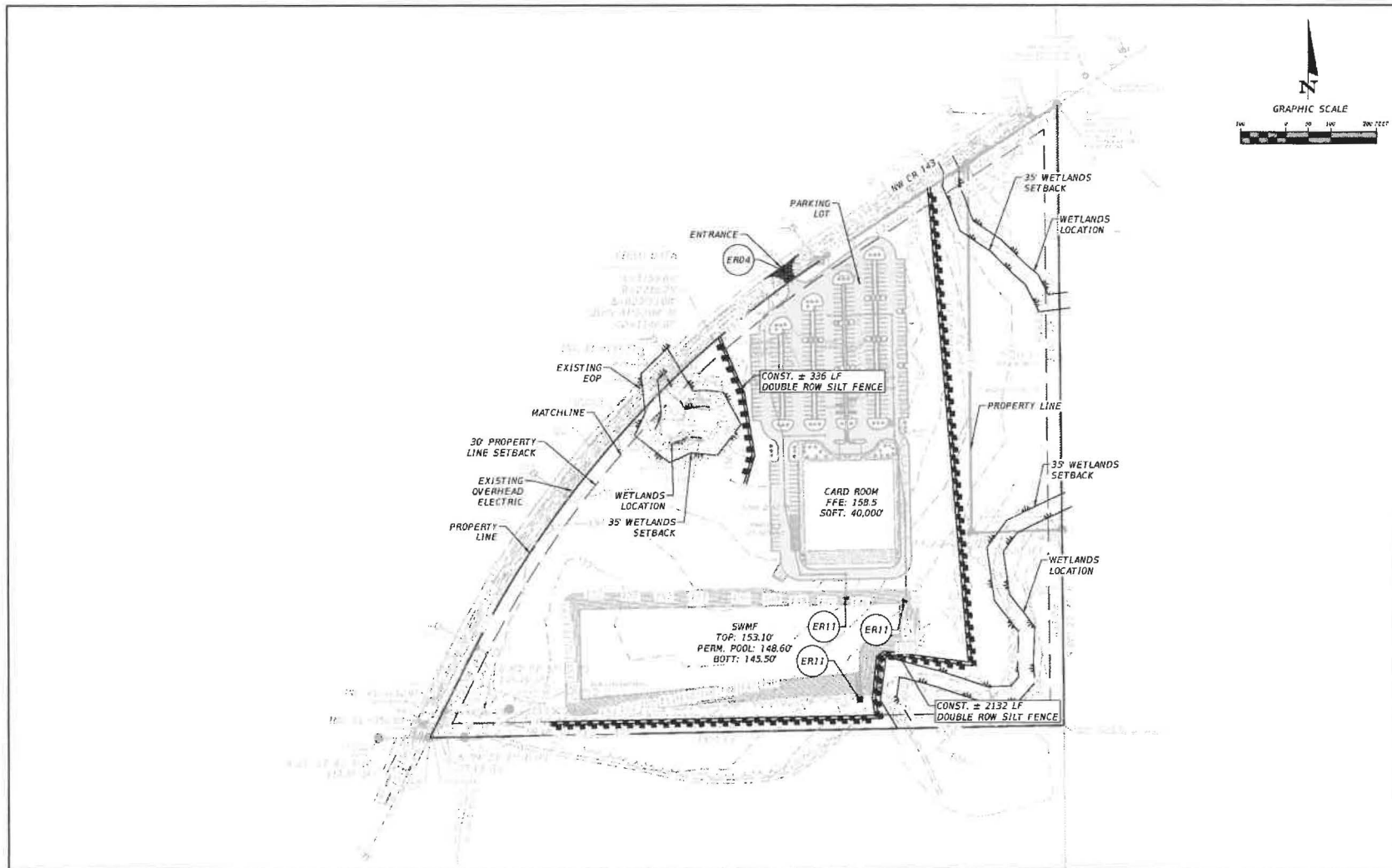
NORTH FLORIDA PROFESSIONAL SERVICES, INC.
P.O. BOX 3823
LAKE CITY, FL 32066
PH. 386-762-4676
LIC NO. LB8366


2851 BLAIRSTONE PINES DR.
TALLAHASSEE, FL 32301
WWW.NFPS.NET
CA# 28011

JOB NUMBER:
L230819HDH
EOR:
ROBIN G. SMITH
P.E. NO.:
77842

SWMF DETAILS
JENNINGS CARD ROOM
HAMILTON COUNTY, FLORIDA

SHEET NO.
C-16



REVISIONS		NORTH FLORIDA PROFESSIONAL SERVICES, INC.	JOB NUMBER: L230619H0H	EROSION CONTROL PLAN JENNINGS CARD ROOM HAMILTON COUNTY, FLORIDA	SHEET NO. C-17
DATE	DESCRIPTION				
		 <p> P.O. BOX 3823 LAKE CITY, FL 32058 PH. 386-782-4676 LIC NO. LB8896 </p> <p> 2861 BLAIRSTONE PINES DR. TALLAHASSEE, FL 32301 WWW.NFPS.NET CA# 22011 </p>	EOR: ROBIN G. SMITH P.E. NO.: 77842		

THIS SET OF PLANS HAS BEEN PREPARED BY ME OR UNDER MY CLOSE PERSONAL SUPERVISION AND I AM A LICENSED PROFESSIONAL ENGINEER IN THE STATE OF FLORIDA. I CERTIFY THAT I AM A duly Licensed Professional Engineer in the State of Florida. I am not providing engineering services in any other state. I am not providing engineering services in any other state. I am not providing engineering services in any other state.

WATER AND SEWER NOTES

1. ALL UTILITY CONSTRUCTION SHALL MEET THE TOWN OF FORT WHITE WATER AND WASTEWATER UTILITY STANDARDS.
2. THE CONTRACTOR SHALL MAINTAIN EXISTING WATER MAINS IN SERVICE DURING CONSTRUCTION. IN THE EVENT INTERRUPTIONS TO SERVICE ARE REQUIRED DURING CONSTRUCTION, SUCH INSTANCES SHALL BE MINIMIZED.
3. ALL NEW OR RELOCATED WATER MAINS THAT SERVE FIRE HYDRANTS AND ALL FIRE HYDRANT LEADS SHALL BE NO SMALLER THAN SIX INCHES IN DIAMETER. AUXILIARY VALVES SHALL BE PROVIDED ON ALL HYDRANT LEADS.
4. SUFFICIENT VALVES SHALL BE PROVIDED IN NEW AND RELOCATED WATER MAINS SO THAT INCONVENIENCE AND SANITARY HAZARDS WILL BE MINIMIZED DURING REPAIRS. VALVES SHALL BE PLACED IN NO MORE THAN 500-FOOT INTERVALS IN COMMERCIAL DISTRICTS AND AT NO MORE THAN ONE-BLOCK OR 800-FOOT INTERVALS IN OTHER DISTRICTS.)
5. IF THERE ARE ANY NEW OR RELOCATED WATER MAINS THAT CROSS UNDER ANY SURFACE WATER, A MINIMUM COVER OF TWO FEET SHALL BE PROVIDED OVER THE WATER MAIN PIPE AT EACH SURFACE WATER CROSSING, AND IF THE SURFACE WATER IS GREATER THAN 15 FEET IN WIDTH, THE FOLLOWING FEATURES SHALL BE PROVIDED: (A) FLEXIBLE WATER TIGHT JOINTS FOR THE WATER MAIN PIPE AT THE CROSSING, (B) EASILY ACCESSIBLE VALVES LOCATED IN A MANHOLE, AND (C) PERMANENT TAPS ON EACH SIDE OF THE VALVE WITHIN THE MANHOLE TO ALLOW FOR SAMPLING AND INSERTION OF A SMALL METER TO DETERMINE LEAKAGE.
6. PROPER BACKFLOW-PREVENTION ASSEMBLIES/DEVICES SHALL BE PROVIDED IN ACCORDANCE WITH RULE 62-555.360, F.A.C., AND THE AWWA'S MANUAL M14, RECOMMENDED PRACTICE FOR BACKFLOW PREVENTION AND CROSS-CONNECTION CONTROL.
7. THIS PROJECT SHALL NOT INCLUDE ANY INTERCONNECTION BETWEEN PREVIOUSLY SEPARATE PUBLIC WATER SYSTEMS THAT HAVE SEPARATE WATER SUPPLY SOURCES. (A SPECIFIC CONSTRUCTION PERMIT IS REQUIRED FOR SUCH AN INTERCONNECTION.)
8. ALL NEW RELOCATED WATER LATERALS THAT CROSS ANY SANITARY SEWERS, STORM SEWERS, FORCE MAINS, OR RECLAIMED WATER LINES SHALL CROSS ABOVE SUCH PIPELINES.
9. COPPER TRACER WIRE SHALL BE PLACED ON ALL POTABLE WATER LINES AND WATER LATERALS. TRACER WIRE SHALL BE CONTINUOUS WITH NO INTERRUPTIONS.
10. LOCATOR BALLS SHALL BE PROVIDED AT END OF ALL WATER AND SANITARY SEWER LATERALS. THE LOCATOR BALLS SHALL BE SECURED TO THE LATERALS WITH A PLASTIC TIE STRAP.
11. WATER AND SANITARY SEWER LATERALS SHALL BE LEFT UNCOVERED UNTIL INSPECTED BY THE ENGINEER OR THE ENGINEER'S INSPECTOR.
12. CONTRACTOR SHALL PROVIDE TEMPORARY STAKES (2" BY 2" WOODEN STAKES) AT THE END OF EACH LATERAL. EACH STAKE SHALL INDICATE EITHER WATER OR SANITARY SEWER LATERAL. CONTRACTOR SHALL MAINTAIN THE STAKES UNTIL AN AS-BUILT SURVEY OF WATER AND SANITARY SEWER MAINS AND LATERALS ARE COMPLETE AND APPROVED BY THE ENGINEER.
13. MEGALUG MECHANICAL JOINT RESTRAINTS OR SERIES 1390 UNI-FLANGE BLOCK BUSTER RESTRAINT DEVICES SHALL BE USED WITH MANUFACTURER'S RECOMMENDATIONS. ALL RESTRAINED JOINTING MUST BE LEFT OPEN UNTIL VIEWED BY THE CITY INSPECTOR.
14. FOR SANITARY SEWER PERFORM HYDROSTATIC TEST. ALLOWABLE LEAKAGE IS A MAXIMUM OF 50 GAL. PER INCH OF NOMINAL PIPE SIZE PER MILE OF PIPE, DURING A 24-HOUR PERIOD. OPTION: TEST DUCTILE-IRON PIPING ACCORDING TO AWWA C600, SECTION "HYDROSTATIC TESTING". USE TEST PRESSURE OF AT LEAST 10 PSI. FOR SANITARY SEWERAGE, PERFORM AIR TEST ACCORDING TO UNI-8-6.
15. FOR SANITARY SEWERAGE ALIGNMENT: EACH SECTION OF THE COMPLETED SEWER SYSTEM SHALL BE INSPECTED FOR PROPER ALIGNMENT. INSPECTION SHALL CONSIST OF "LAMPING" FROM MANHOLE TO MANHOLE. ANY SECTION OF THE SEWER SYSTEM, WHICH DOES NOT DISPLAY TRUE, CONCENTRIC ALIGNMENT, SHALL BE INSTALLED AT NO ADDITIONAL EXPENSE TO THE OWNER.
16. CLEAN AND DISINFECT WATER DISTRIBUTION PIPING SYSTEMS AND PARTS OF EXISTING SYSTEMS THAT HAVE BEEN ALTERED, EXTENDED OR REPAIRED BEFORE USE. USE PURGING AND DISINFECTING PROCEDURE PRESCRIBED BY AUTHORITIES HAVING JURISDICTION OR USE PROCEDURE PRESCRIBED BY AUTHORITIES HAVING JURISDICTION OR USE PROCEDURE DESCRIBED IN AWWA C651.

17. PVC GRAVITY FLOW SEWER PIPE AND FITTINGS IS INCH AND SMALLER IN DIAMETER SHALL BE SDR35 PIPE WITH BELL AND SPIGOT GASKET JOINT THAT COMPLIES WITH THE REQUIREMENTS OF ASTM D3034.
18. ALL PIPE, PIPE FITTINGS, PIPE JOINT PACKING AND JOINTING MATERIALS, VALVES, FIRE HYDRANTS, AND METERS INSTALLED UNDER THIS PROJECT SHALL CONFORM TO APPLICABLE AMERICAN WATER WORKS ASSOCIATION (AWWA) STANDARDS.
19. ALL PUBLIC WATER SYSTEM COMPONENTS, EXCLUDING FIRE HYDRANTS, THAT WILL BE INSTALLED UNDER THIS PROJECT AND THAT WILL COME INTO CONTACT WITH DRINKING WATER SHALL CONFORM TO NSF INTERNATIONAL STANDARD 61 AS ADOPTED IN RULE 62-555.335, F.A.C., OR OTHER APPLICABLE STANDARDS, REGULATIONS, OR REQUIREMENTS REFERENCED IN PARAGRAPH 62-555.320(3)(B), F.A.C.
20. ALL PIPE AND PIPE FITTINGS INSTALLED UNDER THIS PROJECT SHALL CONTAIN NO MORE THAN 0.8% LEAD, AND ANY SOLDER OR FLUX USED IN THIS PROJECT WILL CONTAIN NO MORE THAN 0.2% LEAD.
21. ALL WATER PIPE AND PIPE FITTINGS INSTALLED UNDER THIS PROJECT SHALL BE COLOR CODED OR MARKED IN ACCORDANCE WITH SUBPARAGRAPH 62-555.320(2)(B) 3, F.A.C., USING BLUE AS A PREDOMINANT COLOR. (UNDERGROUND PLASTIC PIPE SHALL BE SOLID-WALL BLUE PIPE, WILL HAVE A CO-EXTRUDED BLUE EXTERNAL SKIN, OR WILL BE WHITE OR BLACK PIPE WITH BLUE STRIPES INCORPORATED INTO, OR APPLIED TO, THE PIPE WALL; AND UNDERGROUND METAL OR CONCRETE PIPE SHALL HAVE BLUE STRIPES APPLIED TO THE PIPE WALL. PIPE STRIPED DURING MANUFACTURING OF THE PIPE SHALL HAVE CONTINUOUS STRIPES THAT RUN PARALLEL TO THE AXIS OF THE PIPE, THAT ARE LOCATED AT NO GREATER THAN 90-DEGREE INTERVALS AROUND THE PIPE, AND THAT WILL REMAIN INTACT DURING AND AFTER INSTALLATION OF THE PIPE. IF TAPE OR PAINT IS USED TO STRIPE PIPE DURING INSTALLATION OF PIPE, THE TAPE OR PAINT SHALL BE APPLIED IN A CONTINUOUS LINE THAT RUNS PARALLEL TO THE AXIS OF THE PIPE AND THAT IS LOCATED ALONG THE TOP OF THE PIPE; FOR PIPE WITH AN INTERNAL DIAMETER OF 24 INCHES OR GREATER, TAPE OR PAINT WILL BE APPLIED IN CONTINUOUS LINES ALONG EACH SIDE OF THE PIPE AS WELL AS ALONG THE TOP OF THE PIPE. ABOVEGROUND PIPE SHALL BE PAINTED BLUE OR WILL BE COLOR-CODED OR MARKED LIKE UNDERGROUND PIPE.
22. ALL FIRE HYDRANTS THAT WILL BE INSTALLED UNDER THIS PROJECT AND THAT WILL HAVE UNPLUGGED, UNDERGROUND DRAINS SHALL BE LOCATED AT LEAST THREE FEET FROM ANY EXISTING OR PROPOSED STORM SEWER, STORMWATER FORCE MAIN, PIPELINE CONVEYING RECLAIMED WATER REGULATED UNDER PART III OF CHAPTER 62-610, F.A.C., OR VACUUM-TYPE SANITARY SEWER; CONVEYING RECLAIMED WATER REGULATED UNDER PART III OF CHAPTER 62-610, F.A.C., OR VACUUM-TYPE SANITARY SEWER; OR PIPELINE CONVEYING RECLAIMED WATER NOT REGULATED UNDER PART III OF CHAPTER 62-10, F.A.C.; AND AT LEAST TEN FEET FROM ANY EXISTING OR PROPOSED "ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM."
23. NEW OR ALTERED CHAMBERS, PITS, OR MANHOLES THAT CONTAIN VALVES, BLOW-OFFS, METERS, OR OTHER SUCH WATER DISTRIBUTION SYSTEM APPURTENANCES AND THAT ARE INCLUDED IN THIS PROJECT WILL NOT BE CONNECTED DIRECTLY TO ANY SANITARY OR STORM SEWER, AND BLOW-OFFS OR AIR RELIEF VALVES INSTALLED UNDER THIS PROJECT SHALL NOT BE CONNECTED DIRECTLY TO ANY SANITARY OR STORM SEWER.
24. NEW OR ALTERED WATER MAINS INCLUDED IN THIS PROJECT SHALL BE INSTALLED IN ACCORDANCE WITH APPLICABLE AWWA STANDARDS OR IN ACCORDANCE WITH MANUFACTURERS' RECOMMENDED PROCEDURES.
25. A CONTINUOUS AND UNIFORM BEDDING SHALL BE PROVIDED IN TRENCHES FOR UNDERGROUND PIPE INSTALLED UNDER THIS PROJECT; BACKFILL MATERIAL WILL BE TAMPED IN LAYERS AROUND UNDERGROUND PIPE INSTALLED UNDER THIS PROJECT AND TO A SUFFICIENT HEIGHT ABOVE THE PIPE TO ADEQUATELY SUPPORT AND PROTECT THE PIPE, AND UNSUITABLY SIZED STONES (AS DESCRIBED IN APPLICABLE AWWA STANDARDS OR MANUFACTURERS' RECOMMENDED INSTALLATION PROCEDURES) FOUND IN TRENCHES WILL BE REMOVED FOR A DEPTH OF AT LEAST SIX INCHES BELOW THE BOTTOM OF UNDERGROUND PIPE INSTALLED UNDER THIS PROJECT.
26. ALL WATER MAIN TEES, BENDS, PLUGS, AND HYDRANTS INSTALLED UNDER THIS PROJECT SHALL BE PROVIDED WITH RESTRAINED JOINTS TO PREVENT MOVEMENT.
27. NEW OR ALTERED WATER MAINS THAT ARE INCLUDED IN THIS PROJECT AND THAT WILL BE CONSTRUCTED OF ASBESTOS-CEMENT OR POLYVINYL CHLORIDE PIPE SHALL BE PRESSURE AND LEAKAGE TESTED IN ACCORDANCE WITH AWWA STANDARD C603 OR C605, RESPECTIVELY, AS INCORPORATED INTO RULE 62-555.330, F.A.C., AND ALL OTHER NEW OR ALTERED WATER MAINS INCLUDED IN THIS PROJECT SHALL BE PRESSURE AND LEAKAGE TESTED IN ACCORDANCE WITH AWWA STANDARD C600 AS INCORPORATED INTO RULE 62-555.330.
28. NEW OR ALTERED WATER MAINS, INCLUDING FIRE HYDRANT LEADS AND INCLUDING SERVICE LINES THAT WILL BE UNDER THE CONTROL OF A PUBLIC WATER SYSTEM AND THAT HAVE AN INSIDE DIAMETER OF THREE INCHES OR GREATER, SHALL BE DISINFECTED AND

BACTERIOLOGICALLY EVALUATED IN ACCORDANCE WITH RULE 62-555.340, F.A.C.

29. NEW OR ALTERED WATER MAINS THAT ARE INCLUDED IN THIS PROJECT AND THAT WILL BE INSTALLED IN AREAS WHERE THERE ARE KNOWN AGGRESSIVE SOIL CONDITIONS SHALL BE PROTECTED THROUGH USE OF CORROSION-RESISTANT WATER MAIN MATERIALS, THROUGH ENCASEMENT OF THE WATER MAINS IN POLYETHYLENE, OR THROUGH PROVISION OF CATHODIC PROTECTION.
30. NEW OR RELOCATED, UNDERGROUND WATER MAINS INCLUDED IN THIS PROJECT SHALL BE LAID TO PROVIDE A HORIZONTAL DISTANCE OF AT LEAST THREE FEET BETWEEN THE OUTSIDE OF THE WATER MAIN AND THE OUTSIDE OF ANY EXISTING OR PROPOSED VACUUM-TYPE SANITARY SEWER, STORM SEWER, STORMWATER FORCE MAIN, OR PIPELINE CONVEYING RECLAIMED WATER REGULATED UNDER PART III OF CHAPTER 62-610, F.A.C.
31. NEW OR RELOCATED, UNDERGROUND WATER MAINS INCLUDED IN THIS PROJECT SHALL HAVE A HORIZONTAL DISTANCE OF AT LEAST SIX AND TEN FEET IS PREFERRED BETWEEN THE OUTSIDE OF THE WATER MAIN AND THE OUTSIDE OF ANY EXISTING OR PROPOSED GRAVITY-TYPE SANITARY SEWER, EXISTING OR PROPOSED PRESSURE-TYPE SANITARY SEWER, WASTEWATER FORCE MAIN, OR PIPELINE CONVEYING RECLAIMED WATER NOT REGULATED UNDER PART III OF CHAPTER 62-610, F.A.C.
32. THE HORIZONTAL SEPARATION DISTANCE BETWEEN WATER MAINS AND GRAVITY-TYPE SANITARY SEWERS MAY BE REDUCED TO THREE FEET WHERE THE BOTTOM OF THE WATER MAIN IS LAID AT LEAST TWELVE INCHES ABOVE THE TOP OF THE SEWER.
33. A HORIZONTAL DISTANCE OF AT LEAST TEN FEET BETWEEN THE OUTSIDE OF THE WATER MAIN AND ALL PARTS OF ANY EXISTING OR PROPOSED "ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM."
34. NEW OR RELOCATED, UNDERGROUND WATER MAINS THAT ARE INCLUDED IN THIS PROJECT AND THAT WILL CROSS ANY EXISTING OR PROPOSED GRAVITY- OR VACUUM-TYPE SANITARY SEWER OR STORM SEWER SHALL BE LAID SO THE OUTSIDE OF THE WATER MAIN IS AT LEAST 12 INCHES ABOVE THE OTHER PIPELINE. NEW OR RELOCATED, UNDERGROUND WATER MAINS THAT ARE INCLUDED IN THIS PROJECT AND THAT WILL CROSS ANY EXISTING OR PROPOSED PRESSURE-TYPE SANITARY SEWER, WASTEWATER OR STORMWATER FORCE MAIN, OR PIPELINE CONVEYING RECLAIMED WATER WILL BE LAID SO THE OUTSIDE OF THE WATER MAIN IS AT LEAST 12 INCHES ABOVE THE OTHER PIPELINE.
35. AT THE UTILITY CROSSINGS DESCRIBED ABOVE, SEPARATION DISTANCE SHALL NOT APPLY WHERE A WATER SERVICE PIPE CROSSES A SEWER PIPE, PROVIDED THE WATER SERVICE PIPE IS SLEEVED TO AT LEAST FIVE FEET HORIZONTALLY FROM THE SEWER PIPE CENTERLINE ON BOTH SIDES OF SUCH CROSSINGS WITH PIPE MATERIAL LISTED IN FLORIDA BUILDING CODE SECTION 603.2.
36. NEW OR ALTERED WATER MAINS THAT ARE INCLUDED IN THIS PROJECT AND THAT WILL CROSS ABOVE SURFACE WATER SHALL BE ADEQUATELY SUPPORTED AND ANCHORED, PROTECTED FROM DAMAGE AND FREEZING, AND ACCESSIBLE FOR REPAIR OR REPLACEMENT.
37. NEW OR ALTERED WATER MAINS THAT ARE INCLUDED IN THIS PROJECT AND THAT WILL CROSS UNDER SURFACE WATER COURSES GREATER THAN 15 FEET IN WIDTH SHALL HAVE FLEXIBLE OR RESTRAINED, WATERTIGHT PIPE JOINTS AND WILL INCLUDE VALVES AT BOTH ENDS OF THE WATER CROSSING SO THE UNDERWATER MAIN CAN BE ISOLATED FOR TESTING AND REPAIR. THE AFOREMENTIONED ISOLATION VALVES WILL BE EASILY ACCESSIBLE AND WILL NOT BE SUBJECT TO FLOODING; THE ISOLATION VALVE CLOSEST TO THE WATER SUPPLY SOURCE WILL BE IN A MANHOLE; AND PERMANENT TAPS WILL BE PROVIDED ON EACH SIDE OF THE ISOLATION VALVE WITHIN THE MANHOLE TO ALLOW FOR INSERTION OF A SMALL METER TO DETERMINE LEAKAGE FROM THE UNDERWATER MAIN AND TO ALLOW FOR SAMPLING OF WATER FROM THE UNDERWATER MAIN.
38. CONTRACTOR SHALL PROVIDE AN AS-BUILT SURVEY MEETING THE REQUIREMENTS OF CHAPTER 61G17 F.A.C. FOR THE POTABLE WATER MAIN EXTENSION AND THE SANITARY SEWER MAIN EXTENSIONS. INCLUDE HORIZONTAL AND VERTICAL DIMENSIONAL DATA SO THAT IMPROVEMENTS ARE LOCATED AND DELINEATED RELATIVE TO THE BOUNDARY. PROVIDE SUFFICIENT DETAILED DATA TO DETERMINE WHETHER THE IMPROVEMENTS WERE CONSTRUCTED IN ACCORDANCE WITH THE PLANS. A COPY OF THE AS-BUILT SURVEY (IN PAPER AND DIGITAL AUTOCAD FORMAT) MUST BE SUBMITTED TO HAMILTON COUNTY, FLORIDA (DEPARTMENT OF GROWTH MANAGEMENT) AND THE ENGINEER.
39. CONTRACTOR SHALL PROVIDE POTABLE WATER TEST REPORTS IN ACCORDANCE WITH FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION REQUIREMENTS AFTER DISINFECTION OF THE SYSTEM.

REVISIONS	
DATE	DESCRIPTION



NORTH FLORIDA PROFESSIONAL SERVICES, INC.
P.O. BOX 3923
LAKE CITY, FL 32066
PH. 386-762-4676
LIG NO. LB9356

2851 BLAIRSTONE PINES DR.
TALLAHASSEE, FL 32301
WWW.NFPS.NET
CAF 29011

JOB NUMBER:
L23081810H
EOR:
ROBIN G. SMITH
P.E. NO.:
77842

WATER & SEWER NOTES

JENNINGS CARD ROOM

HAMILTON COUNTY, FLORIDA

SHEET NO.

C-18

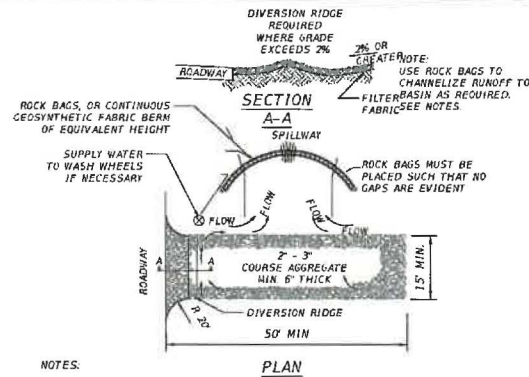
Croce Pearson

4/19/2024 2:25:03 PM

4/19/2024 12:00:19 PM 11/11/2024 Monday 11:54:58 AM 11/11/2024

EROSION CONTROL NOTES

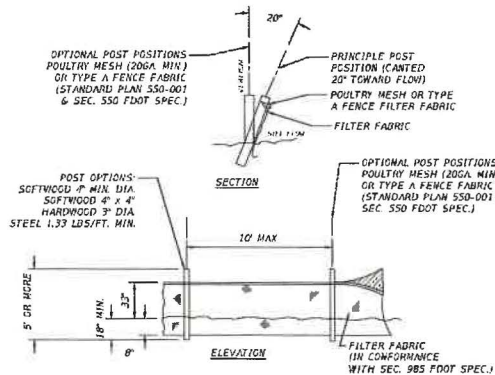
1. THIS EROSION AND SEDIMENTATION CONTROL PLAN COMPLIES WITH THE REQUIREMENTS OF THE "FLORIDA DEVELOPMENT MANUAL" AND THE "FLORIDA EROSION AND SEDIMENT CONTROL INSPECTOR'S MANUAL".
2. THE CONTRACTOR SHALL ADHERE TO HAMILTON COUNTY, SRWMD, AND OTHER GOVERNING AUTHORITIES FOR EROSION AND SEDIMENT CONTROL REGULATIONS. IF THE CONTRACTOR NEEDS TO CHANGE THIS PLAN TO MORE EFFECTIVELY CONTROL EROSION AND SEDIMENTATION, THE CONTRACTOR SHALL USE BMP'S FROM THE "FLORIDA EROSION AND SEDIMENT CONTROL INSPECTOR'S MANUAL".
3. THE CONTRACTOR SHALL ADJUST AND REVISE THIS PLAN TO MEET ACTUAL FIELD CONDITIONS. ANY REVISIONS SHALL BE APPROVED BY THE REVIEWING AGENCIES.
4. SEDIMENT AND EROSION CONTROL FACILITIES, STORM DRAINAGE FACILITIES AND DETENTION BASINS SHALL BE INSTALLED PRIOR TO ANY OTHER CONSTRUCTION.
5. EROSION CONTROL MEASURES SHALL BE INSPECTED WEEKLY AND AFTER EACH RAINFALL OF 0.5 INCHES OR GREATER, AND REPAIRED OR REPLACED AS NECESSARY.
6. SEDIMENT AND EROSION CONTROL MEASURES SHALL NOT BE REMOVED UNTIL ALL CONSTRUCTION IS COMPLETE AND UNTIL A PERMANENT GROUND COVER HAS BEEN ESTABLISHED.
7. ALL OPEN DRAINAGE SWALES SHALL BE GRASSED AND RIPRAP SHALL BE PLACED AS REQUIRED TO CONTROL EROSION.
8. SILT FENCES SHALL BE LOCATED ON SITE TO PREVENT SEDIMENT AND EROSION FROM LEAVING PROJECT LIMITS.
9. CONTRACTOR SHALL PLACE A DOUBLE ROW OF SILT FENCE IN AREAS WHERE RUNOFF FROM DISTURBED AREAS MAY ENTER WETLANDS.
10. DURING CONSTRUCTION AND AFTER CONSTRUCTION IS COMPLETE, ALL STRUCTURES SHALL BE CLEANED OF ALL DEBRIS AND EXCESS SEDIMENT.
11. ALL GRADED AREAS SHALL BE STABILIZED IMMEDIATELY WITH A TEMPORARY FAST-GROWING COVER AND/OR MULCH.
12. A PAD OF RUBBLE RIP RAP SHALL BE PLACED AT THE BOTTOM OF ALL COLLECTION FLUMES AND COLLECTION PIPE OUTLETS. GRANITE OR LIMESTONE RIPRAP IS REQUIRED, NO BROKEN CONCRETE WILL BE ACCEPTED.
13. ALL SIDE SLOPES STEEPER THAN 3:1 SHALL BE ADEQUATELY PROTECTED FROM EROSION THROUGH THE USE OF SYNTHETIC BALES OR SODDING.
14. ALL STABILIZATION PRACTICES SHALL BE INITIATED AS SOON AS PRACTICABLE IN AREAS OF THE JOB WHERE CONSTRUCTION ACTIVITIES HAVE TEMPORARILY OR PERMANENTLY STOPPED, BUT IN NO CASE SHALL THE DISTURBED AREA BE LEFT UNPROTECTED FOR MORE THAN SEVEN DAYS.
15. ALL WASTE GENERATED ON THE PROJECT SHALL BE DISPOSED OF BY THE CONTRACTOR IN AREAS PROVIDED BY CONTRACTOR.
16. LOADED HAUL TRUCKS SHALL BE COVERED WITH TARPS.
17. EXCESS DIRT SHALL BE REMOVED DAILY.
18. THIS PROJECT SHALL COMPLY WITH ALL WATER QUALITY STANDARDS. PERMIT REQUIRED FROM SRWMD HAS BEEN OBTAINED.
19. QUALIFIED PERSONNEL SHALL INSPECT THE AREA USED FOR STORAGE OF STOCKPILES, THE SILT FENCE AND STRAW BALES, THE LOCATION WHERE VEHICLES ENTER OR EXIT THE SITE, AND THE DISTURBED AREAS THAT HAVE NOT BEEN FINALLY STABILIZED, AT LEAST ONCE EVERY SEVEN CALENDAR DAYS AND WITHIN 24 HOURS OF THE END OF A STORM OF 0.5 INCHES OR GREATER.
20. SITES THAT HAVE BEEN FINALLY STABILIZED WITH SOD OR GRASSING SHALL BE INSPECTED AT LEAST ONCE EVERY WEEK.



NOTES:

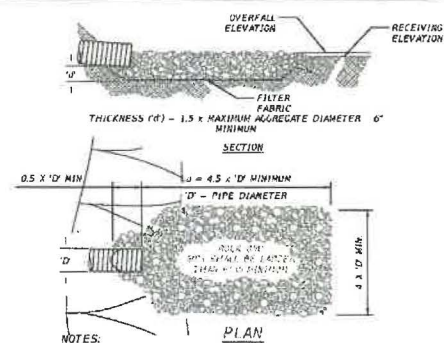
ER04 TEMPORARY CONSTRUCTION ENTRANCE

SCALE: N.T.S.



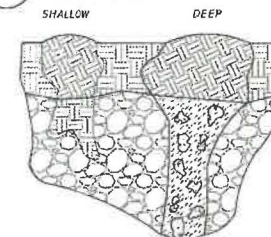
ER18 TYPE IV SILT FENCE

SCALE: N.T.S.



ER11 ENERGY DISSIPATOR DETAIL

SCALE: N.T.S.



NOTES:
THE FOLLOWING SHALL BE PERFORMED IN THE EVENT ANY KARST FEATURES FORM DURING CONSTRUCTION - E.G. SOLUTION CAVITIES, CHIMNEYS, SINKHOLES.

1. NOTIFY THE WATER MANAGEMENT DISTRICT AND THE APPLICABLE MUNICIPAL OR COUNTY PUBLIC WORKS IMMEDIATELY WHEN THE FEATURES ARE ENCOUNTERED. THE METHOD OF REPAIR SHALL BE SUBMITTED FOR REVIEW, COMMENT, AND APPROVAL PRIOR TO ATTEMPTING ANY REPAIR.
2. SHALLOW KARST FEATURES ARE TYPICALLY LESS THAN 5' DEEP AND ONLY HAVE SMALL VOIDS IN THE LIMESTONE. THE FEATURE CAN BE REPAIRED BY BACKFILLING WITH A LOWER PERMEABILITY MATERIAL SUCH AS CLAYEY-SAND OR CLAY. COMPACT THE BACKFILL AND CREATE A SMALL MOUND SLIGHTLY ABOVE GRADE TO ACCOUNT FOR SETTLING.
3. DEEP KARST FEATURES SHALL BE REPAIRED MORE PERMANENTLY. EXCAVATE THE FEATURE TO THE LIMESTONE BEDROCK. PLUG VOIDS IN THE BEDROCK WITH CLEAN GROUT. BACKFILL OVER THE PLUG WITH A LOWER-PERMEABILITY MATERIAL SUCH AS CLAYEY-SAND OR CLAY. COMPACT THE BACKFILL TO GRADE.

ER23 KARST FEATURE REPAIR DETAIL

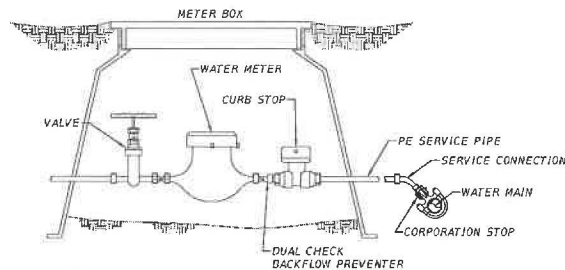
SCALE: N.T.S.

REVISIONS		NORTH FLORIDA PROFESSIONAL SERVICES, INC.	JOB NUMBER: L230619HDH	EROSION CONTROL NOTES & DETAILS	SHEET NO.
DATE	DESCRIPTION				
		<p>P.O. BOX 3923 LAKE CITY, FL 32068 PH. 386-762-4676 LIC NO. LB8398</p> <p>2181 BLAIRSTONE PINE DR. TALLAHASSEE, FL 32301 WWW.NFPS.NET CAN 20011</p>	<p>BOR: ROBIN Q. SMITH P.E. NO.: 77842</p>	<p>JENNINGS CARD ROOM HAMILTON COUNTY, FLORIDA</p>	C-18

Drawn: Pearson

1/14/2023, 2:25 PM

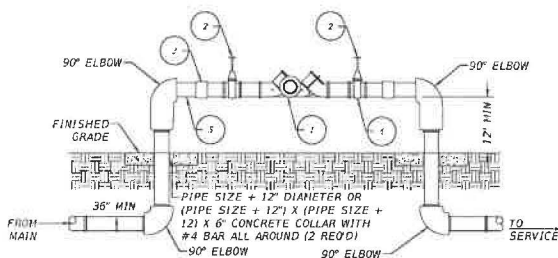
C:\Users\jennings\OneDrive\Documents\2023\EROSION CONTROL NOTES & DETAILS



NOTES:

1. P.E. TUBING IS TO BE BACKFILLED BY HAND UP TO THE TOP OF THE SERVICE.

WT02 METER BOX ASSEMBLY
SCALE: N.T.S

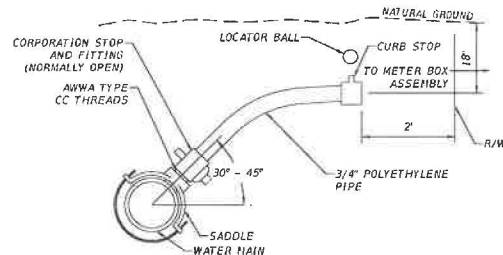


MATERIALS	
ITEM	DESCRIPTION
1	BACKFLOW PREVENTER
2	GATE VALVE
3	UNION
4	TEST COCKS
5	THREADED NIPPLE

NOTES:

1. UNDER NO CONDITION WILL ANY CONNECTION BE ALLOWED BETWEEN THE SERVICE METER AND A BACKFLOW PREVENTER USED FOR SYSTEM CONTAINMENT. BACKFLOW PREVENTER SHALL ALWAYS BE INSTALLED DOWNSTREAM OF METER.
2. IF A PRESSURE MONITOR IS TO BE INSTALLED, ADD A TEE, VALVE FITTINGS, AND MOUNT ON SUPPLY SIDE PRIOR TO BACKFLOW PREVENTION DEVICE; UNDER NO CIRCUMSTANCE, SHALL TEST PORTS BE MODIFIED OR UTILIZED FOR THIS OR OTHER APPLICATION OTHER THAN BACKFLOW DEVICE TESTING.
3. A COMBRACO SERIES 40-000 FREEZE PROTECTION VALVE SHALL BE INCLUDED.
4. PROVIDE AND INSTALL COVER OVER BACKFLOW PREVENTER AS REQ'D BY LOCAL AUTHORITIES.

WT05 REDUCED PRESSURE BACKFLOW PREVENTER
SCALE: N.T.S

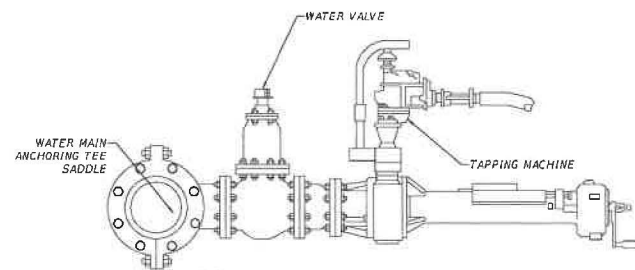
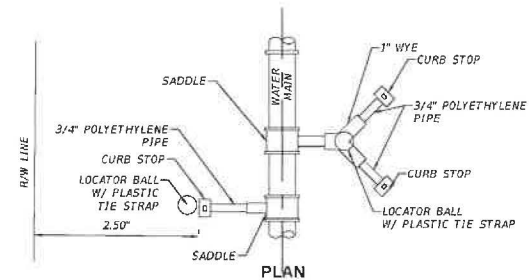


SINGLE SERVICE PROFILE

NOTES:

1. ALL FITTINGS SHALL BE BRASS WITH COMPRESSION/ PACK JOINT TYPE CONNECTIONS.
2. NO SERVICE LINE SHALL TERMINATE UNDER A DRIVEWAY.
3. EACH SERVICE LINE SHALL TERMINATE AT A CURB STOP WHICH SHALL BE BURIED APPROXIMATELY 3' BELOW FINAL GRADE AND SHALL BE CLEARLY MARKED WITH A 2" X 2" X 18" STAKE WITH THE TOP PAINTED BLUE AND MARKED WITH THE NUMBER OF THE LOT TO BE SERVED.
4. CONTRACTOR SHALL PROVIDE LOCATOR BALLS W/ PLASTIC TIE STRAPS. LOCATOR BALLS SHOULD BE SECURED TO LATERAL W/ TIE STRAP.

WT07 WATER SERVICE CONNECTION DETAILS
SCALE: N.T.S



WT12 WET TAP AND SADDLE ASSEMBLY
SCALE: N.T.S

REVISIONS	
DATE	DESCRIPTION



NORTH FLORIDA PROFESSIONAL SERVICES, INC.
P.O. BOX 3823
LAKE CITY, FL 32066
PH. 386-782-4676
LIC NO. LB8356

2551 BLAKESTONE PINES DR.
TALLAHASSEE, FL 32301
WWW.NFPS.NET
CAN 25011

JOB NUMBER:
L230619HDH
EOR:
ROBIN G. SMITH
P.E. NO.:
77842

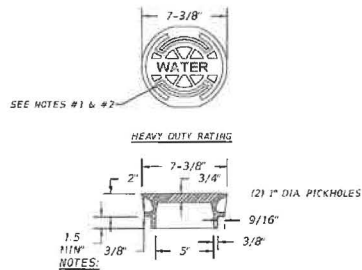
UTILITIES DETAILS
JENNINGS CARD ROOM
HAMILTON COUNTY, FLORIDA

SHEET
NO.
C-20

Scale: As Shown

4/14/2022, 2:22:01 PM

X:\2225\1230619HDH\11C\000\Drawings\CE\SRD CARD ROOM.dwg

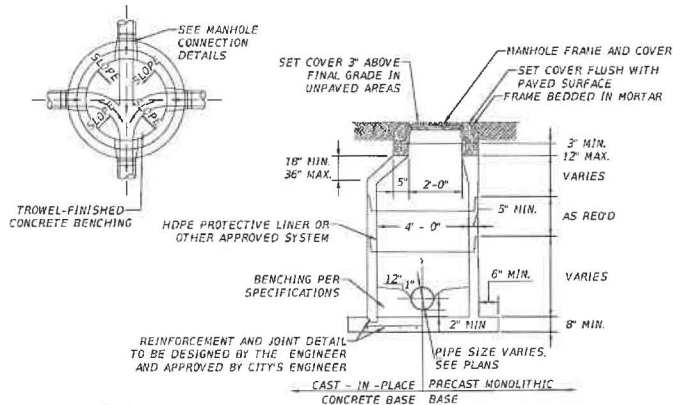


- NOTES:
1. PAINT TOP OF THE COVER WITH ENAMEL PAINT (BLUE COLOR) FOR WATER.
 2. LID WEIGHT, APPROX. 12 LBS.

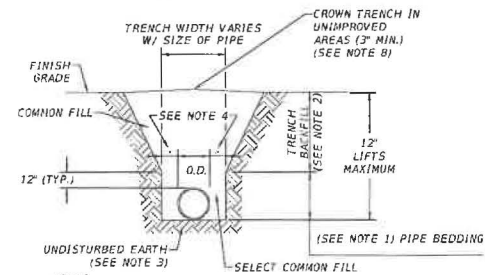
WT15 WATER VALVE BOX COVER
SCALE: N.T.S

NOTES:

1. MANHOLE SHOWN IS FOR SEWER SIZE 8\"/>



SN05 PRECAST CONCRETE MANHOLE DETAIL
SCALE: N.T.S

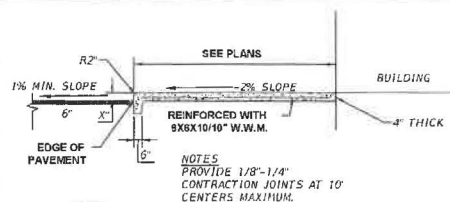


NOTES:

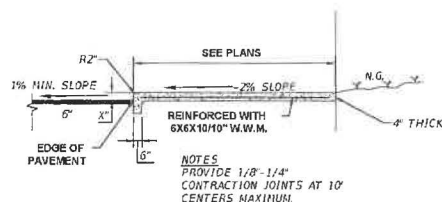
1. PIPE BEDDING: SELECT COMMON FILL COMPACTED TO 95% OF THE MAXIMUM DENSITY AS PER AASHTO T-100.
2. TRENCH BACKFILL: COMMON FILL COMPACTED TO 95% OF THE MAXIMUM DENSITY AS PER AASHTO T-100.
3. PIPE BEDDING UTILIZING SELECT COMMON FILL OR BEDDING ROCK WILL BE REQUIRED IF OVER-EXCAVATION OCCURS.
4. (*) 15\"/>

WT11 TRENCH AND BACKFILL DETAILS
SCALE: N.T.S

REVISIONS		NORTH FLORIDA PROFESSIONAL SERVICES, INC.	JOB NUMBER: L230619HDH EOR: ROBIN G. SMITH P.E. NO.: 77842	UTILITIES DETAILS JENNINGS CARD ROOM HAMILTON COUNTY, FLORIDA	SHEET NO. C-21
DATE	DESCRIPTION				
		NORTH FLORIDA PROFESSIONAL SERVICES, INC. P.O. BOX 3923 LAKE CITY, FL 32866 PH. 386-762-4675 LIC NO. L98358	2861 BLAIRSTONE PINES DR. TALLAHASSEE, FL 32301 WWW.NFPS.NET CA# 20011		



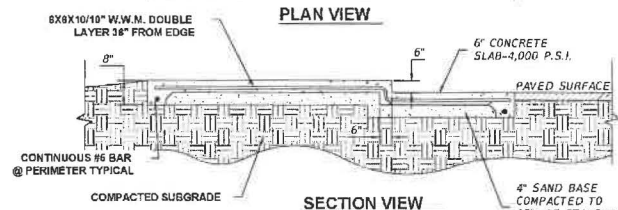
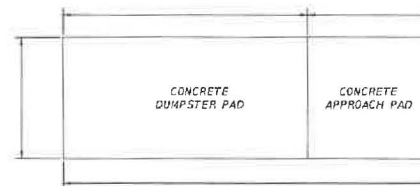
MS01 SIDEWALK DETAIL "A"
SCALE: N.T.S



MS02 SIDEWALK DETAIL "B"
SCALE: N.T.S



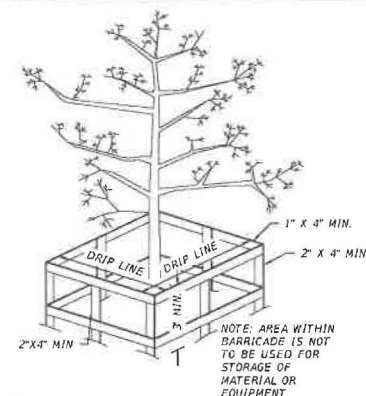
MS03 SIDEWALK DETAIL "C"
SCALE: N.T.S



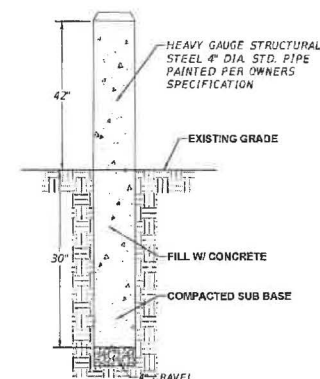
CONCRETE NOTES:

1. THE DESIGN OF FOUNDATIONS AND SLAB-ON-GRADE IS BASED ON AN ASSUMED MINIMUM BEARING CAPACITY OF 2,000 PSF.
2. THE AREA UNDER FOOTINGS, FOUNDATIONS, AND CONCRETE SLABS-ON-GRADE SHALL HAVE ALL VEGETATION, STUMPS, ROOTS, AND FOREIGN MATERIALS REMOVED PRIOR TO THEIR CONSTRUCTION. FILL MATERIAL AND BACKFILL MATERIAL SHALL BE FREE OF ORGANIC MATERIAL, CONSTRUCTION DEBRIS, LARGE ROCKS, AND ANY OTHER FOREIGN MATERIAL. THE CONTRACTOR SHALL INVESTIGATE ACTUAL LOCATIONS OF UNDERGROUND LINES AND UTILITIES BEFORE EXCAVATING. ALL EXCAVATIONS NEAR THESE LINES SHALL BE CARRIED OUT WITH EXTREME CAUTION.
3. A MINIMUM CONCRETE COVER OF 3\"
4. REINFORCING STEEL:
5. WELDED WIRE FABRIC - ASTM A-185

MS05 DUMPSTER PAD DETAIL
SCALE: N.T.S



MS10 TREE BARRICADE DETAIL
SCALE: N.T.S



MS04 STEEL BOLLARD DETAIL
SCALE: N.T.S

REVISIONS	
DATE	DESCRIPTION



NORTH FLORIDA PROFESSIONAL SERVICES, INC.
P.O. BOX 3923
LAKE CITY, FL 32066
PH. 386-762-4676
LIC NO. LB0355

2851 BLAIRSTONE PINE DR.
TALLAHASSEE, FL 32301
WWW.NFPS.NET
CAN 28011

JOB NUMBER:
L2306190H0
EOR:
ROBIN G. SMITH
P.E. NO.:
77842

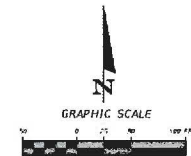
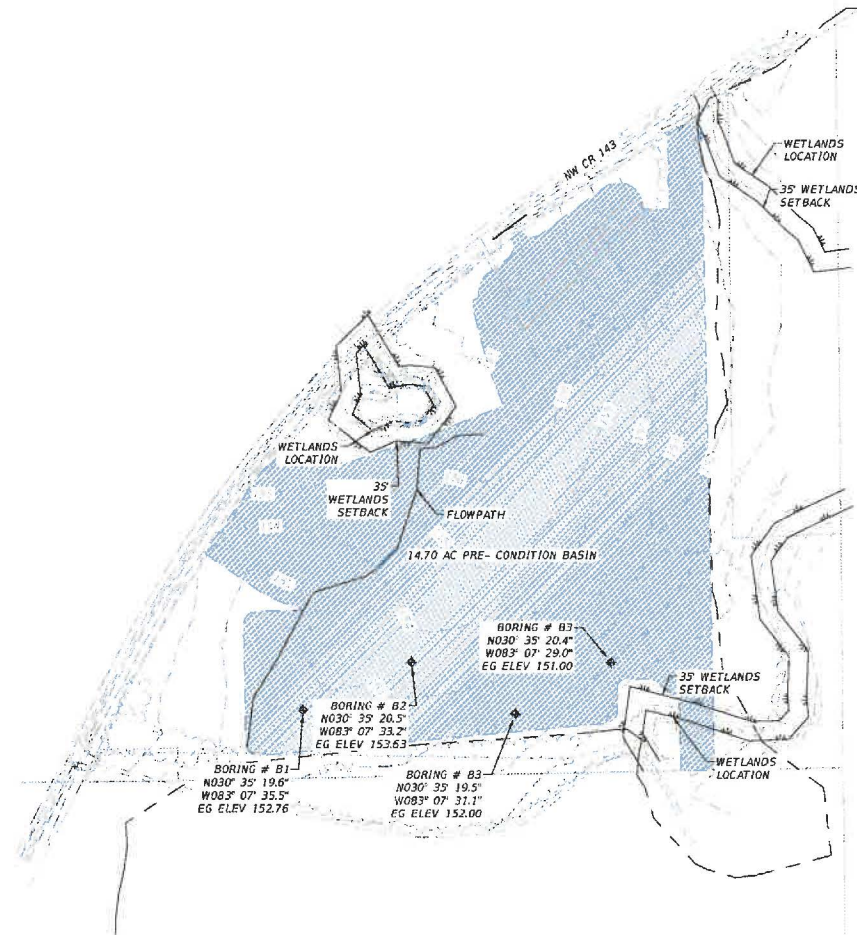
MISC DETAILS
JENNINGS CARD ROOM
HAMILTON COUNTY, FLORIDA

SHEET NO.
C-22

01/04/2010

4/14/2012 2:30:01 PM

4/14/2012 2:30:01 PM



REVISIONS	
DATE	DESCRIPTION



NORTH FLORIDA PROFESSIONAL SERVICES, INC.
P.O. BOX 3823 1460 SW STATE ROAD 47
LAKE CITY, FL 32066 LAKE CITY, FL 32026
PH. 386-782-4676 WWW.NFPS.NET
LIC NO. LB8356 CA# 28911

JOB NUMBER:
L230618H0H
EOR:
ROBBY G. SMITH
P.E. NO.:
77842

PRE CONDITION BASIN
JENNINGS CARD ROOM
HAMILTON COUNTY, FLORIDA

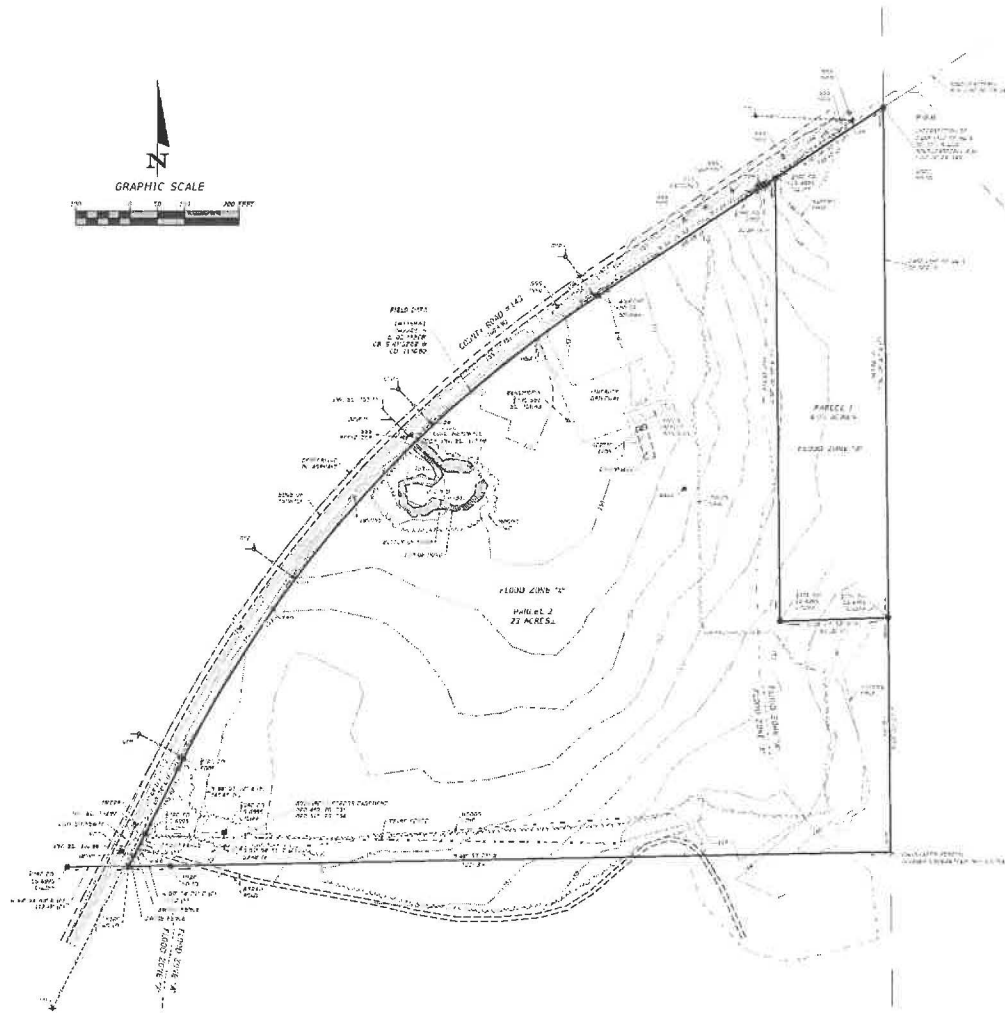
SHEET
NO.
C-25

Scale: Feet/300

4/14/2023 2:25:13 PM

F:\2023\L230618H0H\JL CARD ROOM\Drawings\FLORIDA CARD ROOM.dwg C-25 PRE CONDITION BASIN

THIS SET HAS BEEN DIGITALLY ENDED AND SEALED BY ROBBY G. SMITH, P.E. THE DATE ADJUNCT TO THE SEAL. PRINTED COPIES OF THIS DOCUMENT ARE UNCONTROLLED AND SHOULD NOT BE USED FOR CONSTRUCTION PURPOSES.



Parcel 1 of land in Section 9, Township 30 North, Range 12 East, Hamilton County, Florida, being more particularly described as follows:

BEGIN at the intersection of the East line of the Northwest 1/4 of said Section 9 and the Southeastern right of way line of County Road No. 143, and run South 02°20'27" East, along said East line of the Northwest 1/4 of said Section 9, a distance of 948.62 feet; thence South 88°01'37" West, a distance of 200.20 feet; thence North 07°45'49" West, a distance of 83.82 feet to a point on the Southeastern right of way line of County Road No. 143, thence North 56°55'57" East, along said Southeastern right of way line of County Road No. 143, a distance of 238.52 feet to the POINT OF BEGINNING. Containing 4.05 acres, more or less.

- 3) Found monumentation 141 shown and designated on the face of the plat.
- 4) A complete boundary survey was performed for Parcel 1, but not for Parcel 2. The boundary lines are based on monumentation found in place, and prior survey by Inhouse Engineering and Surveying.
- 5) Bearings based on State Plane Coordinates.
- 6) Improvements shown were located by field visits.
- 7) Date of field survey completion: May 6, 2024
- 8) Examination of the Flood Insurance Rate Maps (FIRMs) for Hamilton County shows that, per said maps, the described parcel lies mostly within Flood Zone "X", which according to said maps is located in the 1% Annual Flood Plain, and partly within Flood Zone "A", which according to said maps is located in the 1% Annual Flood Plain (see: Map No. 12047-C0105C and 12047-C0105F).
- 9) Elevations based on Florida Department of Transportation published control, BM-15 on Interstate 75. (Elevation 152.21 (NAVD83)).

[illegible]

James B. Smith, P.S.M.
Florida Reg. No. 7355
DATE: ____/____/2024

REVISIONS			
DATE	DESCRIPTION	DATE	DESCRIPTION



NORTH FLORIDA PROFESSIONAL SERVICES, INC.
P.O. BOX 3823 2551 BLAIRSTONE PINES DR.
LAKE CITY, FL 32056 TALLAHASSEE, FL 32301
PH. 386-752-4675 WWW.NFPS.NET
LIC NO. L88356

JOB NO. L230619HDM
CA# 29011

HAMILTON DOWNS HORSETRACK

SHEET
NO.

1

4. Discussion of change of ownership



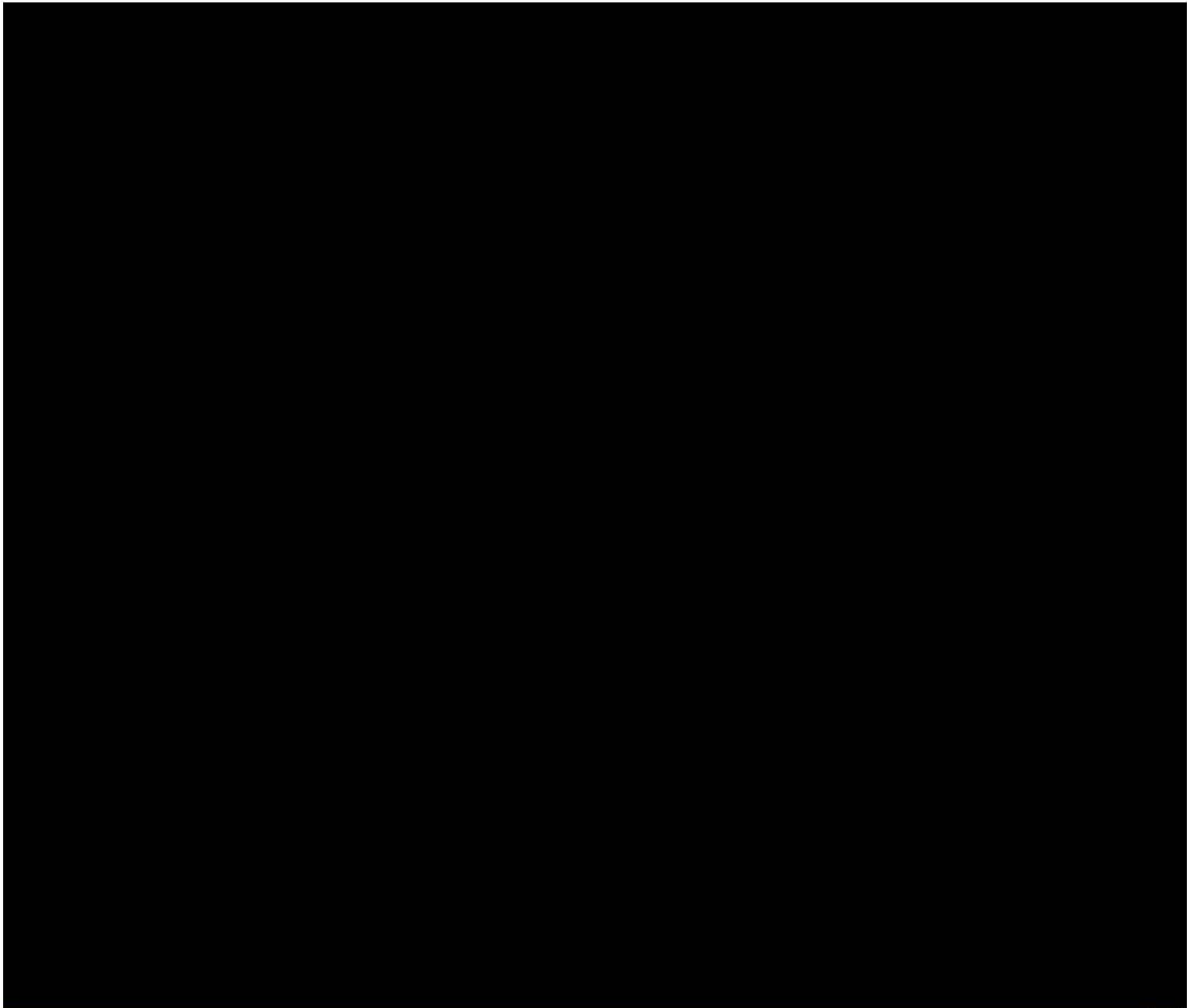
LOCKWOOD LAW FIRM

**Confidential and exempt from disclosure pursuant to Sections 688.001-688.009,
815.04, and 815.045, Florida Statutes**

April 18, 2025

Via Electronic Mail (Clerk@flgaming.gov)

Ross Marshman
Acting Executive Director
Florida Gaming Control Commission
4070 Esplanade Way, Ste. 250
Tallahassee, Florida 32399



Note that the redacted information in the above documents is confidential and exempt from disclosure pursuant to sections 688.001 – 688.009, 815.04, and 815.045, Florida Statutes.

Thank you for your time and consideration in reviewing this important matter and please let us know if you have any questions or need any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "John M. Lockwood". The signature is fluid and cursive, with the first name "John" being more prominent than the last name "Lockwood".

John M. Lockwood

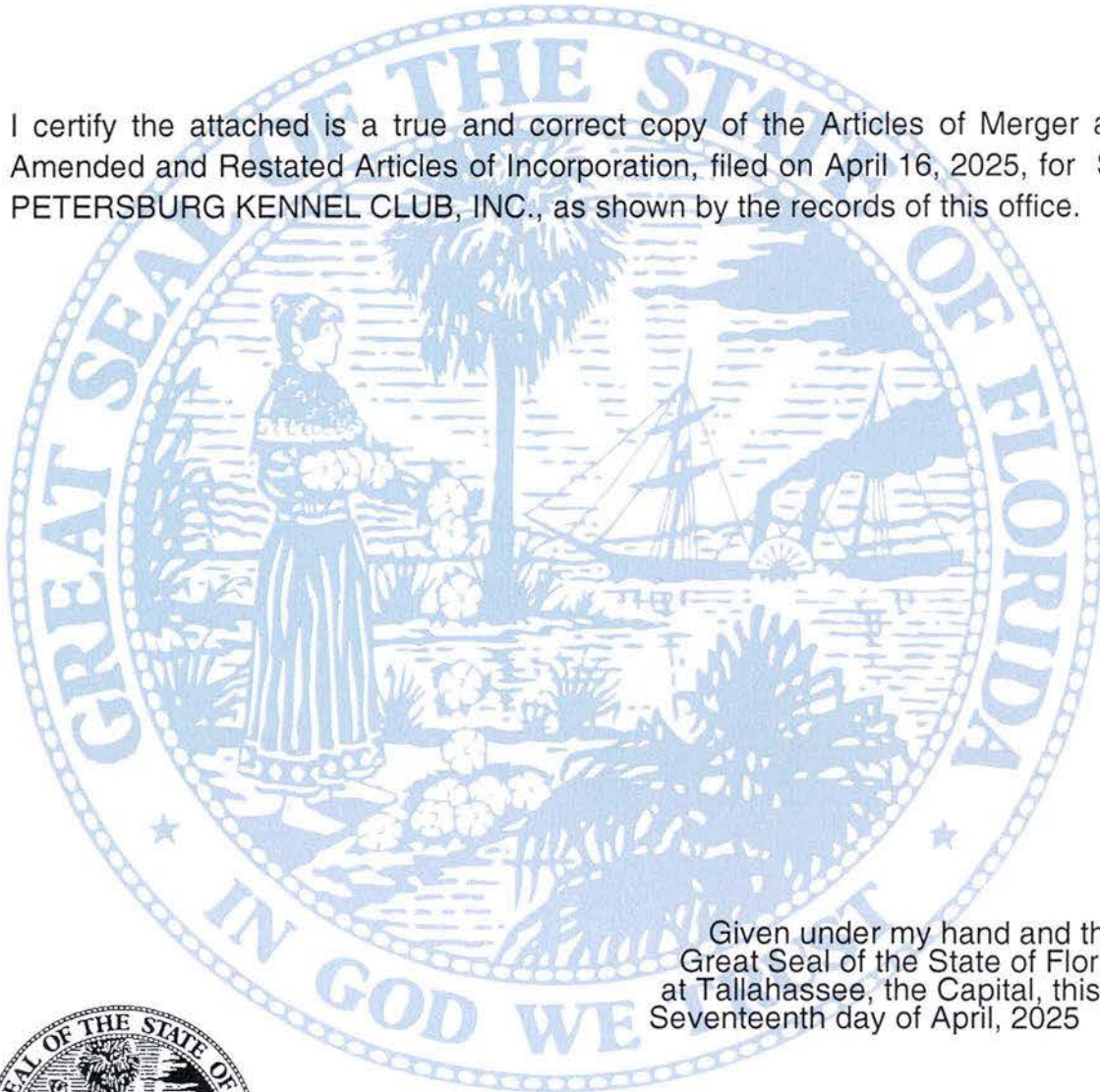
Cc: Ross.Marshman@flgaming.gov
Elina.Valentine@flgaming.gov

State of Florida



Department of State

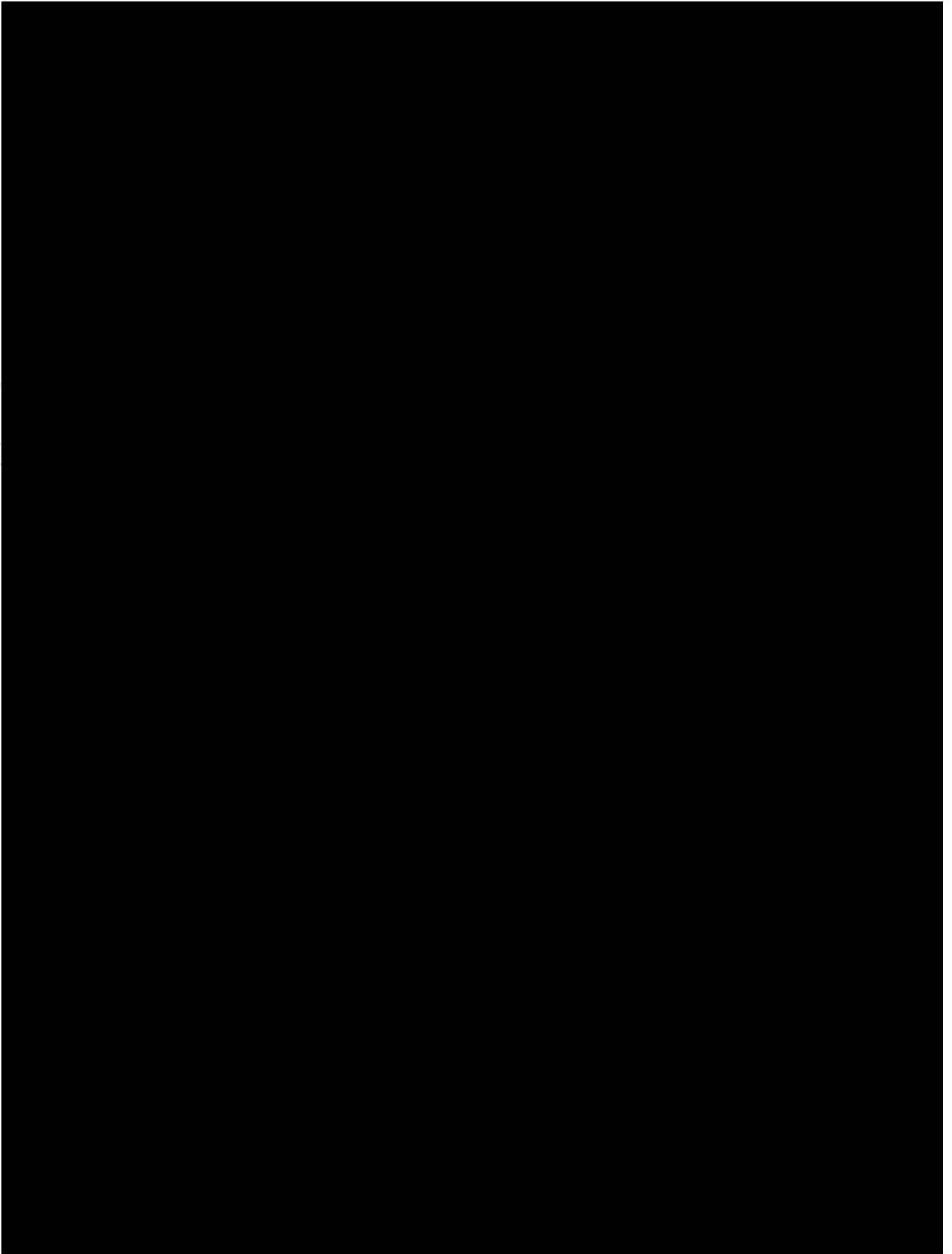
I certify the attached is a true and correct copy of the Articles of Merger and Amended and Restated Articles of Incorporation, filed on April 16, 2025, for ST. PETERSBURG KENNEL CLUB, INC., as shown by the records of this office.

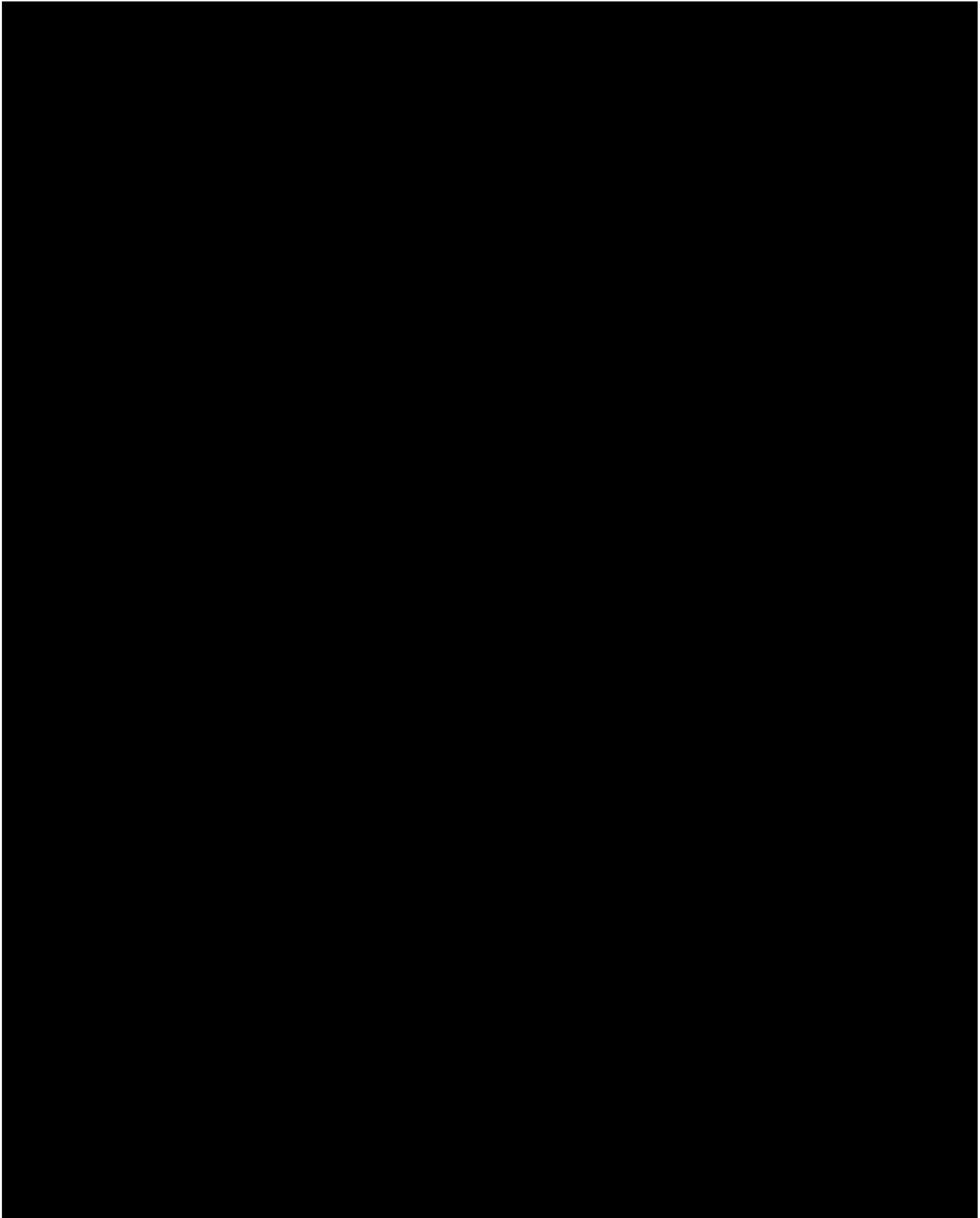


Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Seventeenth day of April, 2025




Cord Byrd
Secretary of State





the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1998. The public sector has also become an important employer of people with disabilities, with 1.5 million people with disabilities employed in the public sector in 1998, compared with 1.2 million in 1980.

There are a number of reasons why the public sector has become an important employer of people with disabilities. One reason is that the public sector has a long history of employing people with disabilities. In the 19th century, the public sector employed people with disabilities in a number of different roles, including as clerks, typists, and stenographers. In the 20th century, the public sector continued to employ people with disabilities in a variety of roles, including as teachers, nurses, and social workers.

Another reason why the public sector has become an important employer of people with disabilities is that it has a number of advantages over the private sector. For example, the public sector is often able to offer people with disabilities a more stable and secure employment environment than the private sector. This is because the public sector is often able to offer people with disabilities a more predictable and secure income, and a more secure pension scheme.

There are also a number of other reasons why the public sector has become an important employer of people with disabilities. For example, the public sector is often able to offer people with disabilities a more flexible and adaptable employment environment than the private sector. This is because the public sector is often able to offer people with disabilities a more flexible and adaptable working hours, and a more flexible and adaptable job description.

There are also a number of other reasons why the public sector has become an important employer of people with disabilities. For example, the public sector is often able to offer people with disabilities a more supportive and caring employment environment than the private sector. This is because the public sector is often able to offer people with disabilities a more supportive and caring management style, and a more supportive and caring colleagues.

There are also a number of other reasons why the public sector has become an important employer of people with disabilities. For example, the public sector is often able to offer people with disabilities a more challenging and stimulating employment environment than the private sector. This is because the public sector is often able to offer people with disabilities a more challenging and stimulating job, and a more challenging and stimulating colleagues.

There are also a number of other reasons why the public sector has become an important employer of people with disabilities. For example, the public sector is often able to offer people with disabilities a more secure and stable employment environment than the private sector. This is because the public sector is often able to offer people with disabilities a more secure and stable income, and a more secure and stable pension scheme.

There are also a number of other reasons why the public sector has become an important employer of people with disabilities. For example, the public sector is often able to offer people with disabilities a more flexible and adaptable employment environment than the private sector. This is because the public sector is often able to offer people with disabilities a more flexible and adaptable working hours, and a more flexible and adaptable job description.

the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 13.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office of National Statistics 2000).

There is a growing awareness of the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to respond to the needs of older people. The Department of Health (1999) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to respond to the needs of older people.

The Department of Health (1999) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to respond to the needs of older people. The Department of Health (1999) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to respond to the needs of older people.

The Department of Health (1999) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to respond to the needs of older people. The Department of Health (1999) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to respond to the needs of older people.

The Department of Health (1999) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to respond to the needs of older people. The Department of Health (1999) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to respond to the needs of older people.

The Department of Health (1999) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to respond to the needs of older people. The Department of Health (1999) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to respond to the needs of older people.

The Department of Health (1999) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to respond to the needs of older people. The Department of Health (1999) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to respond to the needs of older people.

The Department of Health (1999) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to respond to the needs of older people. The Department of Health (1999) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to respond to the needs of older people.

The Department of Health (1999) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to respond to the needs of older people. The Department of Health (1999) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to respond to the needs of older people.

the 1990s, the number of people in the world who are under 15 years of age has increased by 1.2 billion, from 1.1 billion in 1980 to 2.3 billion in 1999. The number of people aged 15 years and over has increased by 1.1 billion, from 1.1 billion in 1980 to 2.2 billion in 1999.

There are a number of reasons why the world population is growing so rapidly. One of the main reasons is that the number of children born to each woman has increased. In 1980, the average woman in the world had 2.5 children. In 1999, the average woman in the world had 2.7 children.

Another reason why the world population is growing so rapidly is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 60 years. In 1999, the average person in the world lived for 65 years.

There are a number of reasons why the number of people who are surviving to old age has increased. One of the main reasons is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 60 years. In 1999, the average person in the world lived for 65 years.

Another reason why the number of people who are surviving to old age has increased is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 60 years. In 1999, the average person in the world lived for 65 years.

There are a number of reasons why the number of people who are surviving to old age has increased. One of the main reasons is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 60 years. In 1999, the average person in the world lived for 65 years.

Another reason why the number of people who are surviving to old age has increased is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 60 years. In 1999, the average person in the world lived for 65 years.

There are a number of reasons why the number of people who are surviving to old age has increased. One of the main reasons is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 60 years. In 1999, the average person in the world lived for 65 years.

Another reason why the number of people who are surviving to old age has increased is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 60 years. In 1999, the average person in the world lived for 65 years.

There are a number of reasons why the number of people who are surviving to old age has increased. One of the main reasons is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 60 years. In 1999, the average person in the world lived for 65 years.

Another reason why the number of people who are surviving to old age has increased is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 60 years. In 1999, the average person in the world lived for 65 years.

There are a number of reasons why the number of people who are surviving to old age has increased. One of the main reasons is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 60 years. In 1999, the average person in the world lived for 65 years.

Another reason why the number of people who are surviving to old age has increased is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 60 years. In 1999, the average person in the world lived for 65 years.

the 1990s, the number of people in the world who are under 15 years of age has increased by 1.2 billion, from 1.1 billion in 1980 to 2.3 billion in 1999. The number of people aged 15 years and over has increased by 1.1 billion, from 1.1 billion in 1980 to 2.2 billion in 1999.

There are a number of reasons why the world population is growing so rapidly. One of the main reasons is that the number of children born to each woman has increased. In 1980, the average woman in the world had 2.5 children. In 1999, the average woman in the world had 2.7 children.

Another reason why the world population is growing so rapidly is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

There are a number of reasons why the number of people who are surviving to old age has increased. One of the main reasons is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

Another reason why the number of people who are surviving to old age has increased is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

There are a number of reasons why the number of people who are surviving to old age has increased. One of the main reasons is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

Another reason why the number of people who are surviving to old age has increased is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

There are a number of reasons why the number of people who are surviving to old age has increased. One of the main reasons is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

Another reason why the number of people who are surviving to old age has increased is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

There are a number of reasons why the number of people who are surviving to old age has increased. One of the main reasons is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

Another reason why the number of people who are surviving to old age has increased is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

There are a number of reasons why the number of people who are surviving to old age has increased. One of the main reasons is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

Another reason why the number of people who are surviving to old age has increased is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

the 1990s, the number of people in the world who are under 15 years of age has increased by 1.2 billion, from 1.1 billion in 1980 to 2.3 billion in 1999. The number of people aged 15 years and over has increased by 1.1 billion, from 1.1 billion in 1980 to 2.2 billion in 1999.

There are a number of reasons why the world population is growing so rapidly. One of the main reasons is that the number of children born to each woman has increased. In 1980, the average woman in the world had 2.5 children. In 1999, the average woman in the world had 2.7 children.

Another reason why the world population is growing so rapidly is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

There are a number of reasons why the number of people who are surviving to old age has increased. One of the main reasons is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

Another reason why the number of people who are surviving to old age has increased is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

There are a number of reasons why the number of people who are surviving to old age has increased. One of the main reasons is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

Another reason why the number of people who are surviving to old age has increased is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

There are a number of reasons why the number of people who are surviving to old age has increased. One of the main reasons is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

Another reason why the number of people who are surviving to old age has increased is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

There are a number of reasons why the number of people who are surviving to old age has increased. One of the main reasons is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

Another reason why the number of people who are surviving to old age has increased is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

There are a number of reasons why the number of people who are surviving to old age has increased. One of the main reasons is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

Another reason why the number of people who are surviving to old age has increased is that the number of people who are surviving to old age has increased. In 1980, the average person in the world lived for 55 years. In 1999, the average person in the world lived for 65 years.

the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1998 (Department of Health 1999). The number of people in the public sector who are employed in health care has increased by 1.2 million, from 1.3 million in 1980 to 2.5 million in 1998 (Department of Health 1999).

There is a growing emphasis on the importance of the public sector in the provision of health care. The Department of Health (1999) has stated that the public sector is the main provider of health care in the UK. The public sector is also the main employer of health care workers. The public sector is therefore a key player in the health care system. The public sector is also the main provider of health care services. The public sector is therefore a key player in the health care system.

The public sector is the main provider of health care services. The public sector is therefore a key player in the health care system. The public sector is also the main employer of health care workers. The public sector is therefore a key player in the health care system. The public sector is also the main provider of health care services. The public sector is therefore a key player in the health care system.

The public sector is the main provider of health care services. The public sector is therefore a key player in the health care system. The public sector is also the main employer of health care workers. The public sector is therefore a key player in the health care system. The public sector is also the main provider of health care services. The public sector is therefore a key player in the health care system.

The public sector is the main provider of health care services. The public sector is therefore a key player in the health care system. The public sector is also the main employer of health care workers. The public sector is therefore a key player in the health care system. The public sector is also the main provider of health care services. The public sector is therefore a key player in the health care system.

The public sector is the main provider of health care services. The public sector is therefore a key player in the health care system. The public sector is also the main employer of health care workers. The public sector is therefore a key player in the health care system. The public sector is also the main provider of health care services. The public sector is therefore a key player in the health care system.

The public sector is the main provider of health care services. The public sector is therefore a key player in the health care system. The public sector is also the main employer of health care workers. The public sector is therefore a key player in the health care system. The public sector is also the main provider of health care services. The public sector is therefore a key player in the health care system.

The public sector is the main provider of health care services. The public sector is therefore a key player in the health care system. The public sector is also the main employer of health care workers. The public sector is therefore a key player in the health care system. The public sector is also the main provider of health care services. The public sector is therefore a key player in the health care system.

The public sector is the main provider of health care services. The public sector is therefore a key player in the health care system. The public sector is also the main employer of health care workers. The public sector is therefore a key player in the health care system. The public sector is also the main provider of health care services. The public sector is therefore a key player in the health care system.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1.2 million (Office of National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2011, and the number of people aged 75 and over to 4.5 million (Office of National Statistics 1999).

There is a growing awareness of the need to address the health and social care needs of older people. The Department of Health (1999) has identified the need to develop a new approach to the care of older people, one that is based on a partnership between the health and social care sectors. The Department of Health (1999) has also identified the need to develop a new approach to the care of older people, one that is based on a partnership between the health and social care sectors.

The Department of Health (1999) has identified the need to develop a new approach to the care of older people, one that is based on a partnership between the health and social care sectors. The Department of Health (1999) has also identified the need to develop a new approach to the care of older people, one that is based on a partnership between the health and social care sectors.

The Department of Health (1999) has identified the need to develop a new approach to the care of older people, one that is based on a partnership between the health and social care sectors. The Department of Health (1999) has also identified the need to develop a new approach to the care of older people, one that is based on a partnership between the health and social care sectors.

The Department of Health (1999) has identified the need to develop a new approach to the care of older people, one that is based on a partnership between the health and social care sectors. The Department of Health (1999) has also identified the need to develop a new approach to the care of older people, one that is based on a partnership between the health and social care sectors.

The Department of Health (1999) has identified the need to develop a new approach to the care of older people, one that is based on a partnership between the health and social care sectors. The Department of Health (1999) has also identified the need to develop a new approach to the care of older people, one that is based on a partnership between the health and social care sectors.

The Department of Health (1999) has identified the need to develop a new approach to the care of older people, one that is based on a partnership between the health and social care sectors. The Department of Health (1999) has also identified the need to develop a new approach to the care of older people, one that is based on a partnership between the health and social care sectors.

The Department of Health (1999) has identified the need to develop a new approach to the care of older people, one that is based on a partnership between the health and social care sectors. The Department of Health (1999) has also identified the need to develop a new approach to the care of older people, one that is based on a partnership between the health and social care sectors.

The Department of Health (1999) has identified the need to develop a new approach to the care of older people, one that is based on a partnership between the health and social care sectors. The Department of Health (1999) has also identified the need to develop a new approach to the care of older people, one that is based on a partnership between the health and social care sectors.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1.1 million (Office of National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2010, and the number of people aged 75 and over to 3.5 million (Office of National Statistics 1999).

There is a growing awareness of the need to develop services to meet the needs of older people, and a number of initiatives have been launched in the UK to address this need. The Department of Health has launched the 'Age Friendly' initiative, which aims to ensure that services are designed to meet the needs of older people. The initiative includes a number of measures, such as ensuring that services are accessible to older people, and that staff are trained to meet the needs of older people. The initiative also includes a number of measures to ensure that older people are consulted in the design of services.

The 'Age Friendly' initiative is a key part of the government's strategy for older people. It is a multi-departmental initiative, involving the Department of Health, the Department of Social Security, and the Department of Transport. The initiative is designed to ensure that services are designed to meet the needs of older people, and that older people are consulted in the design of services.

The 'Age Friendly' initiative is a key part of the government's strategy for older people. It is a multi-departmental initiative, involving the Department of Health, the Department of Social Security, and the Department of Transport. The initiative is designed to ensure that services are designed to meet the needs of older people, and that older people are consulted in the design of services.

The 'Age Friendly' initiative is a key part of the government's strategy for older people. It is a multi-departmental initiative, involving the Department of Health, the Department of Social Security, and the Department of Transport. The initiative is designed to ensure that services are designed to meet the needs of older people, and that older people are consulted in the design of services.

The 'Age Friendly' initiative is a key part of the government's strategy for older people. It is a multi-departmental initiative, involving the Department of Health, the Department of Social Security, and the Department of Transport. The initiative is designed to ensure that services are designed to meet the needs of older people, and that older people are consulted in the design of services.

The 'Age Friendly' initiative is a key part of the government's strategy for older people. It is a multi-departmental initiative, involving the Department of Health, the Department of Social Security, and the Department of Transport. The initiative is designed to ensure that services are designed to meet the needs of older people, and that older people are consulted in the design of services.

The 'Age Friendly' initiative is a key part of the government's strategy for older people. It is a multi-departmental initiative, involving the Department of Health, the Department of Social Security, and the Department of Transport. The initiative is designed to ensure that services are designed to meet the needs of older people, and that older people are consulted in the design of services.

The 'Age Friendly' initiative is a key part of the government's strategy for older people. It is a multi-departmental initiative, involving the Department of Health, the Department of Social Security, and the Department of Transport. The initiative is designed to ensure that services are designed to meet the needs of older people, and that older people are consulted in the design of services.

The 'Age Friendly' initiative is a key part of the government's strategy for older people. It is a multi-departmental initiative, involving the Department of Health, the Department of Social Security, and the Department of Transport. The initiative is designed to ensure that services are designed to meet the needs of older people, and that older people are consulted in the design of services.

The 'Age Friendly' initiative is a key part of the government's strategy for older people. It is a multi-departmental initiative, involving the Department of Health, the Department of Social Security, and the Department of Transport. The initiative is designed to ensure that services are designed to meet the needs of older people, and that older people are consulted in the design of services.

The 'Age Friendly' initiative is a key part of the government's strategy for older people. It is a multi-departmental initiative, involving the Department of Health, the Department of Social Security, and the Department of Transport. The initiative is designed to ensure that services are designed to meet the needs of older people, and that older people are consulted in the design of services.

the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion, and the number of people aged 65 and over has increased from 0.2 billion to 0.4 billion (United Nations, 1999).

There is a growing awareness of the need to address the needs of the young and the old. The United Nations has set out a series of goals for the 21st century, including the goal of 'improving the lives of the world's youth' (United Nations, 1999). The World Bank has also set out a series of goals for the 21st century, including the goal of 'improving the lives of the world's elderly' (World Bank, 1999).

The need to address the needs of the young and the old is a global issue. It is a challenge that we all face. We need to find ways to improve the lives of the young and the old, and to ensure that they are able to live in a world that is safe, secure, and prosperous. We need to find ways to address the needs of the young and the old, and to ensure that they are able to live in a world that is safe, secure, and prosperous.

The need to address the needs of the young and the old is a global issue. It is a challenge that we all face. We need to find ways to improve the lives of the young and the old, and to ensure that they are able to live in a world that is safe, secure, and prosperous. We need to find ways to address the needs of the young and the old, and to ensure that they are able to live in a world that is safe, secure, and prosperous.

The need to address the needs of the young and the old is a global issue. It is a challenge that we all face. We need to find ways to improve the lives of the young and the old, and to ensure that they are able to live in a world that is safe, secure, and prosperous. We need to find ways to address the needs of the young and the old, and to ensure that they are able to live in a world that is safe, secure, and prosperous.

The need to address the needs of the young and the old is a global issue. It is a challenge that we all face. We need to find ways to improve the lives of the young and the old, and to ensure that they are able to live in a world that is safe, secure, and prosperous. We need to find ways to address the needs of the young and the old, and to ensure that they are able to live in a world that is safe, secure, and prosperous.

The need to address the needs of the young and the old is a global issue. It is a challenge that we all face. We need to find ways to improve the lives of the young and the old, and to ensure that they are able to live in a world that is safe, secure, and prosperous. We need to find ways to address the needs of the young and the old, and to ensure that they are able to live in a world that is safe, secure, and prosperous.

The need to address the needs of the young and the old is a global issue. It is a challenge that we all face. We need to find ways to improve the lives of the young and the old, and to ensure that they are able to live in a world that is safe, secure, and prosperous. We need to find ways to address the needs of the young and the old, and to ensure that they are able to live in a world that is safe, secure, and prosperous.

The need to address the needs of the young and the old is a global issue. It is a challenge that we all face. We need to find ways to improve the lives of the young and the old, and to ensure that they are able to live in a world that is safe, secure, and prosperous. We need to find ways to address the needs of the young and the old, and to ensure that they are able to live in a world that is safe, secure, and prosperous.

the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 12.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office of National Statistics 2000).

There is a growing awareness of the need to address the needs of older people in the community. The Department of Health (1999) has published a strategy for older people, which sets out a vision for the future of older people's health and care. The strategy is based on the following principles: older people should be able to live independently and actively; older people should be able to access the services they need; and older people should be able to participate in decisions about their care and services.

The strategy also sets out a number of key objectives for the future of older people's health and care. These include: to improve the health and well-being of older people; to ensure that older people have access to the services they need; to ensure that older people are able to participate in decisions about their care and services; and to ensure that older people are able to live independently and actively.

The strategy is a key document for the future of older people's health and care in the UK. It sets out a vision for the future of older people's health and care, and sets out a number of key objectives for the future of older people's health and care. The strategy is a key document for the future of older people's health and care in the UK.

The strategy is a key document for the future of older people's health and care in the UK. It sets out a vision for the future of older people's health and care, and sets out a number of key objectives for the future of older people's health and care. The strategy is a key document for the future of older people's health and care in the UK.

The strategy is a key document for the future of older people's health and care in the UK. It sets out a vision for the future of older people's health and care, and sets out a number of key objectives for the future of older people's health and care. The strategy is a key document for the future of older people's health and care in the UK.

The strategy is a key document for the future of older people's health and care in the UK. It sets out a vision for the future of older people's health and care, and sets out a number of key objectives for the future of older people's health and care. The strategy is a key document for the future of older people's health and care in the UK.

The strategy is a key document for the future of older people's health and care in the UK. It sets out a vision for the future of older people's health and care, and sets out a number of key objectives for the future of older people's health and care. The strategy is a key document for the future of older people's health and care in the UK.

The strategy is a key document for the future of older people's health and care in the UK. It sets out a vision for the future of older people's health and care, and sets out a number of key objectives for the future of older people's health and care. The strategy is a key document for the future of older people's health and care in the UK.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1.2 million (Office of National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2011, and the number of people aged 75 and over to 4.5 million (Office of National Statistics 1999).

There is a growing awareness of the need to develop services to meet the needs of older people, and a number of initiatives have been developed to address this need. The Department of Health (1999) has published a strategy for older people, which sets out the government's commitment to improve the lives of older people. The strategy is based on three main principles: to improve the health and well-being of older people, to improve the quality of life of older people, and to improve the support and care available to older people.

The Department of Health (1999) has also published a number of guidelines for the development of services for older people. These guidelines are based on the following principles: to involve older people in the development of services, to ensure that services are accessible to older people, to ensure that services are of high quality, and to ensure that services are cost-effective.

The Department of Health (1999) has also published a number of guidelines for the development of services for older people. These guidelines are based on the following principles: to involve older people in the development of services, to ensure that services are accessible to older people, to ensure that services are of high quality, and to ensure that services are cost-effective.

The Department of Health (1999) has also published a number of guidelines for the development of services for older people. These guidelines are based on the following principles: to involve older people in the development of services, to ensure that services are accessible to older people, to ensure that services are of high quality, and to ensure that services are cost-effective.

The Department of Health (1999) has also published a number of guidelines for the development of services for older people. These guidelines are based on the following principles: to involve older people in the development of services, to ensure that services are accessible to older people, to ensure that services are of high quality, and to ensure that services are cost-effective.

The Department of Health (1999) has also published a number of guidelines for the development of services for older people. These guidelines are based on the following principles: to involve older people in the development of services, to ensure that services are accessible to older people, to ensure that services are of high quality, and to ensure that services are cost-effective.

The Department of Health (1999) has also published a number of guidelines for the development of services for older people. These guidelines are based on the following principles: to involve older people in the development of services, to ensure that services are accessible to older people, to ensure that services are of high quality, and to ensure that services are cost-effective.

The Department of Health (1999) has also published a number of guidelines for the development of services for older people. These guidelines are based on the following principles: to involve older people in the development of services, to ensure that services are accessible to older people, to ensure that services are of high quality, and to ensure that services are cost-effective.

the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion, and the number of people aged 65 and over has increased from 0.2 billion to 0.4 billion (United Nations, 1999).

There is a growing awareness of the need to address the needs of the young and the old. The United Nations has developed the concept of the 'age-friendly' environment, which is an environment that is designed to be accessible and usable by all people, regardless of age (United Nations, 1999). The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age.

The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age. The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age.

The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age. The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age.

The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age. The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age.

The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age. The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age.

The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age. The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age.

The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age. The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age.

The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age. The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age.

the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion, and the number of people aged 65 and over has increased from 0.2 billion to 0.4 billion (United Nations, 1999).

There are a number of reasons why the world population is ageing. One of the main reasons is that the number of people who are surviving to old age has increased. This is due to a number of factors, including improvements in medical care, better nutrition, and a decline in the number of people who are dying from infectious diseases. Another reason is that the number of people who are having children is decreasing. This is due to a number of factors, including a decline in the number of people who are having children at a young age, and a decline in the number of people who are having children at all.

The ageing of the world population has a number of implications. One of the main implications is that it will lead to a decline in the number of people who are working. This is because the number of people who are working is declining, while the number of people who are retired is increasing. This will lead to a decline in the number of people who are contributing to the economy, and a decline in the number of people who are paying taxes.

Another implication is that it will lead to a decline in the number of people who are able to support themselves. This is because the number of people who are able to support themselves is declining, while the number of people who are unable to support themselves is increasing. This will lead to a decline in the number of people who are able to pay for their own care, and a decline in the number of people who are able to pay for the care of others.

There are a number of ways in which the world population can be aged. One way is by increasing the number of people who are surviving to old age. This can be done by improving medical care, better nutrition, and a decline in the number of people who are dying from infectious diseases. Another way is by decreasing the number of people who are having children. This can be done by a decline in the number of people who are having children at a young age, and a decline in the number of people who are having children at all.

The ageing of the world population is a major challenge for the world. It will lead to a decline in the number of people who are working, a decline in the number of people who are able to support themselves, and a decline in the number of people who are able to pay for their own care. It is important that we take steps to address these challenges, so that we can ensure a better future for all people.

References

- United Nations. (1999). *World population prospects: The 1999 revision*. New York: United Nations.
- World Bank. (1999). *World development indicators*. Washington, DC: World Bank.
- World Health Organization. (1999). *World health statistics quarterly*. Geneva: World Health Organization.
- World Population Council. (1999). *World population prospects: The 1999 revision*. New York: World Population Council.
- World Population Review. (1999). *World population prospects: The 1999 revision*. New York: World Population Review.

the 1990s, the incidence of *S. flexneri* has increased in the United Kingdom [10]. In the United States, *S. flexneri* has been reported as the most common serotype in children with acute bacterial dysentery [11].

There is a paucity of data on the epidemiology of *S. flexneri* in the United Kingdom. In the 1970s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [12]. In the 1980s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [13].

In the 1990s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [14]. In the 1990s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [15]. In the 1990s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [16].

In the 1990s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [17]. In the 1990s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [18]. In the 1990s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [19].

In the 1990s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [20]. In the 1990s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [21]. In the 1990s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [22].

In the 1990s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [23]. In the 1990s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [24]. In the 1990s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [25].

In the 1990s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [26]. In the 1990s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [27]. In the 1990s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [28].

In the 1990s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [29]. In the 1990s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [30]. In the 1990s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [31].

In the 1990s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [32]. In the 1990s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [33]. In the 1990s, *S. flexneri* was reported as the most common serotype in children with acute bacterial dysentery in the United Kingdom [34].

the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 12.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office for National Statistics 2000).

There is a growing awareness of the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to meet the needs of older people. The Department of Health (2000) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to meet the needs of older people.

The Department of Health (2000) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to meet the needs of older people. The Department of Health (2000) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to meet the needs of older people.

The Department of Health (2000) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to meet the needs of older people. The Department of Health (2000) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to meet the needs of older people.

The Department of Health (2000) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to meet the needs of older people. The Department of Health (2000) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to meet the needs of older people.

The Department of Health (2000) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to meet the needs of older people. The Department of Health (2000) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to meet the needs of older people.

The Department of Health (2000) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to meet the needs of older people. The Department of Health (2000) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to meet the needs of older people.

The Department of Health (2000) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to meet the needs of older people. The Department of Health (2000) has identified the need to develop services to meet the needs of older people, and the need to ensure that the health care system is able to meet the needs of older people.

the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion, and the number of people aged 65 and over has increased from 0.2 billion to 0.4 billion (United Nations 1999).

There are a number of reasons why the world population is ageing. First, the number of people who are aged 65 and over has increased because of the increase in life expectancy. Second, the number of people who are aged 65 and over has increased because of the increase in the number of people who are aged 65 and over. Third, the number of people who are aged 65 and over has increased because of the increase in the number of people who are aged 65 and over.

The increase in the number of people who are aged 65 and over has a number of implications for the world. First, it means that there are more people who are aged 65 and over who are dependent on others for their care. Second, it means that there are more people who are aged 65 and over who are in need of financial support. Third, it means that there are more people who are aged 65 and over who are in need of social support.

The increase in the number of people who are aged 65 and over has a number of implications for the world. First, it means that there are more people who are aged 65 and over who are dependent on others for their care. Second, it means that there are more people who are aged 65 and over who are in need of financial support. Third, it means that there are more people who are aged 65 and over who are in need of social support.

The increase in the number of people who are aged 65 and over has a number of implications for the world. First, it means that there are more people who are aged 65 and over who are dependent on others for their care. Second, it means that there are more people who are aged 65 and over who are in need of financial support. Third, it means that there are more people who are aged 65 and over who are in need of social support.

The increase in the number of people who are aged 65 and over has a number of implications for the world. First, it means that there are more people who are aged 65 and over who are dependent on others for their care. Second, it means that there are more people who are aged 65 and over who are in need of financial support. Third, it means that there are more people who are aged 65 and over who are in need of social support.

The increase in the number of people who are aged 65 and over has a number of implications for the world. First, it means that there are more people who are aged 65 and over who are dependent on others for their care. Second, it means that there are more people who are aged 65 and over who are in need of financial support. Third, it means that there are more people who are aged 65 and over who are in need of social support.

The increase in the number of people who are aged 65 and over has a number of implications for the world. First, it means that there are more people who are aged 65 and over who are dependent on others for their care. Second, it means that there are more people who are aged 65 and over who are in need of financial support. Third, it means that there are more people who are aged 65 and over who are in need of social support.

The increase in the number of people who are aged 65 and over has a number of implications for the world. First, it means that there are more people who are aged 65 and over who are dependent on others for their care. Second, it means that there are more people who are aged 65 and over who are in need of financial support. Third, it means that there are more people who are aged 65 and over who are in need of social support.

the 'information' and 'communication' fields. The 'information' field is defined as:

...the study of the processes of information creation, organisation, storage, retrieval, dissemination and use, and the social, cultural, economic and political contexts in which these processes take place. (p. 10)

The 'communication' field is defined as:

...the study of the processes of communication, the social, cultural, economic and political contexts in which these processes take place, and the impact of communication on society. (p. 10)

The 'information science' field is defined as:

...the study of the processes of information creation, organisation, storage, retrieval, dissemination and use, and the social, cultural, economic and political contexts in which these processes take place, and the impact of information science on society. (p. 10)

The 'information studies' field is defined as:

...the study of the processes of information creation, organisation, storage, retrieval, dissemination and use, and the social, cultural, economic and political contexts in which these processes take place, and the impact of information studies on society. (p. 10)

The 'information technology' field is defined as:

...the study of the processes of information creation, organisation, storage, retrieval, dissemination and use, and the social, cultural, economic and political contexts in which these processes take place, and the impact of information technology on society. (p. 10)

The 'information systems' field is defined as:

...the study of the processes of information creation, organisation, storage, retrieval, dissemination and use, and the social, cultural, economic and political contexts in which these processes take place, and the impact of information systems on society. (p. 10)

The 'information management' field is defined as:

...the study of the processes of information creation, organisation, storage, retrieval, dissemination and use, and the social, cultural, economic and political contexts in which these processes take place, and the impact of information management on society. (p. 10)

The 'information policy' field is defined as:

...the study of the processes of information creation, organisation, storage, retrieval, dissemination and use, and the social, cultural, economic and political contexts in which these processes take place, and the impact of information policy on society. (p. 10)

The 'information law' field is defined as:

...the study of the processes of information creation, organisation, storage, retrieval, dissemination and use, and the social, cultural, economic and political contexts in which these processes take place, and the impact of information law on society. (p. 10)

The 'information ethics' field is defined as:

...the study of the processes of information creation, organisation, storage, retrieval, dissemination and use, and the social, cultural, economic and political contexts in which these processes take place, and the impact of information ethics on society. (p. 10)

The 'information education' field is defined as:

...the study of the processes of information creation, organisation, storage, retrieval, dissemination and use, and the social, cultural, economic and political contexts in which these processes take place, and the impact of information education on society. (p. 10)

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–1999) and is projected to increase by a further 1.5 million by 2010 (Office of National Statistics 2000). The number of people aged 65 and over is projected to increase by 2.5 million by 2020 (Office of National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has published a strategy for the ageing population, which sets out the government's commitment to improve the health and social care of older people. The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes.

The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes. The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes.

The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes. The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes.

The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes. The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes.

The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes. The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes.

The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes. The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes.

The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes. The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes.

the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1998) and the number of people in the private sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1998) (Department of Health 1999).

There is a growing emphasis on the need to improve the quality of care and to ensure that the public sector is able to meet the needs of the population. This has led to a number of initiatives, including the introduction of the Health Care Act 1999, which aims to improve the quality of care and to ensure that the public sector is able to meet the needs of the population. The Act also aims to improve the efficiency of the public sector and to ensure that it is able to provide the best possible value for money.

The Health Care Act 1999 also aims to improve the quality of care and to ensure that the public sector is able to meet the needs of the population. This has led to a number of initiatives, including the introduction of the Health Care Act 1999, which aims to improve the quality of care and to ensure that the public sector is able to meet the needs of the population.

The Health Care Act 1999 also aims to improve the quality of care and to ensure that the public sector is able to meet the needs of the population. This has led to a number of initiatives, including the introduction of the Health Care Act 1999, which aims to improve the quality of care and to ensure that the public sector is able to meet the needs of the population.

The Health Care Act 1999 also aims to improve the quality of care and to ensure that the public sector is able to meet the needs of the population. This has led to a number of initiatives, including the introduction of the Health Care Act 1999, which aims to improve the quality of care and to ensure that the public sector is able to meet the needs of the population.

The Health Care Act 1999 also aims to improve the quality of care and to ensure that the public sector is able to meet the needs of the population. This has led to a number of initiatives, including the introduction of the Health Care Act 1999, which aims to improve the quality of care and to ensure that the public sector is able to meet the needs of the population.

The Health Care Act 1999 also aims to improve the quality of care and to ensure that the public sector is able to meet the needs of the population. This has led to a number of initiatives, including the introduction of the Health Care Act 1999, which aims to improve the quality of care and to ensure that the public sector is able to meet the needs of the population.

The Health Care Act 1999 also aims to improve the quality of care and to ensure that the public sector is able to meet the needs of the population. This has led to a number of initiatives, including the introduction of the Health Care Act 1999, which aims to improve the quality of care and to ensure that the public sector is able to meet the needs of the population.

The Health Care Act 1999 also aims to improve the quality of care and to ensure that the public sector is able to meet the needs of the population. This has led to a number of initiatives, including the introduction of the Health Care Act 1999, which aims to improve the quality of care and to ensure that the public sector is able to meet the needs of the population.

The Health Care Act 1999 also aims to improve the quality of care and to ensure that the public sector is able to meet the needs of the population. This has led to a number of initiatives, including the introduction of the Health Care Act 1999, which aims to improve the quality of care and to ensure that the public sector is able to meet the needs of the population.

The Health Care Act 1999 also aims to improve the quality of care and to ensure that the public sector is able to meet the needs of the population. This has led to a number of initiatives, including the introduction of the Health Care Act 1999, which aims to improve the quality of care and to ensure that the public sector is able to meet the needs of the population.

The Health Care Act 1999 also aims to improve the quality of care and to ensure that the public sector is able to meet the needs of the population. This has led to a number of initiatives, including the introduction of the Health Care Act 1999, which aims to improve the quality of care and to ensure that the public sector is able to meet the needs of the population.

the information science community. The paper is divided into three parts: a review of the literature, a discussion of the research methodology and a presentation of the results.

The first part of the paper is a review of the literature. The author discusses the work of other researchers who have studied the information science community. The author also discusses the work of other researchers who have studied the information science community.

The second part of the paper is a discussion of the research methodology. The author discusses the methods used to collect data and the methods used to analyze the data.

The third part of the paper is a presentation of the results. The author discusses the findings of the study and the implications of the findings.

The author concludes the paper by discussing the limitations of the study and the need for further research.

The author also discusses the implications of the findings for the information science community.

The author discusses the implications of the findings for the information science community.

The author discusses the implications of the findings for the information science community.

The author discusses the implications of the findings for the information science community.

The author discusses the implications of the findings for the information science community.

The author discusses the implications of the findings for the information science community.

The author discusses the implications of the findings for the information science community.

The author discusses the implications of the findings for the information science community.

The author discusses the implications of the findings for the information science community.

The author discusses the implications of the findings for the information science community.

The author discusses the implications of the findings for the information science community.

The author discusses the implications of the findings for the information science community.

the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1998) and the number of people in the private sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1998) (Department of Health 1999).

There is a growing emphasis on the need to improve the efficiency of the health service and to ensure that the health service is able to meet the needs of the population. This has led to a number of initiatives, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999. These initiatives have led to a number of changes in the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999.

The Health Service Act 1990 introduced a number of changes to the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999. These changes have led to a number of changes in the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999.

The Health Service Act 1997 introduced a number of changes to the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999. These changes have led to a number of changes in the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999.

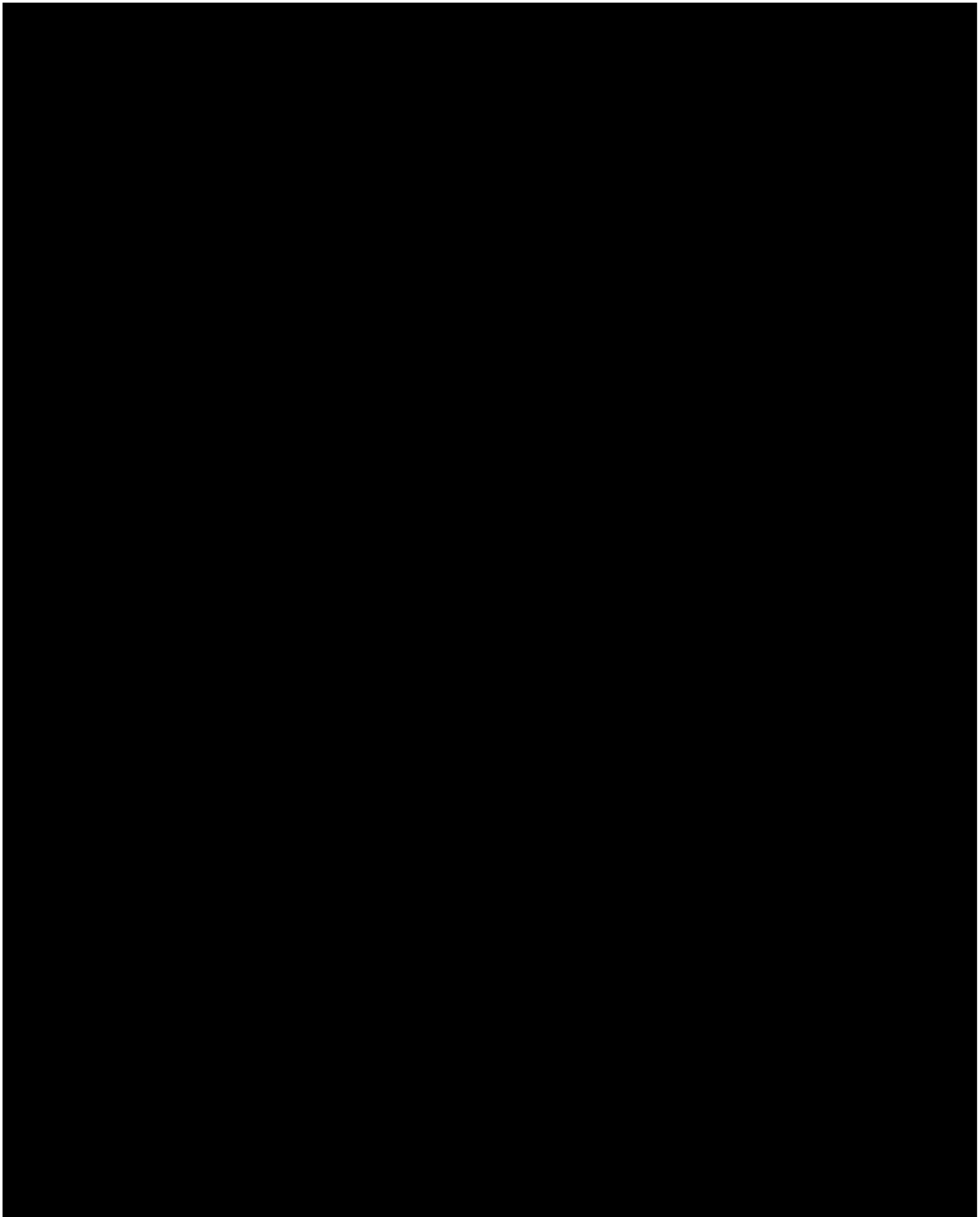
The Health Service Act 1999 introduced a number of changes to the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999. These changes have led to a number of changes in the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999.

The Health Service Act 1999 introduced a number of changes to the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999. These changes have led to a number of changes in the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999.

The Health Service Act 1999 introduced a number of changes to the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999. These changes have led to a number of changes in the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999.

The Health Service Act 1999 introduced a number of changes to the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999. These changes have led to a number of changes in the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999.

The Health Service Act 1999 introduced a number of changes to the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999. These changes have led to a number of changes in the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999.



the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–1999) and is projected to increase by a further 1.5 million by 2010 (Office of National Statistics 2000). The number of people aged 65 and over is projected to increase by 2.5 million by 2020 (Office of National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has published a strategy for the ageing population, which sets out the government's commitment to improve the health and social care of older people. The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes.

The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes. The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes.

The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes. The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes.

The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes. The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes.

The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes. The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes.

The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes. The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes.

The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes. The strategy is based on the following principles: (1) to improve the health and social care of older people; (2) to ensure that older people are able to live independently; (3) to ensure that older people are able to participate in society; and (4) to ensure that older people are able to live in their own homes.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1.2 million (Office for National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2010, and the number of people aged 75 and over to 4.5 million (Office for National Statistics 1999).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has identified the need to develop a 'new paradigm' of care for the ageing population, which is based on the principles of 'active ageing' and 'lifestyle medicine'. The new paradigm is based on the idea that people should be able to live longer, healthier, and more active lives. This requires a shift in the way that health care is delivered, from a focus on treating disease to a focus on preventing disease and promoting health.

The new paradigm is based on the idea that people should be able to live longer, healthier, and more active lives. This requires a shift in the way that health care is delivered, from a focus on treating disease to a focus on preventing disease and promoting health. The new paradigm is based on the idea that people should be able to live longer, healthier, and more active lives. This requires a shift in the way that health care is delivered, from a focus on treating disease to a focus on preventing disease and promoting health.

The new paradigm is based on the idea that people should be able to live longer, healthier, and more active lives. This requires a shift in the way that health care is delivered, from a focus on treating disease to a focus on preventing disease and promoting health. The new paradigm is based on the idea that people should be able to live longer, healthier, and more active lives. This requires a shift in the way that health care is delivered, from a focus on treating disease to a focus on preventing disease and promoting health.

The new paradigm is based on the idea that people should be able to live longer, healthier, and more active lives. This requires a shift in the way that health care is delivered, from a focus on treating disease to a focus on preventing disease and promoting health. The new paradigm is based on the idea that people should be able to live longer, healthier, and more active lives. This requires a shift in the way that health care is delivered, from a focus on treating disease to a focus on preventing disease and promoting health.

The new paradigm is based on the idea that people should be able to live longer, healthier, and more active lives. This requires a shift in the way that health care is delivered, from a focus on treating disease to a focus on preventing disease and promoting health. The new paradigm is based on the idea that people should be able to live longer, healthier, and more active lives. This requires a shift in the way that health care is delivered, from a focus on treating disease to a focus on preventing disease and promoting health.

The new paradigm is based on the idea that people should be able to live longer, healthier, and more active lives. This requires a shift in the way that health care is delivered, from a focus on treating disease to a focus on preventing disease and promoting health. The new paradigm is based on the idea that people should be able to live longer, healthier, and more active lives. This requires a shift in the way that health care is delivered, from a focus on treating disease to a focus on preventing disease and promoting health.

The new paradigm is based on the idea that people should be able to live longer, healthier, and more active lives. This requires a shift in the way that health care is delivered, from a focus on treating disease to a focus on preventing disease and promoting health. The new paradigm is based on the idea that people should be able to live longer, healthier, and more active lives. This requires a shift in the way that health care is delivered, from a focus on treating disease to a focus on preventing disease and promoting health.

the 1990s, the number of people in the world who are under 15 years of age has increased by 1.2 billion, from 1.1 billion in 1980 to 2.3 billion in 1999. The number of people aged 15 years and over has increased by 1.1 billion, from 1.1 billion in 1980 to 2.2 billion in 1999.

There are a number of reasons why the world population is growing so rapidly. One of the main reasons is that the number of children born to each woman has increased. In 1980, the average woman in the world had 2.5 children. In 1999, the average woman in the world had 2.7 children.

Another reason why the world population is growing so rapidly is that the number of people who are living longer is increasing. In 1980, the average person in the world lived for 60 years. In 1999, the average person in the world lived for 65 years.

There are a number of reasons why the number of people who are living longer is increasing. One of the main reasons is that the number of people who are getting older is increasing. In 1980, there were 1.1 billion people aged 65 and over in the world. In 1999, there were 1.2 billion people aged 65 and over in the world.

Another reason why the number of people who are living longer is increasing is that the number of people who are getting older is increasing. In 1980, there were 1.1 billion people aged 65 and over in the world. In 1999, there were 1.2 billion people aged 65 and over in the world.

There are a number of reasons why the number of people who are getting older is increasing. One of the main reasons is that the number of people who are getting older is increasing. In 1980, there were 1.1 billion people aged 65 and over in the world. In 1999, there were 1.2 billion people aged 65 and over in the world.

Another reason why the number of people who are getting older is increasing is that the number of people who are getting older is increasing. In 1980, there were 1.1 billion people aged 65 and over in the world. In 1999, there were 1.2 billion people aged 65 and over in the world.

There are a number of reasons why the number of people who are getting older is increasing. One of the main reasons is that the number of people who are getting older is increasing. In 1980, there were 1.1 billion people aged 65 and over in the world. In 1999, there were 1.2 billion people aged 65 and over in the world.

Another reason why the number of people who are getting older is increasing is that the number of people who are getting older is increasing. In 1980, there were 1.1 billion people aged 65 and over in the world. In 1999, there were 1.2 billion people aged 65 and over in the world.

There are a number of reasons why the number of people who are getting older is increasing. One of the main reasons is that the number of people who are getting older is increasing. In 1980, there were 1.1 billion people aged 65 and over in the world. In 1999, there were 1.2 billion people aged 65 and over in the world.

Another reason why the number of people who are getting older is increasing is that the number of people who are getting older is increasing. In 1980, there were 1.1 billion people aged 65 and over in the world. In 1999, there were 1.2 billion people aged 65 and over in the world.

There are a number of reasons why the number of people who are getting older is increasing. One of the main reasons is that the number of people who are getting older is increasing. In 1980, there were 1.1 billion people aged 65 and over in the world. In 1999, there were 1.2 billion people aged 65 and over in the world.

Another reason why the number of people who are getting older is increasing is that the number of people who are getting older is increasing. In 1980, there were 1.1 billion people aged 65 and over in the world. In 1999, there were 1.2 billion people aged 65 and over in the world.

the 1990s, the number of people in the world who are under 15 years of age has increased by 1.2 billion, from 1.1 billion in 1980 to 2.3 billion in 1999. The number of people aged 15 years and over has increased by 1.1 billion, from 1.1 billion in 1980 to 2.2 billion in 1999.

There are a number of reasons why the world population is growing so rapidly. One of the main reasons is that the number of children born to each woman has increased. In 1980, the average woman in the world had 2.5 children. In 1999, the average woman in the world had 2.7 children.

Another reason why the world population is growing so rapidly is that the number of people who are living longer is increasing. In 1980, the average life expectancy in the world was 67 years. In 1999, the average life expectancy in the world was 72 years.

There are a number of reasons why the number of people who are living longer is increasing. One of the main reasons is that the number of people who are getting older is increasing. In 1980, there were 1.1 billion people aged 65 and over in the world. In 1999, there were 1.2 billion people aged 65 and over in the world.

Another reason why the number of people who are living longer is increasing is that the number of people who are getting healthier is increasing. In 1980, the average person in the world had 1.1 diseases. In 1999, the average person in the world had 1.2 diseases.

There are a number of reasons why the number of people who are getting healthier is increasing. One of the main reasons is that the number of people who are getting better educated is increasing. In 1980, the average person in the world had 1.1 years of schooling. In 1999, the average person in the world had 1.2 years of schooling.

Another reason why the number of people who are getting healthier is increasing is that the number of people who are getting better fed is increasing. In 1980, the average person in the world had 1.1 calories of food. In 1999, the average person in the world had 1.2 calories of food.

There are a number of reasons why the number of people who are getting better fed is increasing. One of the main reasons is that the number of people who are getting better housed is increasing. In 1980, the average person in the world had 1.1 square metres of floor space. In 1999, the average person in the world had 1.2 square metres of floor space.

Another reason why the number of people who are getting better fed is increasing is that the number of people who are getting better clothed is increasing. In 1980, the average person in the world had 1.1 pieces of clothing. In 1999, the average person in the world had 1.2 pieces of clothing.

There are a number of reasons why the number of people who are getting better clothed is increasing. One of the main reasons is that the number of people who are getting better sheltered is increasing. In 1980, the average person in the world had 1.1 square metres of floor space. In 1999, the average person in the world had 1.2 square metres of floor space.

Another reason why the number of people who are getting better clothed is increasing is that the number of people who are getting better educated is increasing. In 1980, the average person in the world had 1.1 years of schooling. In 1999, the average person in the world had 1.2 years of schooling.

There are a number of reasons why the number of people who are getting better educated is increasing. One of the main reasons is that the number of people who are getting better housed is increasing. In 1980, the average person in the world had 1.1 square metres of floor space. In 1999, the average person in the world had 1.2 square metres of floor space.

the 1990s, the number of people in the world who are under 15 years of age has increased by 1.2 billion, from 1.1 billion in 1980 to 2.3 billion in 1999. The number of people aged 15 years and over has increased by 1.1 billion, from 1.1 billion in 1980 to 2.2 billion in 1999.

There are a number of reasons why the world population is growing so rapidly. One of the main reasons is that the number of children born to each woman has increased. In 1980, the average woman in the world had 2.5 children. In 1999, the average woman in the world had 2.7 children.

Another reason why the world population is growing so rapidly is that the number of people who are living longer is increasing. In 1980, the average life expectancy in the world was 67 years. In 1999, the average life expectancy in the world was 72 years.

There are a number of reasons why the number of people who are living longer is increasing. One of the main reasons is that the number of people who are getting older is increasing. In 1980, there were 1.1 billion people aged 65 and over in the world. In 1999, there were 1.2 billion people aged 65 and over in the world.

Another reason why the number of people who are living longer is increasing is that the number of people who are getting healthier is increasing. In 1980, the average person in the world had 1.1 diseases. In 1999, the average person in the world had 1.2 diseases.

There are a number of reasons why the number of people who are getting healthier is increasing. One of the main reasons is that the number of people who are getting better educated is increasing. In 1980, the average person in the world had 1.1 years of schooling. In 1999, the average person in the world had 1.2 years of schooling.

Another reason why the number of people who are getting healthier is increasing is that the number of people who are getting better fed is increasing. In 1980, the average person in the world had 1.1 calories of food. In 1999, the average person in the world had 1.2 calories of food.

There are a number of reasons why the number of people who are getting better fed is increasing. One of the main reasons is that the number of people who are getting better housed is increasing. In 1980, the average person in the world had 1.1 square metres of floor space. In 1999, the average person in the world had 1.2 square metres of floor space.

Another reason why the number of people who are getting better fed is increasing is that the number of people who are getting better clothed is increasing. In 1980, the average person in the world had 1.1 pieces of clothing. In 1999, the average person in the world had 1.2 pieces of clothing.

There are a number of reasons why the number of people who are getting better clothed is increasing. One of the main reasons is that the number of people who are getting better sheltered is increasing. In 1980, the average person in the world had 1.1 square metres of floor space. In 1999, the average person in the world had 1.2 square metres of floor space.

Another reason why the number of people who are getting better clothed is increasing is that the number of people who are getting better educated is increasing. In 1980, the average person in the world had 1.1 years of schooling. In 1999, the average person in the world had 1.2 years of schooling.

There are a number of reasons why the number of people who are getting better educated is increasing. One of the main reasons is that the number of people who are getting better housed is increasing. In 1980, the average person in the world had 1.1 square metres of floor space. In 1999, the average person in the world had 1.2 square metres of floor space.

the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion. The number of people aged 65 and over has increased from 200 million to 350 million. The number of people aged 15–64 years has increased from 2.5 billion to 3.5 billion.

There are a number of factors that have contributed to the increase in the number of people in the world who are under 15 years of age. One of the main factors is the increase in the number of people who are surviving into old age. This is due to a number of factors, including improvements in medical care, better nutrition, and a decline in the number of people who are dying from infectious diseases.

Another factor is the increase in the number of people who are having children. This is due to a number of factors, including a decline in the number of people who are having children at a young age, and a decline in the number of people who are having children at all. This is due to a number of factors, including a decline in the number of people who are having children at a young age, and a decline in the number of people who are having children at all.

The increase in the number of people in the world who are under 15 years of age is a major challenge for the world. It is a challenge because it means that there are more people who need to be educated, and more people who need to be employed. It is a challenge because it means that there are more people who need to be supported by the state, and more people who need to be supported by their families.

The increase in the number of people in the world who are under 15 years of age is a challenge for the world. It is a challenge because it means that there are more people who need to be educated, and more people who need to be employed. It is a challenge because it means that there are more people who need to be supported by the state, and more people who need to be supported by their families.

The increase in the number of people in the world who are under 15 years of age is a challenge for the world. It is a challenge because it means that there are more people who need to be educated, and more people who need to be employed. It is a challenge because it means that there are more people who need to be supported by the state, and more people who need to be supported by their families.

The increase in the number of people in the world who are under 15 years of age is a challenge for the world. It is a challenge because it means that there are more people who need to be educated, and more people who need to be employed. It is a challenge because it means that there are more people who need to be supported by the state, and more people who need to be supported by their families.

The increase in the number of people in the world who are under 15 years of age is a challenge for the world. It is a challenge because it means that there are more people who need to be educated, and more people who need to be employed. It is a challenge because it means that there are more people who need to be supported by the state, and more people who need to be supported by their families.

The increase in the number of people in the world who are under 15 years of age is a challenge for the world. It is a challenge because it means that there are more people who need to be educated, and more people who need to be employed. It is a challenge because it means that there are more people who need to be supported by the state, and more people who need to be supported by their families.

The increase in the number of people in the world who are under 15 years of age is a challenge for the world. It is a challenge because it means that there are more people who need to be educated, and more people who need to be employed. It is a challenge because it means that there are more people who need to be supported by the state, and more people who need to be supported by their families.

The increase in the number of people in the world who are under 15 years of age is a challenge for the world. It is a challenge because it means that there are more people who need to be educated, and more people who need to be employed. It is a challenge because it means that there are more people who need to be supported by the state, and more people who need to be supported by their families.

The increase in the number of people in the world who are under 15 years of age is a challenge for the world. It is a challenge because it means that there are more people who need to be educated, and more people who need to be employed. It is a challenge because it means that there are more people who need to be supported by the state, and more people who need to be supported by their families.

the 1990s, the number of people in the world who are under 15 years of age has increased by 1.2 billion, from 1.1 billion in 1980 to 2.3 billion in 1999. The number of people aged 15 years and over has increased by 1.1 billion, from 1.1 billion in 1980 to 2.2 billion in 1999.

There are a number of reasons why the world population is growing so rapidly. One of the main reasons is that the number of children born to each woman has increased. In 1980, the average woman in the world had 2.5 children. In 1999, the average woman in the world had 2.7 children.

Another reason why the world population is growing so rapidly is that the number of people who are living longer is increasing. In 1980, the average life expectancy in the world was 67 years. In 1999, the average life expectancy in the world was 72 years.

There are a number of reasons why the number of people who are living longer is increasing. One of the main reasons is that the number of people who are getting older is increasing. In 1980, there were 1.1 billion people aged 65 and over in the world. In 1999, there were 1.2 billion people aged 65 and over in the world.

Another reason why the number of people who are living longer is increasing is that the number of people who are getting healthier is increasing. In 1980, the average person in the world had 1.1 diseases. In 1999, the average person in the world had 1.2 diseases.

There are a number of reasons why the number of people who are getting healthier is increasing. One of the main reasons is that the number of people who are getting better educated is increasing. In 1980, the average person in the world had 1.1 years of schooling. In 1999, the average person in the world had 1.2 years of schooling.

Another reason why the number of people who are getting healthier is increasing is that the number of people who are getting better fed is increasing. In 1980, the average person in the world had 1.1 calories of food. In 1999, the average person in the world had 1.2 calories of food.

There are a number of reasons why the number of people who are getting better fed is increasing. One of the main reasons is that the number of people who are getting better housed is increasing. In 1980, the average person in the world had 1.1 square metres of floor space. In 1999, the average person in the world had 1.2 square metres of floor space.

Another reason why the number of people who are getting better fed is increasing is that the number of people who are getting better clothed is increasing. In 1980, the average person in the world had 1.1 pieces of clothing. In 1999, the average person in the world had 1.2 pieces of clothing.

There are a number of reasons why the number of people who are getting better clothed is increasing. One of the main reasons is that the number of people who are getting better sheltered is increasing. In 1980, the average person in the world had 1.1 square metres of shelter. In 1999, the average person in the world had 1.2 square metres of shelter.

Another reason why the number of people who are getting better clothed is increasing is that the number of people who are getting better educated is increasing. In 1980, the average person in the world had 1.1 years of schooling. In 1999, the average person in the world had 1.2 years of schooling.

There are a number of reasons why the number of people who are getting better educated is increasing. One of the main reasons is that the number of people who are getting better housed is increasing. In 1980, the average person in the world had 1.1 square metres of floor space. In 1999, the average person in the world had 1.2 square metres of floor space.

the 1990s, the number of people in the world who are under 15 years of age has increased by 1.2 billion, from 1.1 billion in 1980 to 2.3 billion in 1999. The number of people aged 15 years and over has increased by 1.1 billion, from 1.1 billion in 1980 to 2.2 billion in 1999.

There are a number of reasons why the world population is growing so rapidly. One of the main reasons is that the number of children born to each woman has increased. In 1980, the average woman in the world had 2.5 children. In 1999, the average woman in the world had 2.7 children.

Another reason why the world population is growing so rapidly is that the number of people who are living longer is increasing. In 1980, the average life expectancy in the world was 67 years. In 1999, the average life expectancy in the world was 72 years.

There are a number of reasons why the number of people who are living longer is increasing. One of the main reasons is that the number of people who are getting older is increasing. In 1980, there were 1.1 billion people aged 65 and over in the world. In 1999, there were 1.2 billion people aged 65 and over in the world.

Another reason why the number of people who are living longer is increasing is that the number of people who are getting healthier is increasing. In 1980, the average person in the world had 1.1 diseases. In 1999, the average person in the world had 1.2 diseases.

There are a number of reasons why the number of people who are getting healthier is increasing. One of the main reasons is that the number of people who are getting better educated is increasing. In 1980, the average person in the world had 1.1 years of schooling. In 1999, the average person in the world had 1.2 years of schooling.

Another reason why the number of people who are getting healthier is increasing is that the number of people who are getting better fed is increasing. In 1980, the average person in the world had 1.1 calories of food. In 1999, the average person in the world had 1.2 calories of food.

There are a number of reasons why the number of people who are getting better fed is increasing. One of the main reasons is that the number of people who are getting better housed is increasing. In 1980, the average person in the world had 1.1 square metres of floor space. In 1999, the average person in the world had 1.2 square metres of floor space.

Another reason why the number of people who are getting better fed is increasing is that the number of people who are getting better clothed is increasing. In 1980, the average person in the world had 1.1 pieces of clothing. In 1999, the average person in the world had 1.2 pieces of clothing.

There are a number of reasons why the number of people who are getting better clothed is increasing. One of the main reasons is that the number of people who are getting better sheltered is increasing. In 1980, the average person in the world had 1.1 square metres of floor space. In 1999, the average person in the world had 1.2 square metres of floor space.

Another reason why the number of people who are getting better clothed is increasing is that the number of people who are getting better educated is increasing. In 1980, the average person in the world had 1.1 years of schooling. In 1999, the average person in the world had 1.2 years of schooling.

There are a number of reasons why the number of people who are getting better educated is increasing. One of the main reasons is that the number of people who are getting better housed is increasing. In 1980, the average person in the world had 1.1 square metres of floor space. In 1999, the average person in the world had 1.2 square metres of floor space.

the 1990s, the number of people in the world who are under 15 years of age has increased by 1.2 billion, from 1.1 billion in 1980 to 2.3 billion in 1999. The number of people aged 15 years and over has increased by 1.1 billion, from 1.1 billion in 1980 to 2.2 billion in 1999.

There are a number of reasons why the world population is growing so rapidly. One of the main reasons is that the number of children born to each woman has increased. In 1980, the average woman in the world had 2.5 children. In 1999, the average woman in the world had 2.7 children.

Another reason why the world population is growing so rapidly is that the number of people who are living longer is increasing. In 1980, the average life expectancy in the world was 67 years. In 1999, the average life expectancy in the world was 72 years.

There are a number of reasons why the number of people who are living longer is increasing. One of the main reasons is that the number of people who are getting older is increasing. In 1980, there were 1.1 billion people aged 65 and over in the world. In 1999, there were 1.2 billion people aged 65 and over in the world.

Another reason why the number of people who are living longer is increasing is that the number of people who are getting healthier is increasing. In 1980, the average person in the world had 1.1 diseases. In 1999, the average person in the world had 1.2 diseases.

There are a number of reasons why the number of people who are getting healthier is increasing. One of the main reasons is that the number of people who are getting better educated is increasing. In 1980, the average person in the world had 1.1 years of schooling. In 1999, the average person in the world had 1.2 years of schooling.

Another reason why the number of people who are getting healthier is increasing is that the number of people who are getting better fed is increasing. In 1980, the average person in the world had 1.1 calories of food. In 1999, the average person in the world had 1.2 calories of food.

There are a number of reasons why the number of people who are getting better fed is increasing. One of the main reasons is that the number of people who are getting better housed is increasing. In 1980, the average person in the world had 1.1 square metres of floor space. In 1999, the average person in the world had 1.2 square metres of floor space.

Another reason why the number of people who are getting better fed is increasing is that the number of people who are getting better clothed is increasing. In 1980, the average person in the world had 1.1 pieces of clothing. In 1999, the average person in the world had 1.2 pieces of clothing.

There are a number of reasons why the number of people who are getting better clothed is increasing. One of the main reasons is that the number of people who are getting better sheltered is increasing. In 1980, the average person in the world had 1.1 square metres of shelter. In 1999, the average person in the world had 1.2 square metres of shelter.

Another reason why the number of people who are getting better clothed is increasing is that the number of people who are getting better protected is increasing. In 1980, the average person in the world had 1.1 pieces of protection. In 1999, the average person in the world had 1.2 pieces of protection.

There are a number of reasons why the number of people who are getting better protected is increasing. One of the main reasons is that the number of people who are getting better educated is increasing. In 1980, the average person in the world had 1.1 years of schooling. In 1999, the average person in the world had 1.2 years of schooling.

the 1990s, the number of people in the world who are under 15 years of age has increased by 1.2 billion, from 1.1 billion in 1980 to 2.3 billion in 1999. The number of people aged 15 years and over has increased by 1.1 billion, from 1.1 billion in 1980 to 2.2 billion in 1999.

There are a number of reasons why the world population is growing so rapidly. One of the main reasons is that the number of children born to each woman has increased. In 1980, the average woman in the world had 2.5 children. In 1999, the average woman in the world had 2.7 children.

Another reason why the world population is growing so rapidly is that the number of people who are living longer is increasing. In 1980, the average life expectancy in the world was 67 years. In 1999, the average life expectancy in the world was 72 years.

There are a number of reasons why the number of people who are living longer is increasing. One of the main reasons is that the number of people who are getting older is increasing. In 1980, there were 1.1 billion people aged 65 and over in the world. In 1999, there were 1.2 billion people aged 65 and over in the world.

Another reason why the number of people who are living longer is increasing is that the number of people who are getting younger is increasing. In 1980, there were 1.1 billion people aged 15 and under in the world. In 1999, there were 2.3 billion people aged 15 and under in the world.

There are a number of reasons why the number of people who are getting younger is increasing. One of the main reasons is that the number of children born to each woman has increased. In 1980, the average woman in the world had 2.5 children. In 1999, the average woman in the world had 2.7 children.

Another reason why the number of people who are getting younger is increasing is that the number of people who are getting older is increasing. In 1980, there were 1.1 billion people aged 65 and over in the world. In 1999, there were 1.2 billion people aged 65 and over in the world.

There are a number of reasons why the number of people who are getting older is increasing. One of the main reasons is that the number of people who are getting younger is increasing. In 1980, there were 1.1 billion people aged 15 and under in the world. In 1999, there were 2.3 billion people aged 15 and under in the world.

Another reason why the number of people who are getting older is increasing is that the number of people who are getting younger is increasing. In 1980, there were 1.1 billion people aged 65 and over in the world. In 1999, there were 1.2 billion people aged 65 and over in the world.

There are a number of reasons why the number of people who are getting younger is increasing. One of the main reasons is that the number of children born to each woman has increased. In 1980, the average woman in the world had 2.5 children. In 1999, the average woman in the world had 2.7 children.

Another reason why the number of people who are getting younger is increasing is that the number of people who are getting older is increasing. In 1980, there were 1.1 billion people aged 65 and over in the world. In 1999, there were 1.2 billion people aged 65 and over in the world.

There are a number of reasons why the number of people who are getting older is increasing. One of the main reasons is that the number of people who are getting younger is increasing. In 1980, there were 1.1 billion people aged 15 and under in the world. In 1999, there were 2.3 billion people aged 15 and under in the world.

Another reason why the number of people who are getting older is increasing is that the number of people who are getting younger is increasing. In 1980, there were 1.1 billion people aged 65 and over in the world. In 1999, there were 1.2 billion people aged 65 and over in the world.

the 1990s, the number of people in the world who are under 15 years of age has increased by 1.2 billion, from 1.1 billion in 1980 to 2.3 billion in 1999. The number of people aged 15 years and over has increased by 1.1 billion, from 1.1 billion in 1980 to 2.2 billion in 1999.

There are a number of reasons why the world population is growing so rapidly. One of the main reasons is that the number of children born to each woman has increased. In 1980, the average woman in the world had 2.5 children. In 1999, the average woman in the world had 2.7 children.

Another reason why the world population is growing so rapidly is that the number of people who are living longer is increasing. In 1980, the average life expectancy in the world was 67 years. In 1999, the average life expectancy in the world was 72 years.

There are a number of reasons why the number of people who are living longer is increasing. One of the main reasons is that the number of people who are getting older is increasing. In 1980, there were 1.1 billion people aged 65 and over in the world. In 1999, there were 1.2 billion people aged 65 and over in the world.

Another reason why the number of people who are living longer is increasing is that the number of people who are getting healthier is increasing. In 1980, the average person in the world had 1.1 diseases. In 1999, the average person in the world had 1.2 diseases.

There are a number of reasons why the number of people who are getting healthier is increasing. One of the main reasons is that the number of people who are getting better educated is increasing. In 1980, the average person in the world had 1.1 years of schooling. In 1999, the average person in the world had 1.2 years of schooling.

Another reason why the number of people who are getting healthier is increasing is that the number of people who are getting better fed is increasing. In 1980, the average person in the world had 1.1 calories of food. In 1999, the average person in the world had 1.2 calories of food.

There are a number of reasons why the number of people who are getting better fed is increasing. One of the main reasons is that the number of people who are getting better housed is increasing. In 1980, the average person in the world had 1.1 square metres of floor space. In 1999, the average person in the world had 1.2 square metres of floor space.

Another reason why the number of people who are getting better fed is increasing is that the number of people who are getting better clothed is increasing. In 1980, the average person in the world had 1.1 pieces of clothing. In 1999, the average person in the world had 1.2 pieces of clothing.

There are a number of reasons why the number of people who are getting better clothed is increasing. One of the main reasons is that the number of people who are getting better sheltered is increasing. In 1980, the average person in the world had 1.1 square metres of floor space. In 1999, the average person in the world had 1.2 square metres of floor space.

Another reason why the number of people who are getting better clothed is increasing is that the number of people who are getting better educated is increasing. In 1980, the average person in the world had 1.1 years of schooling. In 1999, the average person in the world had 1.2 years of schooling.

There are a number of reasons why the number of people who are getting better educated is increasing. One of the main reasons is that the number of people who are getting better housed is increasing. In 1980, the average person in the world had 1.1 square metres of floor space. In 1999, the average person in the world had 1.2 square metres of floor space.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–1999) and is projected to increase by a further 1.5 million by 2010 (Office of National Statistics 2000). The number of people aged 65 and over is projected to increase by 2.5 million by 2020 (Office of National Statistics 2000).

There is a growing awareness of the need to address the health care needs of the ageing population. The Department of Health (1999) has identified the need to develop a new approach to the care of the ageing population. This approach should be based on the principles of continuity of care, co-ordination of care, and the involvement of the patient and their family. The Department of Health (1999) has also identified the need to develop a new approach to the care of the ageing population. This approach should be based on the principles of continuity of care, co-ordination of care, and the involvement of the patient and their family.

The Department of Health (1999) has identified the need to develop a new approach to the care of the ageing population. This approach should be based on the principles of continuity of care, co-ordination of care, and the involvement of the patient and their family. The Department of Health (1999) has also identified the need to develop a new approach to the care of the ageing population. This approach should be based on the principles of continuity of care, co-ordination of care, and the involvement of the patient and their family.

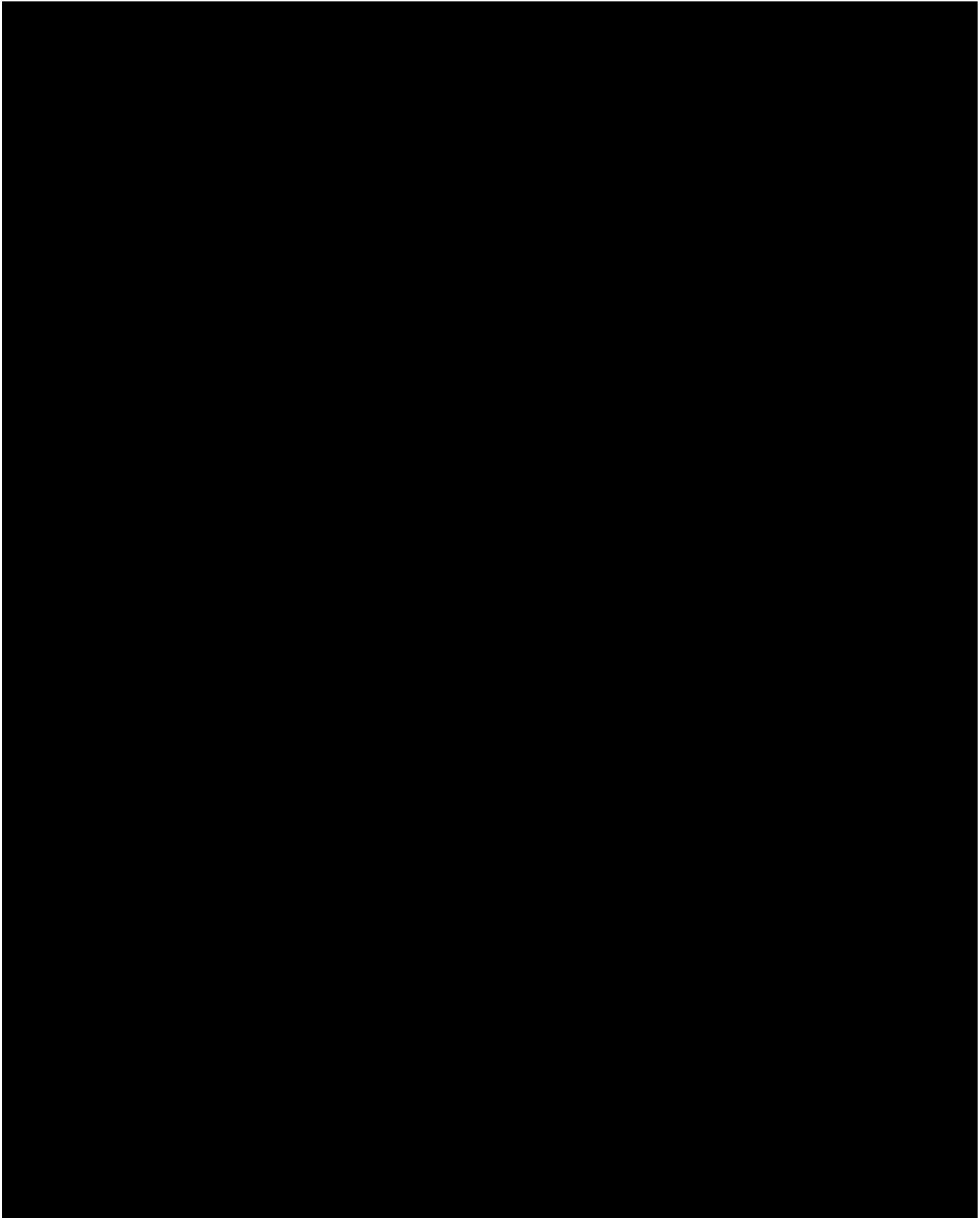
The Department of Health (1999) has identified the need to develop a new approach to the care of the ageing population. This approach should be based on the principles of continuity of care, co-ordination of care, and the involvement of the patient and their family. The Department of Health (1999) has also identified the need to develop a new approach to the care of the ageing population. This approach should be based on the principles of continuity of care, co-ordination of care, and the involvement of the patient and their family.

The Department of Health (1999) has identified the need to develop a new approach to the care of the ageing population. This approach should be based on the principles of continuity of care, co-ordination of care, and the involvement of the patient and their family. The Department of Health (1999) has also identified the need to develop a new approach to the care of the ageing population. This approach should be based on the principles of continuity of care, co-ordination of care, and the involvement of the patient and their family.

The Department of Health (1999) has identified the need to develop a new approach to the care of the ageing population. This approach should be based on the principles of continuity of care, co-ordination of care, and the involvement of the patient and their family. The Department of Health (1999) has also identified the need to develop a new approach to the care of the ageing population. This approach should be based on the principles of continuity of care, co-ordination of care, and the involvement of the patient and their family.

The Department of Health (1999) has identified the need to develop a new approach to the care of the ageing population. This approach should be based on the principles of continuity of care, co-ordination of care, and the involvement of the patient and their family. The Department of Health (1999) has also identified the need to develop a new approach to the care of the ageing population. This approach should be based on the principles of continuity of care, co-ordination of care, and the involvement of the patient and their family.

The Department of Health (1999) has identified the need to develop a new approach to the care of the ageing population. This approach should be based on the principles of continuity of care, co-ordination of care, and the involvement of the patient and their family. The Department of Health (1999) has also identified the need to develop a new approach to the care of the ageing population. This approach should be based on the principles of continuity of care, co-ordination of care, and the involvement of the patient and their family.



the 1990s, the number of people in the world who are under 15 years of age has increased by 1.2 billion, from 1.1 billion in 1980 to 2.3 billion in 1999. The number of people aged 15 years and over has increased by 1.1 billion, from 1.1 billion in 1980 to 2.2 billion in 1999.

There are a number of reasons why the world population is increasing so rapidly. One of the main reasons is that the number of children born to each woman has increased. In 1980, the average woman in the world had 2.5 children. In 1999, the average woman in the world had 2.7 children.

Another reason why the world population is increasing so rapidly is that the number of people who are living longer is increasing. In 1980, the average person in the world lived for 60 years. In 1999, the average person in the world lived for 65 years.

There are a number of reasons why the number of people who are living longer is increasing. One of the main reasons is that the number of people who are getting older is increasing. In 1980, there were 1.1 billion people aged 65 and over. In 1999, there were 1.2 billion people aged 65 and over.

Another reason why the number of people who are living longer is increasing is that the number of people who are getting younger is increasing. In 1980, there were 1.1 billion people aged 15 and under. In 1999, there were 2.3 billion people aged 15 and under.

There are a number of reasons why the number of people who are getting younger is increasing. One of the main reasons is that the number of children born to each woman has increased. In 1980, the average woman in the world had 2.5 children. In 1999, the average woman in the world had 2.7 children.

Another reason why the number of people who are getting younger is increasing is that the number of people who are getting older is increasing. In 1980, there were 1.1 billion people aged 65 and over. In 1999, there were 1.2 billion people aged 65 and over.

There are a number of reasons why the number of people who are getting older is increasing. One of the main reasons is that the number of people who are getting younger is increasing. In 1980, there were 1.1 billion people aged 15 and under. In 1999, there were 2.3 billion people aged 15 and under.

Another reason why the number of people who are getting older is increasing is that the number of people who are getting younger is increasing. In 1980, there were 1.1 billion people aged 65 and over. In 1999, there were 1.2 billion people aged 65 and over.

There are a number of reasons why the number of people who are getting younger is increasing. One of the main reasons is that the number of children born to each woman has increased. In 1980, the average woman in the world had 2.5 children. In 1999, the average woman in the world had 2.7 children.

Another reason why the number of people who are getting younger is increasing is that the number of people who are getting older is increasing. In 1980, there were 1.1 billion people aged 65 and over. In 1999, there were 1.2 billion people aged 65 and over.

There are a number of reasons why the number of people who are getting older is increasing. One of the main reasons is that the number of people who are getting younger is increasing. In 1980, there were 1.1 billion people aged 15 and under. In 1999, there were 2.3 billion people aged 15 and under.

Another reason why the number of people who are getting older is increasing is that the number of people who are getting younger is increasing. In 1980, there were 1.1 billion people aged 65 and over. In 1999, there were 1.2 billion people aged 65 and over.

the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion. The number of people aged 65 and over has increased from 200 million to 350 million. The number of people aged 15–64 years has increased from 2.5 billion to 3.5 billion.

There are a number of factors which have contributed to the increase in the number of people in the world who are under 15 years of age. These factors include a decline in the death rate, a decline in the birth rate, and a decline in the age at which people are having children.

The decline in the death rate has been the result of a number of factors, including a decline in the incidence of infectious diseases, a decline in the incidence of non-communicable diseases, and a decline in the incidence of violence.

The decline in the birth rate has been the result of a number of factors, including a decline in the number of children born to each woman, a decline in the number of women who are having children, and a decline in the number of women who are having children at a young age.

The decline in the age at which people are having children has been the result of a number of factors, including a decline in the number of people who are having children at a young age, a decline in the number of people who are having children at an older age, and a decline in the number of people who are having children at a very young age.

The increase in the number of people in the world who are aged 65 and over has been the result of a number of factors, including a decline in the death rate, a decline in the birth rate, and a decline in the age at which people are having children.

The decline in the death rate has been the result of a number of factors, including a decline in the incidence of infectious diseases, a decline in the incidence of non-communicable diseases, and a decline in the incidence of violence.

The decline in the birth rate has been the result of a number of factors, including a decline in the number of children born to each woman, a decline in the number of women who are having children, and a decline in the number of women who are having children at a young age.

The decline in the age at which people are having children has been the result of a number of factors, including a decline in the number of people who are having children at a young age, a decline in the number of people who are having children at an older age, and a decline in the number of people who are having children at a very young age.

The increase in the number of people in the world who are aged 15–64 years has been the result of a number of factors, including a decline in the death rate, a decline in the birth rate, and a decline in the age at which people are having children.

The decline in the death rate has been the result of a number of factors, including a decline in the incidence of infectious diseases, a decline in the incidence of non-communicable diseases, and a decline in the incidence of violence.

The decline in the birth rate has been the result of a number of factors, including a decline in the number of children born to each woman, a decline in the number of women who are having children, and a decline in the number of women who are having children at a young age.

The decline in the age at which people are having children has been the result of a number of factors, including a decline in the number of people who are having children at a young age, a decline in the number of people who are having children at an older age, and a decline in the number of people who are having children at a very young age.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1.2 million (Office for National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2010, and the number of people aged 75 and over to 4.5 million (Office for National Statistics 1999).

There is a growing awareness of the need to develop strategies to meet the needs of older people, and to ensure that they are able to live independently and actively in their own homes for as long as possible. This has led to a number of initiatives, including the development of new housing and care services, and the implementation of policies to support older people in their own homes. The aim of this paper is to review the current state of research on the needs of older people, and to discuss the implications for policy and practice.

The paper is organized as follows. First, we discuss the current state of research on the needs of older people, and the implications for policy and practice. We then discuss the implications for policy and practice, and finally we discuss the implications for policy and practice. The paper is organized as follows. First, we discuss the current state of research on the needs of older people, and the implications for policy and practice. We then discuss the implications for policy and practice, and finally we discuss the implications for policy and practice.

The paper is organized as follows. First, we discuss the current state of research on the needs of older people, and the implications for policy and practice. We then discuss the implications for policy and practice, and finally we discuss the implications for policy and practice. The paper is organized as follows. First, we discuss the current state of research on the needs of older people, and the implications for policy and practice. We then discuss the implications for policy and practice, and finally we discuss the implications for policy and practice.

The paper is organized as follows. First, we discuss the current state of research on the needs of older people, and the implications for policy and practice. We then discuss the implications for policy and practice, and finally we discuss the implications for policy and practice. The paper is organized as follows. First, we discuss the current state of research on the needs of older people, and the implications for policy and practice. We then discuss the implications for policy and practice, and finally we discuss the implications for policy and practice.

The paper is organized as follows. First, we discuss the current state of research on the needs of older people, and the implications for policy and practice. We then discuss the implications for policy and practice, and finally we discuss the implications for policy and practice. The paper is organized as follows. First, we discuss the current state of research on the needs of older people, and the implications for policy and practice. We then discuss the implications for policy and practice, and finally we discuss the implications for policy and practice.

The paper is organized as follows. First, we discuss the current state of research on the needs of older people, and the implications for policy and practice. We then discuss the implications for policy and practice, and finally we discuss the implications for policy and practice. The paper is organized as follows. First, we discuss the current state of research on the needs of older people, and the implications for policy and practice. We then discuss the implications for policy and practice, and finally we discuss the implications for policy and practice.

The paper is organized as follows. First, we discuss the current state of research on the needs of older people, and the implications for policy and practice. We then discuss the implications for policy and practice, and finally we discuss the implications for policy and practice. The paper is organized as follows. First, we discuss the current state of research on the needs of older people, and the implications for policy and practice. We then discuss the implications for policy and practice, and finally we discuss the implications for policy and practice.

The paper is organized as follows. First, we discuss the current state of research on the needs of older people, and the implications for policy and practice. We then discuss the implications for policy and practice, and finally we discuss the implications for policy and practice. The paper is organized as follows. First, we discuss the current state of research on the needs of older people, and the implications for policy and practice. We then discuss the implications for policy and practice, and finally we discuss the implications for policy and practice.

the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1995. The public sector has also become an important employer of women, with 60% of public sector employees being women in 1995.

There are a number of reasons why the public sector has become an important employer of women. One reason is that the public sector has a high proportion of women in the workforce. Another reason is that the public sector has a high proportion of women in the senior management positions. A third reason is that the public sector has a high proportion of women in the lower paid jobs.

The public sector has also become an important employer of women because of the increasing number of women who are in the workforce. The number of women in the workforce has increased from 1.5 million in 1980 to 3.5 million in 1995. This increase has been driven by a number of factors, including the increasing number of women who are in the workforce, the increasing number of women who are in the senior management positions, and the increasing number of women who are in the lower paid jobs.

The public sector has also become an important employer of women because of the increasing number of women who are in the workforce. The number of women in the workforce has increased from 1.5 million in 1980 to 3.5 million in 1995. This increase has been driven by a number of factors, including the increasing number of women who are in the workforce, the increasing number of women who are in the senior management positions, and the increasing number of women who are in the lower paid jobs.

The public sector has also become an important employer of women because of the increasing number of women who are in the workforce. The number of women in the workforce has increased from 1.5 million in 1980 to 3.5 million in 1995. This increase has been driven by a number of factors, including the increasing number of women who are in the workforce, the increasing number of women who are in the senior management positions, and the increasing number of women who are in the lower paid jobs.

The public sector has also become an important employer of women because of the increasing number of women who are in the workforce. The number of women in the workforce has increased from 1.5 million in 1980 to 3.5 million in 1995. This increase has been driven by a number of factors, including the increasing number of women who are in the workforce, the increasing number of women who are in the senior management positions, and the increasing number of women who are in the lower paid jobs.

The public sector has also become an important employer of women because of the increasing number of women who are in the workforce. The number of women in the workforce has increased from 1.5 million in 1980 to 3.5 million in 1995. This increase has been driven by a number of factors, including the increasing number of women who are in the workforce, the increasing number of women who are in the senior management positions, and the increasing number of women who are in the lower paid jobs.

The public sector has also become an important employer of women because of the increasing number of women who are in the workforce. The number of women in the workforce has increased from 1.5 million in 1980 to 3.5 million in 1995. This increase has been driven by a number of factors, including the increasing number of women who are in the workforce, the increasing number of women who are in the senior management positions, and the increasing number of women who are in the lower paid jobs.

the 1990s, the number of people in the world who are under 15 years of age has increased by 1.5 billion (United Nations 1999). The number of children in the world is projected to increase to 2.5 billion by the year 2025 (United Nations 1999).

There is a growing awareness of the need to address the needs of children in the world. The United Nations Convention on the Rights of the Child (1989) is the most widely ratified human rights treaty in the world. It sets out the rights of children and the responsibilities of adults to protect and promote these rights. The Convention has been ratified by 113 countries, including all of the member states of the United Nations.

The Convention on the Rights of the Child (1989) is a landmark document in the history of children's rights. It sets out the rights of children and the responsibilities of adults to protect and promote these rights. The Convention has been ratified by 113 countries, including all of the member states of the United Nations.

The Convention on the Rights of the Child (1989) is a landmark document in the history of children's rights. It sets out the rights of children and the responsibilities of adults to protect and promote these rights. The Convention has been ratified by 113 countries, including all of the member states of the United Nations.

The Convention on the Rights of the Child (1989) is a landmark document in the history of children's rights. It sets out the rights of children and the responsibilities of adults to protect and promote these rights. The Convention has been ratified by 113 countries, including all of the member states of the United Nations.

The Convention on the Rights of the Child (1989) is a landmark document in the history of children's rights. It sets out the rights of children and the responsibilities of adults to protect and promote these rights. The Convention has been ratified by 113 countries, including all of the member states of the United Nations.

The Convention on the Rights of the Child (1989) is a landmark document in the history of children's rights. It sets out the rights of children and the responsibilities of adults to protect and promote these rights. The Convention has been ratified by 113 countries, including all of the member states of the United Nations.

The Convention on the Rights of the Child (1989) is a landmark document in the history of children's rights. It sets out the rights of children and the responsibilities of adults to protect and promote these rights. The Convention has been ratified by 113 countries, including all of the member states of the United Nations.

The Convention on the Rights of the Child (1989) is a landmark document in the history of children's rights. It sets out the rights of children and the responsibilities of adults to protect and promote these rights. The Convention has been ratified by 113 countries, including all of the member states of the United Nations.

the 1990s, the number of people in the world who are under 15 years of age has increased by 1.5 billion (United Nations 1999). The number of children in the world is projected to increase to 2.5 billion by the year 2025 (United Nations 1999).

There is a growing concern that the world's children are not getting the best start in life. The World Bank (1994) has estimated that 1 billion children are at risk of not reaching their full potential. The World Bank (1994) has identified four major areas of concern: (1) malnutrition, (2) lack of access to basic services, (3) lack of access to education, and (4) lack of access to health care.

The World Bank (1994) has identified four major areas of concern: (1) malnutrition, (2) lack of access to basic services, (3) lack of access to education, and (4) lack of access to health care. The World Bank (1994) has identified four major areas of concern: (1) malnutrition, (2) lack of access to basic services, (3) lack of access to education, and (4) lack of access to health care.

The World Bank (1994) has identified four major areas of concern: (1) malnutrition, (2) lack of access to basic services, (3) lack of access to education, and (4) lack of access to health care. The World Bank (1994) has identified four major areas of concern: (1) malnutrition, (2) lack of access to basic services, (3) lack of access to education, and (4) lack of access to health care.

The World Bank (1994) has identified four major areas of concern: (1) malnutrition, (2) lack of access to basic services, (3) lack of access to education, and (4) lack of access to health care. The World Bank (1994) has identified four major areas of concern: (1) malnutrition, (2) lack of access to basic services, (3) lack of access to education, and (4) lack of access to health care.

The World Bank (1994) has identified four major areas of concern: (1) malnutrition, (2) lack of access to basic services, (3) lack of access to education, and (4) lack of access to health care. The World Bank (1994) has identified four major areas of concern: (1) malnutrition, (2) lack of access to basic services, (3) lack of access to education, and (4) lack of access to health care.

The World Bank (1994) has identified four major areas of concern: (1) malnutrition, (2) lack of access to basic services, (3) lack of access to education, and (4) lack of access to health care. The World Bank (1994) has identified four major areas of concern: (1) malnutrition, (2) lack of access to basic services, (3) lack of access to education, and (4) lack of access to health care.

The World Bank (1994) has identified four major areas of concern: (1) malnutrition, (2) lack of access to basic services, (3) lack of access to education, and (4) lack of access to health care. The World Bank (1994) has identified four major areas of concern: (1) malnutrition, (2) lack of access to basic services, (3) lack of access to education, and (4) lack of access to health care.

The World Bank (1994) has identified four major areas of concern: (1) malnutrition, (2) lack of access to basic services, (3) lack of access to education, and (4) lack of access to health care. The World Bank (1994) has identified four major areas of concern: (1) malnutrition, (2) lack of access to basic services, (3) lack of access to education, and (4) lack of access to health care.

the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1995. The public sector has also become an important employer of women, with 60% of public sector employees being women in 1995, compared with 50% in 1980.

There are a number of reasons why the public sector has become an important employer of women. One reason is that the public sector has a high proportion of jobs that are traditionally held by women, such as teaching, nursing, and social work. Another reason is that the public sector has a high proportion of jobs that are part-time or flexible, which are more likely to be held by women. A third reason is that the public sector has a high proportion of jobs that are in the service sector, which is also a sector that is traditionally held by women.

The public sector has also become an important employer of women because of the increasing demand for public services. As the population ages, there is a growing need for services such as health care, social care, and education. This has led to an increase in the number of people employed in the public sector, and a corresponding increase in the number of women employed in the public sector.

The public sector has also become an important employer of women because of the increasing demand for flexible working arrangements. Many women have to juggle their work and family commitments, and the public sector has been able to provide a range of flexible working arrangements to meet their needs. This has made the public sector a more attractive employer for women.

The public sector has also become an important employer of women because of the increasing demand for high-quality public services. The public sector has been able to attract and retain a high proportion of highly skilled and motivated staff, and this has helped to ensure that public services are of a high quality. This has made the public sector a more attractive employer for women.

The public sector has also become an important employer of women because of the increasing demand for public services that are delivered by women. Many public services, such as health care, social care, and education, are delivered by women, and this has made the public sector a more attractive employer for women.

The public sector has also become an important employer of women because of the increasing demand for public services that are delivered by women. Many public services, such as health care, social care, and education, are delivered by women, and this has made the public sector a more attractive employer for women.

The public sector has also become an important employer of women because of the increasing demand for public services that are delivered by women. Many public services, such as health care, social care, and education, are delivered by women, and this has made the public sector a more attractive employer for women.

The public sector has also become an important employer of women because of the increasing demand for public services that are delivered by women. Many public services, such as health care, social care, and education, are delivered by women, and this has made the public sector a more attractive employer for women.

the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1995. The public sector has also become an important employer of women, with 60% of public sector employees being women in 1995, compared with 50% in 1980.

There are a number of reasons why the public sector has become an important employer of women. One reason is that the public sector has a high proportion of jobs that are traditionally held by women, such as teaching, nursing, and social work. Another reason is that the public sector has a high proportion of jobs that are part-time or flexible, which are more likely to be held by women. A third reason is that the public sector has a high proportion of jobs that are in the service sector, which is also a sector that is traditionally held by women.

The public sector has also become an important employer of women because of the increasing demand for public services. As the population ages, there is a growing need for services such as health care, social care, and education. This has led to an increase in the number of people employed in the public sector, and a corresponding increase in the number of women employed in the public sector.

The public sector has also become an important employer of women because of the increasing demand for flexible working arrangements. Many women have to juggle their work and family commitments, and the public sector has been able to provide a range of flexible working arrangements to meet their needs. This has made the public sector a more attractive employer for women.

The public sector has also become an important employer of women because of the increasing demand for high-quality public services. The public sector has been able to attract and retain a high proportion of highly skilled and motivated staff, and this has helped to ensure that the public sector provides high-quality services to the public. This has made the public sector a more attractive employer for women.

The public sector has also become an important employer of women because of the increasing demand for public services that are delivered by women. Many public services, such as health care, social care, and education, are delivered by women, and this has made the public sector a more attractive employer for women. This is because women are often better placed to understand the needs of other women, and to provide a more caring and supportive environment for them.

The public sector has also become an important employer of women because of the increasing demand for public services that are delivered by women who are also mothers. Many women who are mothers find it difficult to find a job that allows them to balance their work and family commitments, and the public sector has been able to provide a range of flexible working arrangements to meet their needs. This has made the public sector a more attractive employer for women who are mothers.

The public sector has also become an important employer of women because of the increasing demand for public services that are delivered by women who are also carers. Many women who are carers find it difficult to find a job that allows them to balance their work and family commitments, and the public sector has been able to provide a range of flexible working arrangements to meet their needs. This has made the public sector a more attractive employer for women who are carers.

The public sector has also become an important employer of women because of the increasing demand for public services that are delivered by women who are also disabled. Many women who are disabled find it difficult to find a job that allows them to balance their work and family commitments, and the public sector has been able to provide a range of flexible working arrangements to meet their needs. This has made the public sector a more attractive employer for women who are disabled.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1 million (Office of National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2011, and the number of people aged 75 and over to 3.5 million (Office of National Statistics 1999).

There is a growing awareness of the need to develop services to meet the needs of older people, and a number of initiatives have been developed to address this need. The Department of Health (1999) has published a strategy for older people, which sets out the government's commitment to improve the lives of older people. The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities.

The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities. The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities.

The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities. The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities.

The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities. The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities.

The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities. The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities.

The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities. The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities.

The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities. The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1 million (Office of National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2010, and the number of people aged 75 and over to 3.5 million (Office of National Statistics 1999).

There is a growing awareness of the need to develop services to meet the needs of older people, and a number of initiatives have been launched in the UK to address this need. The Department of Health has launched the 'Ageing Well' initiative, which aims to improve the lives of older people by providing them with the services and support they need. The Department of Health has also launched the 'Ageing Well' campaign, which aims to raise awareness of the needs of older people and to encourage people to get involved in helping them.

The 'Ageing Well' initiative is a multi-agency effort involving the Department of Health, the Department of Social Security, the Department of the Environment, and the Department of Transport. The initiative is aimed at improving the lives of older people by providing them with the services and support they need. The initiative is also aimed at raising awareness of the needs of older people and at encouraging people to get involved in helping them.

The 'Ageing Well' initiative is a multi-agency effort involving the Department of Health, the Department of Social Security, the Department of the Environment, and the Department of Transport. The initiative is aimed at improving the lives of older people by providing them with the services and support they need. The initiative is also aimed at raising awareness of the needs of older people and at encouraging people to get involved in helping them.

The 'Ageing Well' initiative is a multi-agency effort involving the Department of Health, the Department of Social Security, the Department of the Environment, and the Department of Transport. The initiative is aimed at improving the lives of older people by providing them with the services and support they need. The initiative is also aimed at raising awareness of the needs of older people and at encouraging people to get involved in helping them.

The 'Ageing Well' initiative is a multi-agency effort involving the Department of Health, the Department of Social Security, the Department of the Environment, and the Department of Transport. The initiative is aimed at improving the lives of older people by providing them with the services and support they need. The initiative is also aimed at raising awareness of the needs of older people and at encouraging people to get involved in helping them.

The 'Ageing Well' initiative is a multi-agency effort involving the Department of Health, the Department of Social Security, the Department of the Environment, and the Department of Transport. The initiative is aimed at improving the lives of older people by providing them with the services and support they need. The initiative is also aimed at raising awareness of the needs of older people and at encouraging people to get involved in helping them.

The 'Ageing Well' initiative is a multi-agency effort involving the Department of Health, the Department of Social Security, the Department of the Environment, and the Department of Transport. The initiative is aimed at improving the lives of older people by providing them with the services and support they need. The initiative is also aimed at raising awareness of the needs of older people and at encouraging people to get involved in helping them.

The 'Ageing Well' initiative is a multi-agency effort involving the Department of Health, the Department of Social Security, the Department of the Environment, and the Department of Transport. The initiative is aimed at improving the lives of older people by providing them with the services and support they need. The initiative is also aimed at raising awareness of the needs of older people and at encouraging people to get involved in helping them.

the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion, and the number of people aged 65 and over has increased from 0.2 billion to 0.4 billion (United Nations, 1999).

There is a growing awareness of the need to address the needs of the young and the old in the context of the ageing of the population. The United Nations (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion, and the number of people aged 65 and over has increased from 0.2 billion to 0.4 billion (United Nations, 1999).

There is a growing awareness of the need to address the needs of the young and the old in the context of the ageing of the population. The United Nations (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1.2 million (Office for National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2011, and the number of people aged 75 and over to 4.5 million (Office for National Statistics 1999).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has identified the need to develop a 'new paradigm' for the care of the elderly, one that is based on the principles of 'active ageing'. This paradigm is based on the idea that ageing is a process, and that the needs of the elderly are not static. It is therefore necessary to develop strategies that can meet the needs of the elderly at different stages of their lives.

The Department of Health (1999) has identified a number of key areas for action in the development of a new paradigm for the care of the elderly. These include: (1) the need to develop a 'new paradigm' for the care of the elderly, one that is based on the principles of 'active ageing'; (2) the need to develop strategies that can meet the needs of the elderly at different stages of their lives; (3) the need to develop a 'new paradigm' for the care of the elderly, one that is based on the principles of 'active ageing'; (4) the need to develop strategies that can meet the needs of the elderly at different stages of their lives.

The Department of Health (1999) has identified a number of key areas for action in the development of a new paradigm for the care of the elderly. These include: (1) the need to develop a 'new paradigm' for the care of the elderly, one that is based on the principles of 'active ageing'; (2) the need to develop strategies that can meet the needs of the elderly at different stages of their lives; (3) the need to develop a 'new paradigm' for the care of the elderly, one that is based on the principles of 'active ageing'; (4) the need to develop strategies that can meet the needs of the elderly at different stages of their lives.

The Department of Health (1999) has identified a number of key areas for action in the development of a new paradigm for the care of the elderly. These include: (1) the need to develop a 'new paradigm' for the care of the elderly, one that is based on the principles of 'active ageing'; (2) the need to develop strategies that can meet the needs of the elderly at different stages of their lives; (3) the need to develop a 'new paradigm' for the care of the elderly, one that is based on the principles of 'active ageing'; (4) the need to develop strategies that can meet the needs of the elderly at different stages of their lives.

The Department of Health (1999) has identified a number of key areas for action in the development of a new paradigm for the care of the elderly. These include: (1) the need to develop a 'new paradigm' for the care of the elderly, one that is based on the principles of 'active ageing'; (2) the need to develop strategies that can meet the needs of the elderly at different stages of their lives; (3) the need to develop a 'new paradigm' for the care of the elderly, one that is based on the principles of 'active ageing'; (4) the need to develop strategies that can meet the needs of the elderly at different stages of their lives.

The Department of Health (1999) has identified a number of key areas for action in the development of a new paradigm for the care of the elderly. These include: (1) the need to develop a 'new paradigm' for the care of the elderly, one that is based on the principles of 'active ageing'; (2) the need to develop strategies that can meet the needs of the elderly at different stages of their lives; (3) the need to develop a 'new paradigm' for the care of the elderly, one that is based on the principles of 'active ageing'; (4) the need to develop strategies that can meet the needs of the elderly at different stages of their lives.

The Department of Health (1999) has identified a number of key areas for action in the development of a new paradigm for the care of the elderly. These include: (1) the need to develop a 'new paradigm' for the care of the elderly, one that is based on the principles of 'active ageing'; (2) the need to develop strategies that can meet the needs of the elderly at different stages of their lives; (3) the need to develop a 'new paradigm' for the care of the elderly, one that is based on the principles of 'active ageing'; (4) the need to develop strategies that can meet the needs of the elderly at different stages of their lives.

The Department of Health (1999) has identified a number of key areas for action in the development of a new paradigm for the care of the elderly. These include: (1) the need to develop a 'new paradigm' for the care of the elderly, one that is based on the principles of 'active ageing'; (2) the need to develop strategies that can meet the needs of the elderly at different stages of their lives; (3) the need to develop a 'new paradigm' for the care of the elderly, one that is based on the principles of 'active ageing'; (4) the need to develop strategies that can meet the needs of the elderly at different stages of their lives.

the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion, and the number of people aged 65 and over has increased from 0.2 billion to 0.4 billion (United Nations, 1999).

There is a growing awareness of the need to address the needs of the young and the old in the context of the ageing of the population. The United Nations (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

the 1990s, the number of people in the world who are under 15 years of age has increased by 1.2 billion, from 1.1 billion in 1980 to 2.3 billion in 1999. The number of children under 15 years of age in the world is projected to increase to 3.1 billion by 2015 (United Nations 1999).

There is a growing awareness of the need to address the needs of children in the world. The United Nations Convention on the Rights of the Child (1989) is the most widely ratified international treaty in the world. It sets out the rights of children and the responsibilities of governments to protect and promote these rights. The Convention has been ratified by 112 countries, including all of the member states of the United Nations.

The Convention on the Rights of the Child (1989) is the most widely ratified international treaty in the world. It sets out the rights of children and the responsibilities of governments to protect and promote these rights. The Convention has been ratified by 112 countries, including all of the member states of the United Nations.

The Convention on the Rights of the Child (1989) is the most widely ratified international treaty in the world. It sets out the rights of children and the responsibilities of governments to protect and promote these rights. The Convention has been ratified by 112 countries, including all of the member states of the United Nations.

The Convention on the Rights of the Child (1989) is the most widely ratified international treaty in the world. It sets out the rights of children and the responsibilities of governments to protect and promote these rights. The Convention has been ratified by 112 countries, including all of the member states of the United Nations.

The Convention on the Rights of the Child (1989) is the most widely ratified international treaty in the world. It sets out the rights of children and the responsibilities of governments to protect and promote these rights. The Convention has been ratified by 112 countries, including all of the member states of the United Nations.

The Convention on the Rights of the Child (1989) is the most widely ratified international treaty in the world. It sets out the rights of children and the responsibilities of governments to protect and promote these rights. The Convention has been ratified by 112 countries, including all of the member states of the United Nations.

The Convention on the Rights of the Child (1989) is the most widely ratified international treaty in the world. It sets out the rights of children and the responsibilities of governments to protect and promote these rights. The Convention has been ratified by 112 countries, including all of the member states of the United Nations.

The Convention on the Rights of the Child (1989) is the most widely ratified international treaty in the world. It sets out the rights of children and the responsibilities of governments to protect and promote these rights. The Convention has been ratified by 112 countries, including all of the member states of the United Nations.

the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion, and the number of people aged 65 and over has increased from 0.2 billion to 0.4 billion (United Nations, 1999).

There is a growing awareness of the need to address the needs of the young and the old. The United Nations has developed the concept of the 'age-friendly' environment, which is an environment that is designed to be accessible and usable by all people, regardless of age (United Nations, 1999). The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age.

The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age. The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age.

The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age. The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age.

The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age. The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age.

The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age. The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age.

The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age. The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age.

The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age. The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age.

The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age. The concept of the 'age-friendly' environment is based on the idea that the environment should be designed to meet the needs of all people, and that the environment should be designed to be accessible and usable by all people, regardless of age.

the 1990s, the number of people in the world who are under 15 years of age has increased by 1.2 billion, from 1.1 billion in 1980 to 2.3 billion in 1999. The number of children under 15 years of age in the world is projected to increase to 3.1 billion by 2015 (United Nations 1999).

There is a growing awareness of the need to address the needs of children in the world. The United Nations Convention on the Rights of the Child (1989) is the most widely ratified international treaty in the world. It sets out the rights of children and the responsibilities of governments to protect and promote these rights. The Convention has been ratified by 112 countries, including all of the member states of the United Nations.

The Convention on the Rights of the Child (1989) is the most widely ratified international treaty in the world. It sets out the rights of children and the responsibilities of governments to protect and promote these rights. The Convention has been ratified by 112 countries, including all of the member states of the United Nations.

The Convention on the Rights of the Child (1989) is the most widely ratified international treaty in the world. It sets out the rights of children and the responsibilities of governments to protect and promote these rights. The Convention has been ratified by 112 countries, including all of the member states of the United Nations.

The Convention on the Rights of the Child (1989) is the most widely ratified international treaty in the world. It sets out the rights of children and the responsibilities of governments to protect and promote these rights. The Convention has been ratified by 112 countries, including all of the member states of the United Nations.

The Convention on the Rights of the Child (1989) is the most widely ratified international treaty in the world. It sets out the rights of children and the responsibilities of governments to protect and promote these rights. The Convention has been ratified by 112 countries, including all of the member states of the United Nations.

The Convention on the Rights of the Child (1989) is the most widely ratified international treaty in the world. It sets out the rights of children and the responsibilities of governments to protect and promote these rights. The Convention has been ratified by 112 countries, including all of the member states of the United Nations.

The Convention on the Rights of the Child (1989) is the most widely ratified international treaty in the world. It sets out the rights of children and the responsibilities of governments to protect and promote these rights. The Convention has been ratified by 112 countries, including all of the member states of the United Nations.

The Convention on the Rights of the Child (1989) is the most widely ratified international treaty in the world. It sets out the rights of children and the responsibilities of governments to protect and promote these rights. The Convention has been ratified by 112 countries, including all of the member states of the United Nations.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1.2 million (Office of National Statistics 1999). The number of people aged 85 and over has increased by 0.5 million in the same period.

There is a growing awareness of the need to address the needs of the ageing population. The Department of Health (1999) has published a strategy for ageing, which sets out the government's commitment to improve the lives of older people. The strategy is based on three main principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities.

The strategy is based on the following assumptions: (1) that older people are a diverse group with different needs and interests; (2) that older people are able to live independently and actively; (3) that older people are able to access the services and support they need; and (4) that older people are able to participate in the life of their communities. The strategy is based on the following principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities.

The strategy is based on the following principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities. The strategy is based on the following principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities.

The strategy is based on the following principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities. The strategy is based on the following principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities.

The strategy is based on the following principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities. The strategy is based on the following principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities.

The strategy is based on the following principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities. The strategy is based on the following principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities.

The strategy is based on the following principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities. The strategy is based on the following principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–1999) and is projected to increase by a further 1.5 million by 2010 (Office for National Statistics 2000). The number of people aged 65 and over is projected to increase by 2.5 million by 2020 (Office for National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has identified the need to develop a new paradigm of care for the ageing population, one that is based on the principles of autonomy, dignity, choice, and respect. The Department of Health (1999) has also identified the need to develop a new paradigm of care for the ageing population, one that is based on the principles of autonomy, dignity, choice, and respect.

The Department of Health (1999) has identified the need to develop a new paradigm of care for the ageing population, one that is based on the principles of autonomy, dignity, choice, and respect. The Department of Health (1999) has also identified the need to develop a new paradigm of care for the ageing population, one that is based on the principles of autonomy, dignity, choice, and respect.

The Department of Health (1999) has identified the need to develop a new paradigm of care for the ageing population, one that is based on the principles of autonomy, dignity, choice, and respect. The Department of Health (1999) has also identified the need to develop a new paradigm of care for the ageing population, one that is based on the principles of autonomy, dignity, choice, and respect.

The Department of Health (1999) has identified the need to develop a new paradigm of care for the ageing population, one that is based on the principles of autonomy, dignity, choice, and respect. The Department of Health (1999) has also identified the need to develop a new paradigm of care for the ageing population, one that is based on the principles of autonomy, dignity, choice, and respect.

The Department of Health (1999) has identified the need to develop a new paradigm of care for the ageing population, one that is based on the principles of autonomy, dignity, choice, and respect. The Department of Health (1999) has also identified the need to develop a new paradigm of care for the ageing population, one that is based on the principles of autonomy, dignity, choice, and respect.

The Department of Health (1999) has identified the need to develop a new paradigm of care for the ageing population, one that is based on the principles of autonomy, dignity, choice, and respect. The Department of Health (1999) has also identified the need to develop a new paradigm of care for the ageing population, one that is based on the principles of autonomy, dignity, choice, and respect.

The Department of Health (1999) has identified the need to develop a new paradigm of care for the ageing population, one that is based on the principles of autonomy, dignity, choice, and respect. The Department of Health (1999) has also identified the need to develop a new paradigm of care for the ageing population, one that is based on the principles of autonomy, dignity, choice, and respect.

The Department of Health (1999) has identified the need to develop a new paradigm of care for the ageing population, one that is based on the principles of autonomy, dignity, choice, and respect. The Department of Health (1999) has also identified the need to develop a new paradigm of care for the ageing population, one that is based on the principles of autonomy, dignity, choice, and respect.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–1999) and is projected to increase by a further 1.5 million by 2010 (Office for National Statistics 2000). The number of people aged 65 and over is projected to increase by 2.5 million by 2020 (Office for National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has identified the need to develop a 'new paradigm' for the care of the elderly. This paradigm is based on the principle of 'active ageing', which is the process of maintaining and enhancing the ability of older people to live independently and to participate in the community. The Department of Health (1999) has identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community. The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community. The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community. The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community. The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community. The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community. The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community. The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–1999) and is projected to increase by a further 1.5 million by 2010 (Office for National Statistics 2000). The number of people aged 65 and over is projected to increase by 2.5 million by 2020 (Office for National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has identified the need to develop a new approach to the care of the elderly, one that is based on the principles of partnership, shared responsibility and shared resources. The Department of Health (1999) has identified the need to develop a new approach to the care of the elderly, one that is based on the principles of partnership, shared responsibility and shared resources.

The Department of Health (1999) has identified the need to develop a new approach to the care of the elderly, one that is based on the principles of partnership, shared responsibility and shared resources. The Department of Health (1999) has identified the need to develop a new approach to the care of the elderly, one that is based on the principles of partnership, shared responsibility and shared resources.

The Department of Health (1999) has identified the need to develop a new approach to the care of the elderly, one that is based on the principles of partnership, shared responsibility and shared resources. The Department of Health (1999) has identified the need to develop a new approach to the care of the elderly, one that is based on the principles of partnership, shared responsibility and shared resources.

The Department of Health (1999) has identified the need to develop a new approach to the care of the elderly, one that is based on the principles of partnership, shared responsibility and shared resources. The Department of Health (1999) has identified the need to develop a new approach to the care of the elderly, one that is based on the principles of partnership, shared responsibility and shared resources.

The Department of Health (1999) has identified the need to develop a new approach to the care of the elderly, one that is based on the principles of partnership, shared responsibility and shared resources. The Department of Health (1999) has identified the need to develop a new approach to the care of the elderly, one that is based on the principles of partnership, shared responsibility and shared resources.

The Department of Health (1999) has identified the need to develop a new approach to the care of the elderly, one that is based on the principles of partnership, shared responsibility and shared resources. The Department of Health (1999) has identified the need to develop a new approach to the care of the elderly, one that is based on the principles of partnership, shared responsibility and shared resources.

The Department of Health (1999) has identified the need to develop a new approach to the care of the elderly, one that is based on the principles of partnership, shared responsibility and shared resources. The Department of Health (1999) has identified the need to develop a new approach to the care of the elderly, one that is based on the principles of partnership, shared responsibility and shared resources.

The Department of Health (1999) has identified the need to develop a new approach to the care of the elderly, one that is based on the principles of partnership, shared responsibility and shared resources. The Department of Health (1999) has identified the need to develop a new approach to the care of the elderly, one that is based on the principles of partnership, shared responsibility and shared resources.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–1999) and is projected to increase by a further 1.5 million by 2010 (Office for National Statistics 2000). The number of people aged 65 and over is projected to increase by 2.5 million by 2020 (Office for National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has identified the need to develop a 'new paradigm' for the care of the elderly. This paradigm is based on the principle of 'active ageing', which is the process of maintaining and enhancing the ability of older people to live independently and to participate in the community. The Department of Health (1999) has identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community. The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community. The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community. The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community. The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community. The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community. The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community. The Department of Health (1999) has also identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–1999) and is projected to increase by a further 1.5 million by 2010 (Office for National Statistics 2000). The number of people aged 65 and over is projected to increase by 2.5 million by 2020 (Office for National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has identified the need to develop a 'new paradigm' for the care of the elderly. This paradigm is based on the principle of 'active ageing', which is the process of maintaining and enhancing the ability of older people to live independently and to participate in the community. The Department of Health (1999) has identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

One of the key areas for action is the need to develop strategies to promote the health and well-being of older people. This includes the need to develop strategies to prevent the onset of chronic disease and to manage chronic disease when it does occur. The Department of Health (1999) has identified a number of key areas for action in order to achieve this, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

Another key area for action is the need to ensure that older people have access to the services and resources they need. This includes the need to develop strategies to ensure that older people have access to the services and resources they need in order to live independently and to participate in the community. The Department of Health (1999) has identified a number of key areas for action in order to achieve this, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

A third key area for action is the need to ensure that older people are able to participate in the community. This includes the need to develop strategies to ensure that older people are able to participate in the community in order to live independently and to participate in the community. The Department of Health (1999) has identified a number of key areas for action in order to achieve this, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

One of the key areas for action is the need to develop strategies to promote the health and well-being of older people. This includes the need to develop strategies to prevent the onset of chronic disease and to manage chronic disease when it does occur. The Department of Health (1999) has identified a number of key areas for action in order to achieve this, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

Another key area for action is the need to ensure that older people have access to the services and resources they need. This includes the need to develop strategies to ensure that older people have access to the services and resources they need in order to live independently and to participate in the community. The Department of Health (1999) has identified a number of key areas for action in order to achieve this, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

A third key area for action is the need to ensure that older people are able to participate in the community. This includes the need to develop strategies to ensure that older people are able to participate in the community in order to live independently and to participate in the community. The Department of Health (1999) has identified a number of key areas for action in order to achieve this, including: (1) promoting the health and well-being of older people; (2) ensuring that older people have access to the services and resources they need; and (3) ensuring that older people are able to participate in the community.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1.2 million (Office of National Statistics 1999). The number of people aged 85 and over has increased by 0.5 million in the same period.

There is a growing awareness of the need to address the needs of the ageing population. The Department of Health (1999) has published a strategy for ageing, which sets out the government's commitment to improve the lives of older people. The strategy is based on three main principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities.

The strategy is based on the following assumptions: (1) that older people are a diverse group with different needs and interests; (2) that older people are able to live independently and actively; (3) that older people are able to access the services and support they need; and (4) that older people are able to participate in the life of their communities. The strategy is based on the following principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities.

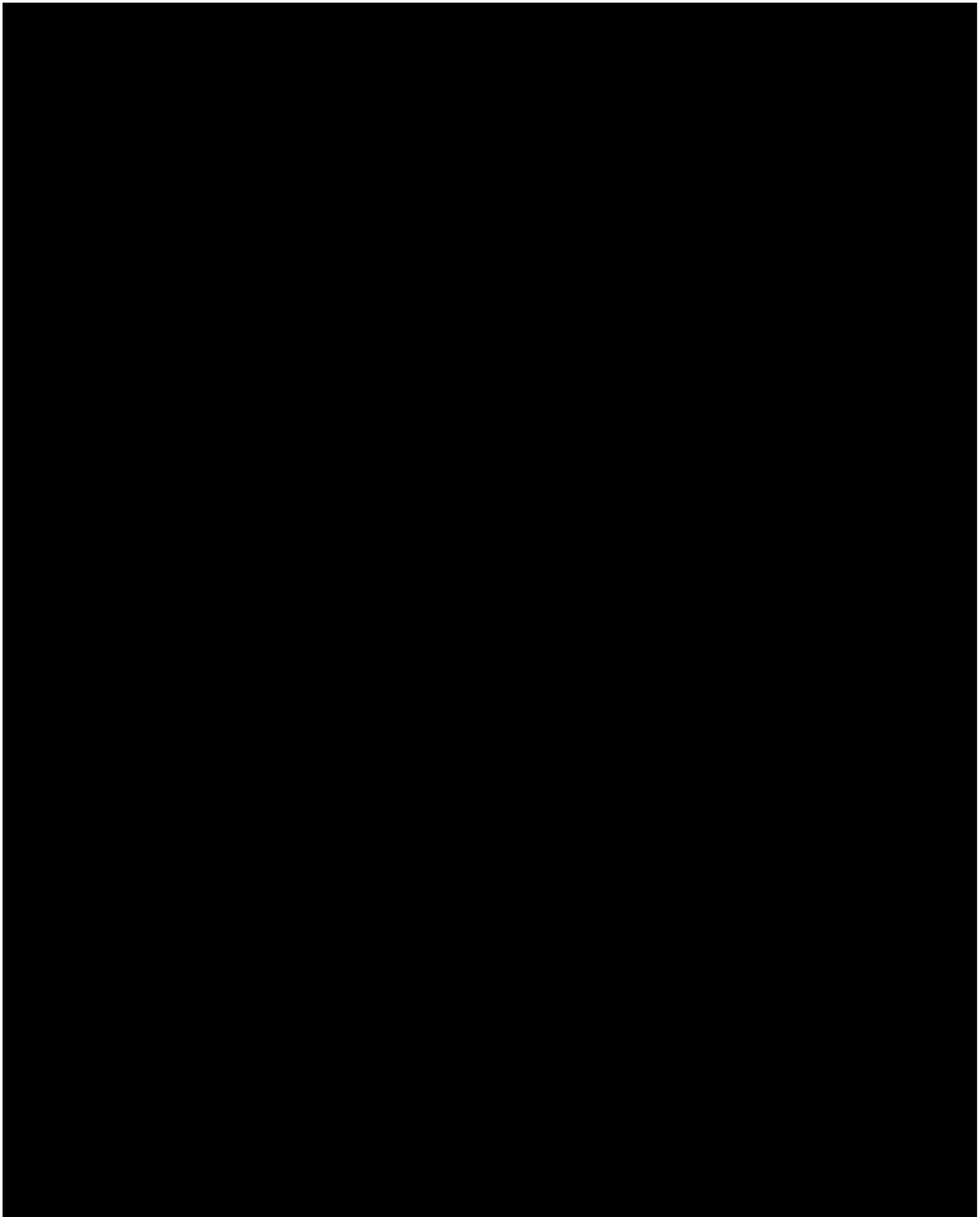
The strategy is based on the following principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities. The strategy is based on the following principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities.

The strategy is based on the following principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities. The strategy is based on the following principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities.

The strategy is based on the following principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities. The strategy is based on the following principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities.

The strategy is based on the following principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities. The strategy is based on the following principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities.

The strategy is based on the following principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities. The strategy is based on the following principles: (1) to ensure that older people are able to live independently and actively; (2) to ensure that older people are able to access the services and support they need; and (3) to ensure that older people are able to participate in the life of their communities.



the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1.2 million (Office for National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2010, and the number of people aged 75 and over to 4.5 million (Office for National Statistics 1999).

There is a growing awareness of the need to address the health care needs of the ageing population. The Department of Health (1999) has identified the need to develop a new approach to health care for the ageing population, and has set out a number of key principles for the development of a new approach. These principles are: to ensure that health care is tailored to the needs of the ageing population; to ensure that health care is delivered in a way that is accessible and acceptable to the ageing population; and to ensure that health care is delivered in a way that is cost-effective.

The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population. The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population.

The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population. The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population.

The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population. The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population.

The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population. The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population.

The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population. The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population.

The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population. The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1.2 million (Office for National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2010, and the number of people aged 75 and over to 4.5 million (Office for National Statistics 1999).

There is a growing awareness of the need to address the health care needs of the ageing population. The Department of Health (1999) has identified the need to develop a new approach to health care for the ageing population, and has set out a number of key principles for the development of a new approach. These principles are: to ensure that health care is tailored to the needs of the ageing population; to ensure that health care is delivered in a way that is accessible and acceptable to the ageing population; and to ensure that health care is delivered in a way that is cost-effective.

The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population. The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population.

The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population. The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population.

The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population. The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population.

The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population. The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population.

The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population. The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population.

The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population. The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the access to health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population.

the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion, and the number of people aged 65 and over has increased from 0.2 billion to 0.5 billion (United Nations, 1999).

There are a number of reasons why the world population is ageing. First, the number of people who are aged 65 and over has increased because of the increase in life expectancy. Second, the number of people who are aged 65 and over has increased because of the increase in the number of people who are aged 65 and over who are still alive. Third, the number of people who are aged 65 and over has increased because of the increase in the number of people who are aged 65 and over who are still alive.

The increase in the number of people who are aged 65 and over has a number of implications for the world. First, it means that there are more people who are aged 65 and over who are still alive. Second, it means that there are more people who are aged 65 and over who are still alive. Third, it means that there are more people who are aged 65 and over who are still alive.

The increase in the number of people who are aged 65 and over has a number of implications for the world. First, it means that there are more people who are aged 65 and over who are still alive. Second, it means that there are more people who are aged 65 and over who are still alive. Third, it means that there are more people who are aged 65 and over who are still alive.

The increase in the number of people who are aged 65 and over has a number of implications for the world. First, it means that there are more people who are aged 65 and over who are still alive. Second, it means that there are more people who are aged 65 and over who are still alive. Third, it means that there are more people who are aged 65 and over who are still alive.

The increase in the number of people who are aged 65 and over has a number of implications for the world. First, it means that there are more people who are aged 65 and over who are still alive. Second, it means that there are more people who are aged 65 and over who are still alive. Third, it means that there are more people who are aged 65 and over who are still alive.

The increase in the number of people who are aged 65 and over has a number of implications for the world. First, it means that there are more people who are aged 65 and over who are still alive. Second, it means that there are more people who are aged 65 and over who are still alive. Third, it means that there are more people who are aged 65 and over who are still alive.

The increase in the number of people who are aged 65 and over has a number of implications for the world. First, it means that there are more people who are aged 65 and over who are still alive. Second, it means that there are more people who are aged 65 and over who are still alive. Third, it means that there are more people who are aged 65 and over who are still alive.

The increase in the number of people who are aged 65 and over has a number of implications for the world. First, it means that there are more people who are aged 65 and over who are still alive. Second, it means that there are more people who are aged 65 and over who are still alive. Third, it means that there are more people who are aged 65 and over who are still alive.

the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion, and the number of people aged 65 and over has increased from 250 million to 450 million (United Nations 1999).

There is a growing awareness of the need to address the needs of the young and the old in the context of the ageing of the population. The United Nations (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century. The World Bank (1999) has identified the need to address the needs of the young and the old as a key challenge for the 21st century.

the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion, and the number of people aged 65 and over has increased from 0.5 billion to 0.7 billion (United Nations 1999).

There are a number of reasons why the world population is ageing. First, the number of people who are aged 65 and over has increased because of the increase in life expectancy. Second, the number of people who are aged 65 and over has increased because of the increase in the number of people who are aged 65 and over. Third, the number of people who are aged 65 and over has increased because of the increase in the number of people who are aged 65 and over.

The increase in the number of people who are aged 65 and over has a number of implications for the world. First, it means that there are more people who are aged 65 and over who are dependent on others for their care. Second, it means that there are more people who are aged 65 and over who are in need of financial support. Third, it means that there are more people who are aged 65 and over who are in need of social services.

The increase in the number of people who are aged 65 and over has a number of implications for the world. First, it means that there are more people who are aged 65 and over who are dependent on others for their care. Second, it means that there are more people who are aged 65 and over who are in need of financial support. Third, it means that there are more people who are aged 65 and over who are in need of social services.

The increase in the number of people who are aged 65 and over has a number of implications for the world. First, it means that there are more people who are aged 65 and over who are dependent on others for their care. Second, it means that there are more people who are aged 65 and over who are in need of financial support. Third, it means that there are more people who are aged 65 and over who are in need of social services.

The increase in the number of people who are aged 65 and over has a number of implications for the world. First, it means that there are more people who are aged 65 and over who are dependent on others for their care. Second, it means that there are more people who are aged 65 and over who are in need of financial support. Third, it means that there are more people who are aged 65 and over who are in need of social services.

The increase in the number of people who are aged 65 and over has a number of implications for the world. First, it means that there are more people who are aged 65 and over who are dependent on others for their care. Second, it means that there are more people who are aged 65 and over who are in need of financial support. Third, it means that there are more people who are aged 65 and over who are in need of social services.

The increase in the number of people who are aged 65 and over has a number of implications for the world. First, it means that there are more people who are aged 65 and over who are dependent on others for their care. Second, it means that there are more people who are aged 65 and over who are in need of financial support. Third, it means that there are more people who are aged 65 and over who are in need of social services.

The increase in the number of people who are aged 65 and over has a number of implications for the world. First, it means that there are more people who are aged 65 and over who are dependent on others for their care. Second, it means that there are more people who are aged 65 and over who are in need of financial support. Third, it means that there are more people who are aged 65 and over who are in need of social services.

the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1998) and the number of people in the private sector has increased by 1.5 million (from 2.5 million in 1980 to 4 million in 1998) (Department of Health 1999).

There is a growing emphasis on the need to improve the efficiency of the health service and to ensure that the health service is able to meet the needs of the population. This has led to a number of initiatives, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999. These initiatives have led to a number of changes in the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999.

The Health Service Act 1990 introduced a number of changes to the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999. These changes have led to a number of changes in the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999.

The Health Service Act 1997 introduced a number of changes to the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999. These changes have led to a number of changes in the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999.

The Health Service Act 1999 introduced a number of changes to the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999. These changes have led to a number of changes in the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999.

The Health Service Act 1999 introduced a number of changes to the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999. These changes have led to a number of changes in the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999.

The Health Service Act 1999 introduced a number of changes to the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999. These changes have led to a number of changes in the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999.

The Health Service Act 1999 introduced a number of changes to the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999. These changes have led to a number of changes in the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999.

The Health Service Act 1999 introduced a number of changes to the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999. These changes have led to a number of changes in the way the health service is organised and delivered, including the introduction of the Health Service Act 1990, the Health Service Act 1997, and the Health Service Act 1999.

the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million (1990–1999) and the number of people in the public sector has increased by 2.5 million (1990–1999) (Department of Health 2000).

There is a growing emphasis on the need to improve the efficiency of the public sector and to ensure that the public sector is able to deliver the best possible value for money. This has led to a number of initiatives, including the introduction of the Health Service Act 1999, the Health Service Act 2001, and the Health Service Act 2004. These initiatives have led to a number of changes in the way the public sector is organised and managed, and to a number of changes in the way the public sector is funded.

One of the key challenges facing the public sector is the need to improve the efficiency of the public sector and to ensure that the public sector is able to deliver the best possible value for money. This has led to a number of initiatives, including the introduction of the Health Service Act 1999, the Health Service Act 2001, and the Health Service Act 2004. These initiatives have led to a number of changes in the way the public sector is organised and managed, and to a number of changes in the way the public sector is funded.

One of the key challenges facing the public sector is the need to improve the efficiency of the public sector and to ensure that the public sector is able to deliver the best possible value for money. This has led to a number of initiatives, including the introduction of the Health Service Act 1999, the Health Service Act 2001, and the Health Service Act 2004. These initiatives have led to a number of changes in the way the public sector is organised and managed, and to a number of changes in the way the public sector is funded.

One of the key challenges facing the public sector is the need to improve the efficiency of the public sector and to ensure that the public sector is able to deliver the best possible value for money. This has led to a number of initiatives, including the introduction of the Health Service Act 1999, the Health Service Act 2001, and the Health Service Act 2004. These initiatives have led to a number of changes in the way the public sector is organised and managed, and to a number of changes in the way the public sector is funded.

One of the key challenges facing the public sector is the need to improve the efficiency of the public sector and to ensure that the public sector is able to deliver the best possible value for money. This has led to a number of initiatives, including the introduction of the Health Service Act 1999, the Health Service Act 2001, and the Health Service Act 2004. These initiatives have led to a number of changes in the way the public sector is organised and managed, and to a number of changes in the way the public sector is funded.

One of the key challenges facing the public sector is the need to improve the efficiency of the public sector and to ensure that the public sector is able to deliver the best possible value for money. This has led to a number of initiatives, including the introduction of the Health Service Act 1999, the Health Service Act 2001, and the Health Service Act 2004. These initiatives have led to a number of changes in the way the public sector is organised and managed, and to a number of changes in the way the public sector is funded.

One of the key challenges facing the public sector is the need to improve the efficiency of the public sector and to ensure that the public sector is able to deliver the best possible value for money. This has led to a number of initiatives, including the introduction of the Health Service Act 1999, the Health Service Act 2001, and the Health Service Act 2004. These initiatives have led to a number of changes in the way the public sector is organised and managed, and to a number of changes in the way the public sector is funded.

One of the key challenges facing the public sector is the need to improve the efficiency of the public sector and to ensure that the public sector is able to deliver the best possible value for money. This has led to a number of initiatives, including the introduction of the Health Service Act 1999, the Health Service Act 2001, and the Health Service Act 2004. These initiatives have led to a number of changes in the way the public sector is organised and managed, and to a number of changes in the way the public sector is funded.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1.2 million (Office of National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2011, and the number of people aged 75 and over to 4.5 million (Office of National Statistics 1999).

There is a growing awareness of the need to develop services to meet the needs of older people, and a number of initiatives have been developed to address this need. The Department of Health (1999) has published a strategy for older people, which sets out the government's commitment to improve the lives of older people. The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity.

The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity. The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity.

The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity. The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity.

The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity. The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity.

The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity. The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity.

The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity. The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity.

The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity. The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity.

The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity. The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–1999) and is projected to increase by a further 1.5 million by 2010 (Office of National Statistics 2000). The number of people aged 65 and over is projected to increase by 2.5 million by 2020 (Office of National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has published a strategy for ageing, which sets out the government's commitment to improve the health and quality of life of older people. The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities.

The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities. The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities.

The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities. The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities.

The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities. The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities.

The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities. The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities.

The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities. The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities.

The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities. The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities.

The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities. The strategy is based on three main principles: (1) to ensure that older people have access to the services they need; (2) to ensure that older people are able to live independently; and (3) to ensure that older people are able to participate in the activities of their communities.

the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion. The number of people aged 65 and over has increased from 150 million to 250 million. The number of people aged 15–64 years has increased from 1.5 billion to 2.0 billion.

There are a number of factors which have contributed to the increase in the number of people in the world who are under 15 years of age. These include a decline in the death rate, a decline in the birth rate, and a decline in the rate of migration.

The decline in the death rate has been the most significant factor. This has been due to a number of factors, including improvements in medical care, a decline in the incidence of infectious diseases, and a decline in the incidence of violence.

The decline in the birth rate has also been a significant factor. This has been due to a number of factors, including a decline in the number of children born to each woman, a decline in the age at which women first become mothers, and a decline in the number of women who are married.

The decline in the rate of migration has also been a significant factor. This has been due to a number of factors, including a decline in the number of people who are moving from one country to another, a decline in the number of people who are moving from one region to another, and a decline in the number of people who are moving from one social class to another.

The increase in the number of people in the world who are aged 65 and over has also been a significant factor. This has been due to a number of factors, including a decline in the death rate, a decline in the birth rate, and a decline in the rate of migration.

The increase in the number of people in the world who are aged 15–64 years has also been a significant factor. This has been due to a number of factors, including a decline in the death rate, a decline in the birth rate, and a decline in the rate of migration.

The increase in the number of people in the world who are under 15 years of age has also been a significant factor. This has been due to a number of factors, including a decline in the death rate, a decline in the birth rate, and a decline in the rate of migration.

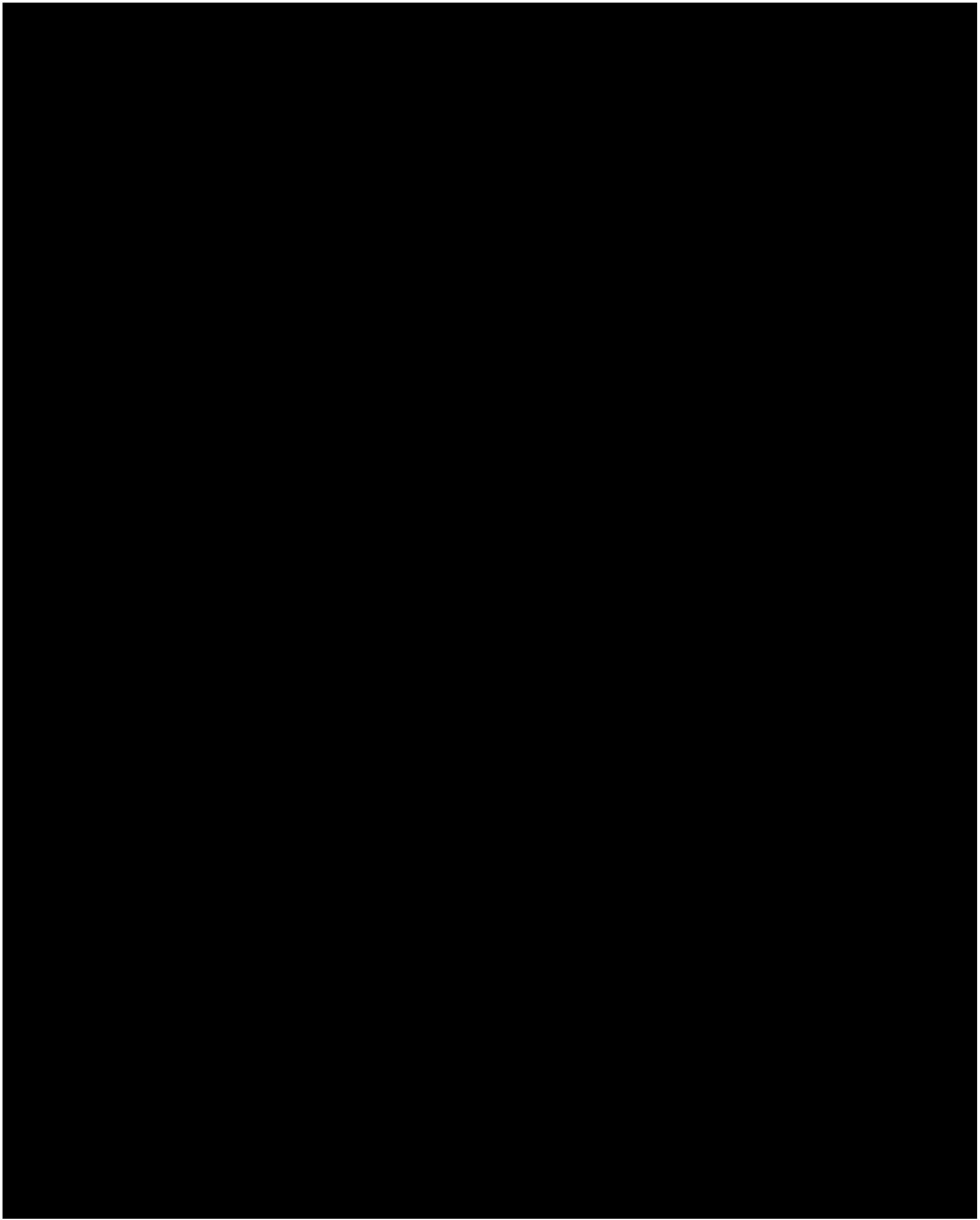
The increase in the number of people in the world who are aged 65 and over has also been a significant factor. This has been due to a number of factors, including a decline in the death rate, a decline in the birth rate, and a decline in the rate of migration.

The increase in the number of people in the world who are aged 15–64 years has also been a significant factor. This has been due to a number of factors, including a decline in the death rate, a decline in the birth rate, and a decline in the rate of migration.

The increase in the number of people in the world who are under 15 years of age has also been a significant factor. This has been due to a number of factors, including a decline in the death rate, a decline in the birth rate, and a decline in the rate of migration.

The increase in the number of people in the world who are aged 65 and over has also been a significant factor. This has been due to a number of factors, including a decline in the death rate, a decline in the birth rate, and a decline in the rate of migration.

The increase in the number of people in the world who are aged 15–64 years has also been a significant factor. This has been due to a number of factors, including a decline in the death rate, a decline in the birth rate, and a decline in the rate of migration.



the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–1999) and is projected to increase by a further 1.5 million by 2010 (Office of National Statistics 2000). The number of people aged 65 and over is projected to increase by 2.5 million by 2020 (Office of National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has identified the need to develop a new approach to the care of the ageing population. This approach should be based on the principles of 'active ageing', which is defined as the process of optimising the opportunities for people to lead healthy, active and productive lives. The Department of Health (1999) has identified a number of key areas for action in order to achieve this goal, including: (1) promoting healthy living; (2) preventing illness and disability; (3) providing care and support; and (4) promoting social participation.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve the goal of 'active ageing', including: (1) promoting healthy living; (2) preventing illness and disability; (3) providing care and support; and (4) promoting social participation. The Department of Health (1999) has identified a number of key areas for action in order to achieve the goal of 'active ageing', including: (1) promoting healthy living; (2) preventing illness and disability; (3) providing care and support; and (4) promoting social participation.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve the goal of 'active ageing', including: (1) promoting healthy living; (2) preventing illness and disability; (3) providing care and support; and (4) promoting social participation. The Department of Health (1999) has identified a number of key areas for action in order to achieve the goal of 'active ageing', including: (1) promoting healthy living; (2) preventing illness and disability; (3) providing care and support; and (4) promoting social participation.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve the goal of 'active ageing', including: (1) promoting healthy living; (2) preventing illness and disability; (3) providing care and support; and (4) promoting social participation. The Department of Health (1999) has identified a number of key areas for action in order to achieve the goal of 'active ageing', including: (1) promoting healthy living; (2) preventing illness and disability; (3) providing care and support; and (4) promoting social participation.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve the goal of 'active ageing', including: (1) promoting healthy living; (2) preventing illness and disability; (3) providing care and support; and (4) promoting social participation. The Department of Health (1999) has identified a number of key areas for action in order to achieve the goal of 'active ageing', including: (1) promoting healthy living; (2) preventing illness and disability; (3) providing care and support; and (4) promoting social participation.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve the goal of 'active ageing', including: (1) promoting healthy living; (2) preventing illness and disability; (3) providing care and support; and (4) promoting social participation. The Department of Health (1999) has identified a number of key areas for action in order to achieve the goal of 'active ageing', including: (1) promoting healthy living; (2) preventing illness and disability; (3) providing care and support; and (4) promoting social participation.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve the goal of 'active ageing', including: (1) promoting healthy living; (2) preventing illness and disability; (3) providing care and support; and (4) promoting social participation. The Department of Health (1999) has identified a number of key areas for action in order to achieve the goal of 'active ageing', including: (1) promoting healthy living; (2) preventing illness and disability; (3) providing care and support; and (4) promoting social participation.

The Department of Health (1999) has also identified a number of key areas for action in order to achieve the goal of 'active ageing', including: (1) promoting healthy living; (2) preventing illness and disability; (3) providing care and support; and (4) promoting social participation. The Department of Health (1999) has identified a number of key areas for action in order to achieve the goal of 'active ageing', including: (1) promoting healthy living; (2) preventing illness and disability; (3) providing care and support; and (4) promoting social participation.

the 1990s, the number of people in the world who are under 15 years of age has increased from 1.1 billion to 1.5 billion. The number of people aged 65 and over has increased from 200 million to 350 million. The number of people aged 15–64 years has increased from 2.5 billion to 3.5 billion.

There are a number of factors that have contributed to the increase in the number of people in the world who are under 15 years of age. One of the main factors is the decline in the death rate, which has led to a significant increase in the number of people who survive into adulthood. Another factor is the increase in the number of people who are having children, which has led to a significant increase in the number of people who are born.

The increase in the number of people in the world who are under 15 years of age has a number of implications for the world's population. One of the main implications is that it will lead to a significant increase in the number of people who are dependent on others for their support. This will have a significant impact on the world's economy and on the world's environment.

Another implication is that it will lead to a significant increase in the number of people who are in need of education and training. This will have a significant impact on the world's economy and on the world's environment. It will also have a significant impact on the world's social structure.

The increase in the number of people in the world who are under 15 years of age is a significant challenge for the world's population. It is a challenge that will require a significant effort to address. It is a challenge that will require a significant effort to address.

The increase in the number of people in the world who are under 15 years of age is a significant challenge for the world's population. It is a challenge that will require a significant effort to address. It is a challenge that will require a significant effort to address.

The increase in the number of people in the world who are under 15 years of age is a significant challenge for the world's population. It is a challenge that will require a significant effort to address. It is a challenge that will require a significant effort to address.

The increase in the number of people in the world who are under 15 years of age is a significant challenge for the world's population. It is a challenge that will require a significant effort to address. It is a challenge that will require a significant effort to address.

The increase in the number of people in the world who are under 15 years of age is a significant challenge for the world's population. It is a challenge that will require a significant effort to address. It is a challenge that will require a significant effort to address.

The increase in the number of people in the world who are under 15 years of age is a significant challenge for the world's population. It is a challenge that will require a significant effort to address. It is a challenge that will require a significant effort to address.

The increase in the number of people in the world who are under 15 years of age is a significant challenge for the world's population. It is a challenge that will require a significant effort to address. It is a challenge that will require a significant effort to address.

The increase in the number of people in the world who are under 15 years of age is a significant challenge for the world's population. It is a challenge that will require a significant effort to address. It is a challenge that will require a significant effort to address.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1.2 million (Office of National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2011, and the number of people aged 75 and over to 4.5 million (Office of National Statistics 1999).

There is a growing awareness of the need to develop services to meet the needs of older people, and a number of initiatives have been launched in the UK to address this need. The Department of Health has launched the 'Age Friendly' initiative, which aims to ensure that services are designed to meet the needs of older people. The initiative has been implemented in a number of areas, including housing, transport, and health services. The Department of Health has also launched the 'Age Friendly' initiative, which aims to ensure that services are designed to meet the needs of older people.

The 'Age Friendly' initiative has been implemented in a number of areas, including housing, transport, and health services. The Department of Health has also launched the 'Age Friendly' initiative, which aims to ensure that services are designed to meet the needs of older people. The initiative has been implemented in a number of areas, including housing, transport, and health services. The Department of Health has also launched the 'Age Friendly' initiative, which aims to ensure that services are designed to meet the needs of older people.

The 'Age Friendly' initiative has been implemented in a number of areas, including housing, transport, and health services. The Department of Health has also launched the 'Age Friendly' initiative, which aims to ensure that services are designed to meet the needs of older people. The initiative has been implemented in a number of areas, including housing, transport, and health services. The Department of Health has also launched the 'Age Friendly' initiative, which aims to ensure that services are designed to meet the needs of older people.

The 'Age Friendly' initiative has been implemented in a number of areas, including housing, transport, and health services. The Department of Health has also launched the 'Age Friendly' initiative, which aims to ensure that services are designed to meet the needs of older people. The initiative has been implemented in a number of areas, including housing, transport, and health services. The Department of Health has also launched the 'Age Friendly' initiative, which aims to ensure that services are designed to meet the needs of older people.

The 'Age Friendly' initiative has been implemented in a number of areas, including housing, transport, and health services. The Department of Health has also launched the 'Age Friendly' initiative, which aims to ensure that services are designed to meet the needs of older people. The initiative has been implemented in a number of areas, including housing, transport, and health services. The Department of Health has also launched the 'Age Friendly' initiative, which aims to ensure that services are designed to meet the needs of older people.

The 'Age Friendly' initiative has been implemented in a number of areas, including housing, transport, and health services. The Department of Health has also launched the 'Age Friendly' initiative, which aims to ensure that services are designed to meet the needs of older people. The initiative has been implemented in a number of areas, including housing, transport, and health services. The Department of Health has also launched the 'Age Friendly' initiative, which aims to ensure that services are designed to meet the needs of older people.

The 'Age Friendly' initiative has been implemented in a number of areas, including housing, transport, and health services. The Department of Health has also launched the 'Age Friendly' initiative, which aims to ensure that services are designed to meet the needs of older people. The initiative has been implemented in a number of areas, including housing, transport, and health services. The Department of Health has also launched the 'Age Friendly' initiative, which aims to ensure that services are designed to meet the needs of older people.

