## Supplemental Meeting Materials for 3/10/2023

# Discussion of Florida Council of Compulsive Gambling

#### The Florida Council on Compulsive Gambling, Inc.

Presentation For: The Florida Gaming Control Commission March 10, 2023

**GAMBLING PROBLEM?** 

## 88-ADMIT-IT



gamblinghelp.org

Florida's Problem Gambling Resource

### The Florida Council on Compulsive Gambling



#### (FCCG) Mission

#### **FCCG MISSION:**

- ✓ Increase public awareness regarding the risks and consequences associated with gambling;
- ✓ Provide assistance to problem gamblers, their families, and others adversely impacted;
- ✓ Advocate for programs, services, and other supports to address populationspecific needs in Florida.



Est. 1988 as a GAMBLING NEUTRAL 501(c)(3) organization





1988-2010: Florida Lottery
Responsible Play Programming &
Statewide Problem Gambling
Prevention, Education, & Outreach
Program

- ✓ Training for all Lottery Employees & Retailers
- ✓ Signage for Play Stands (with tagline for Lottery Marketing)
- ✓ Development & Implementation of a Statewide Problem Gambling Awareness, Education & Prevention Program



#### FCCG History: Seminole Tribe Partnership



#### 1992-PRESENT: Partnership began more than 30 years ago!

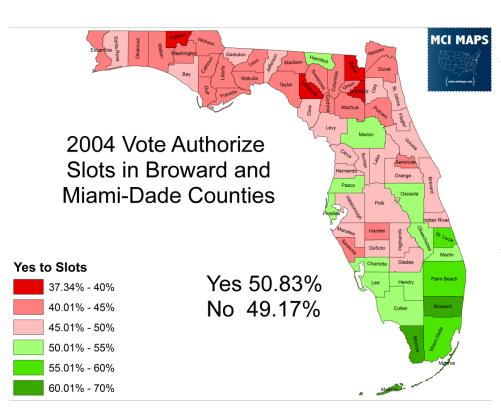
- The first ever Responsible Gambling & Player Protection Program in Florida was developed in the early 1990's through partnership with the Seminole Tribe of Florida and the FCCG.
  - ✓ Training for designated casino employees & security staff;
  - ✓ Signage & HelpLine promotion and awareness at Florida's Seminole Tribal Casino's – brochures, posters, ads, PSA's





#### FCCG History: DBPR/FGCC Contract





#### 2007 - Present

- ✓ FCCG began its work in 2007 with The Florida Department of Business and Professional Regulation (DBPR) upon receipt of award of the first of 3 competitive solicitations for compulsive gambling prevention programming issued through RFP by the Department.
- ✓ The FCCG devised the State of Florida's first-ever responsible gambling training protocol for DBPR regulated slot-licensed pari-mutuel facilities in Broward & Miami-Dade Counties.

## The Florida Council on Compulsive Gambling Compulsive Gambling Current Contract with FGCC COMPULSIVE COMPUTATION COMPULS COMPULS COMPULS COMPULS COMPULS COMPULS COMPULS COMPULS COMPULS COMPUTATION CO

Major Program Goals – Establish a Compulsive/Addictive Gambling Prevention Program that will monitor compulsive/addictive gambling in the state of Florida:

- ✓ through the collection of compulsive/addictive gambling related statistics;
- ✓ in an effort to reduce compulsive/addictive gambling through targeted prevention services.

Contract Scope – the Program shall provide, but is not limited to:

- ✓ Operation and Publicity of a Problem Gambling Telephone HelpLine.
- ✓ Problem Gambling Community Education and Outreach (including training and awareness of slot gaming facility employees).
- ✓ Public Advertising Campaign (to encourage responsible gaming practices)

### 888-ADMIT-IT Problem Gambling Helpline

#### **FCCG – FGCC Contract Scope:**

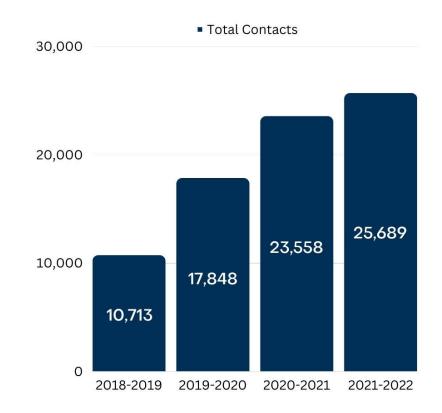
#### √ Task a. Help Services

- 888-ADMIT-IT HelpLine
- Texting
- Live Chat
- Mobile Application
- Website



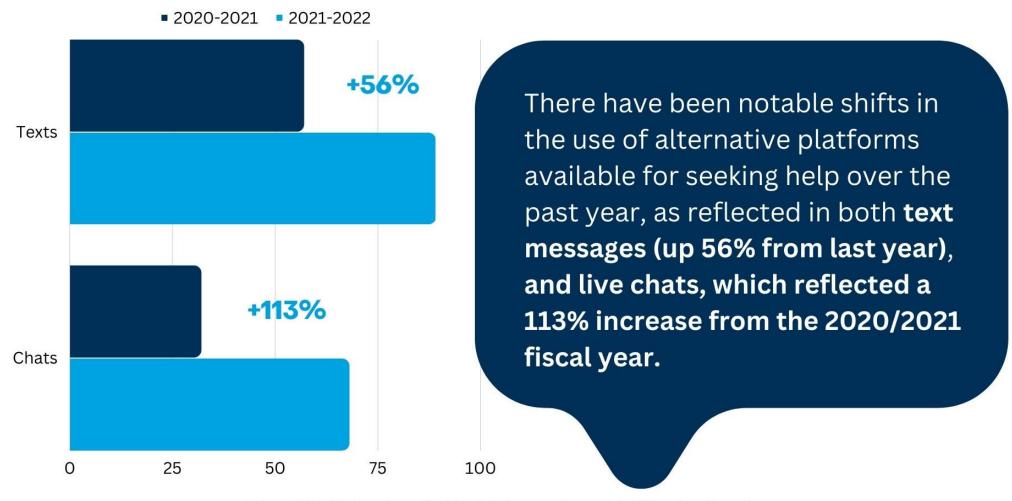
## Florida's Prevention Program 888-ADMIT-IT - 24/7 Problem Gambling HelpLine Growth TOTAL CONTACTS

140%
Increase
in Contacts
from
2018-2022



During the 2021/2022 fiscal year, the FCCG received 25,689 total contacts. This represents an 8% increase in total Agency contacts from last fiscal year (23,558), and a continued increase in total Agency contacts of all types each year, over the past four years, reflecting an overall increase of 140%, since 2018/2019.

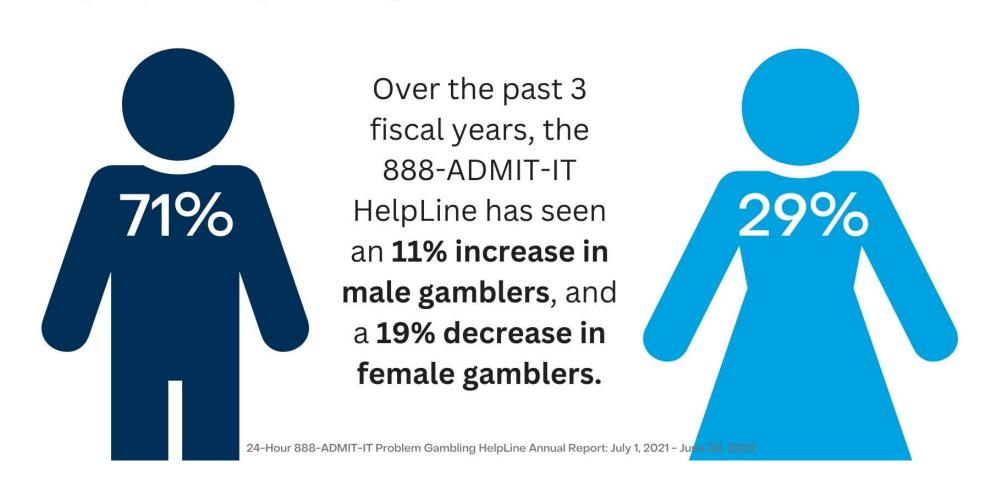
#### **TEXTS & CHATS FOR HELP**



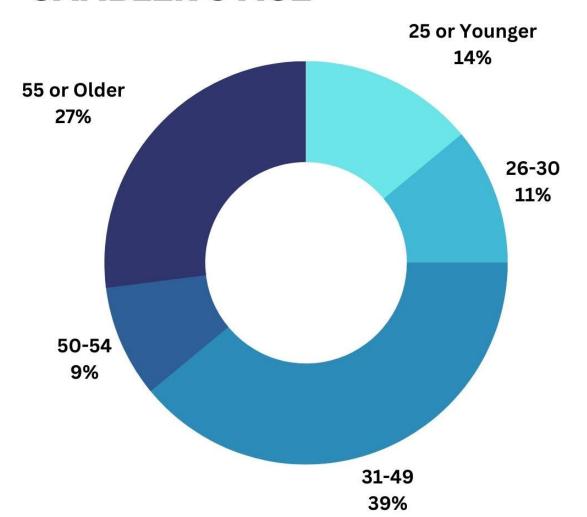
24-Hour 888-ADMIT-IT Problem Gambling HelpLine Annual Report: July 1, 2021 - June 30, 2022

#### **GAMBLER'S GENDER**

This year, 71% of problem gamblers were male and 29% were female.



#### **GAMBLER'S AGE**



Among the 1,446 contacts who disclosed the gambler's age this year, it was found that approximately 14% of the gamblers were 25 years old or younger; 11% were 26-30; 39% were 31-49; 9% were 50-54; and 27% of gamblers were 55 years of age or older.

24-Hour 888-ADMIT-IT Problem Gambling HelpLine Annual Report: July 1, 2021 - June 30, 2022

### GAMBLER'S AGE OF GAMBLING ONSET AND AGE OF GAMBLING PROBLEM

Data with respect to the reported age of initiation of gambling and when it became a problem revealed that 53% of problem gamblers this year (versus 48% in 2020/2021) started gambling before age 26, and 17% started prior to the legal gambling age of 18 (an increase from the past fiscal year of 13%).



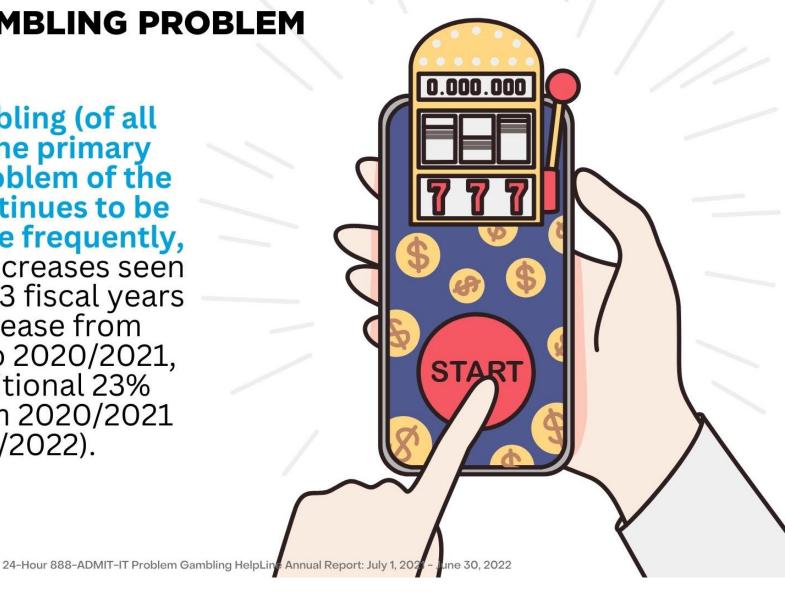
#### PRIMARY GAMBLING PROBLEM

The types of gambling activities most frequently cited as being the primary gambling problem of the gambler this year included **Electronic Gambling Machines (41%)**, (note, this includes both legal and illegal electronic gambling machines), **Cards/Table Games and Online Gambling (both at 21%)**, and **Lottery Games (11%)**.



#### PRIMARY GAMBLING PROBLEM

Online gambling (of all types), as the primary gambling problem of the gambler continues to be reported more frequently, with steady increases seen over the past 3 fiscal years (a 42% increase from 2019/2020 to 2020/2021, and an additional 23% increase from 2020/2021 to 2021/2022).





#### 888-ADMIT-IT

#### Public Awareness & Advertising Campaign

#### FCCG – FGCC Contract Scope:

- ✓ Task b. Advertising Services
  - Billboards
  - Problem Gambling Awareness Month (PGAM)

## Prevention Program Deliverable: 888-ADMIT-IT Awareness Services - Billboards





**Broward & Miami-Dade County Billboards** – Located in strategic, high traffic, and high visibility locations within close proximity to State of Florida licensed slot machine gambling facilities.

## Prevention Program Deliverable: 888-ADMIT-IT Awareness Services - PGAM

#### MARCH is PROBLEM GAMBLING AWARENESS MONTH (PGAM)!

and keeps your mind procecupied with your nest bett, making the right decisions can feel impossible.

Out the process of the p

Thank you to our Problem Gambling Awareness Month (PGAM) partners from the gambling industry and beyond! Partners make a big difference in getting the word out during PGAM, doing everything from making the PGAM Brochure available for guests, to handing out goodie bags to customers and team members with informative literature and giveaways featuring the 888-ADMIT-IT Problem Gambling HelpLine number, to tying PGAM into Employee Appreciation Day, to offering team member contests with a responsible gaming guiz, and so much more!









Visit our PGAM Site: problemgamblingawarenessmonth.org

















#### 888-ADMIT-IT

#### Slot Machine Gambling Facility Services

#### FCCG – FGCC Contract Scope:

- ✓ Task c. Slot Machine Gambling Facility Services
  - 888-ADMIT-IT HelpLine Signage
  - New Hire Employee Training
  - Annual Refresher Employee Training
  - Site Visits

## 888-ADMIT-IT Community Outreach Services

#### FCCG – FGCC Contract Scope:

- ✓ Task d. Community Outreach Services
  - Population-Specific Collateral Materials Distribution
  - A Chance for Change Recovery Workbook Distribution
  - Web Letters
  - CARE Team Newsletters

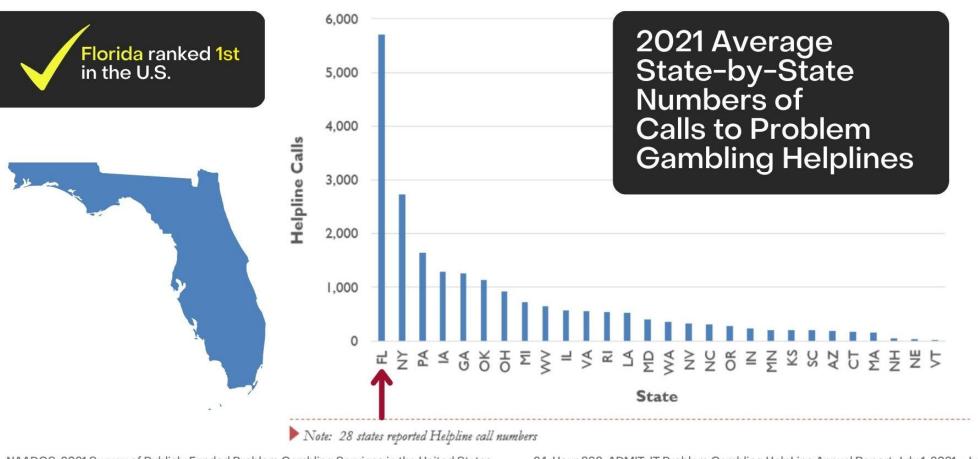
#### NAADGS (National Association of Administrators for Disordered Gambling Services)

## Survey of Publicly Funded Problem Gambling Services in the United States –(July 2022)

This survey represents the most comprehensive collection of information on problem gambling services in the United States. Information was gathered about the services funded by state agencies with legislated or line-item budgets identified for use in addressing problem gambling.

NATIONAL ASSOCIATION OF ADMINISTRATORS FOR DISORDERED GAMBLING SERVICES

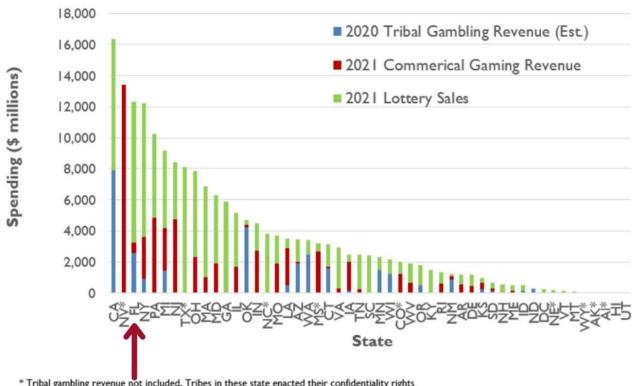
### 2021 SURVEY OF PUBLICLY FUNDED PROBLEM GAMBLING SERVICES IN THE UNITED STATES - HELPLINE CALLS



#### **2021 US LOTTERY SALES, COMMERCIAL GAMING REVENUE, & TRIBAL GAMING REVENUE**







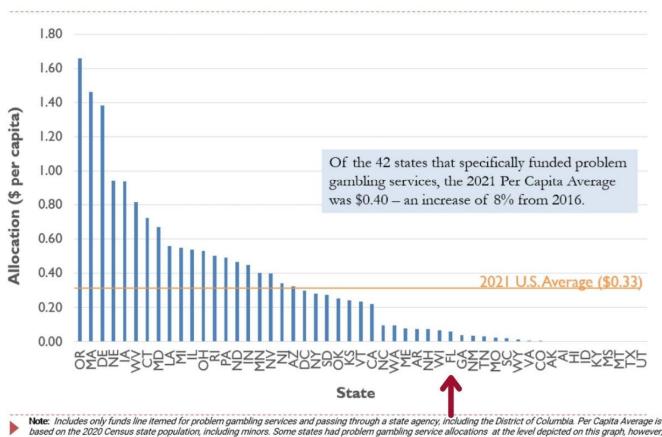
\* Tribal gambling revenue not included. Tribes in these state enacted their confidentiality rights

Source Data: (a) Insights, November/December 2021, Volume No. 21, Issue 5. The North American Association of State and Provincial Lotteries. (b) Meister, A. (2017). Indian Gaming Industry Report. Casino City Press. (c) 2021 edition of State of the States: The AGA Survey of the Casino Industry. The American Gaming Association. Note: Gambling spending other than lottery, commercial casino, and tribal casinos not included.

#### 2021 PER CAPITA PROBLEM GAMBLING SERVICES **ALLOCATION BY US STATE AGENCIES**

- √ Florida ranked 34th (out of 42 states) in the u.s. regarding per capita public funds invested on problem gambling services.
- ✓ Florida's per capita public fund allocation is Six cents.





based on the 2020 Census state population, including minors. Some states had problem gambling service allocations at the level depicted on this graph, however, had expended fewer than 10% of the funds from that allocation in 2021 (AR, DC, WY) while others expended approximately 70% of the allocation in 2021 (NJ & MI)

#### **U.S. STATE ALLOCATIONS ACROSS 15 YEARS**

The following chart illustrates a clear upward investment trend during the 15-year period examined, with total problem gambling funding increased from \$44 million in 2006 to \$94 million in 2021. That growth represents an average annualized percent increase of 5%.

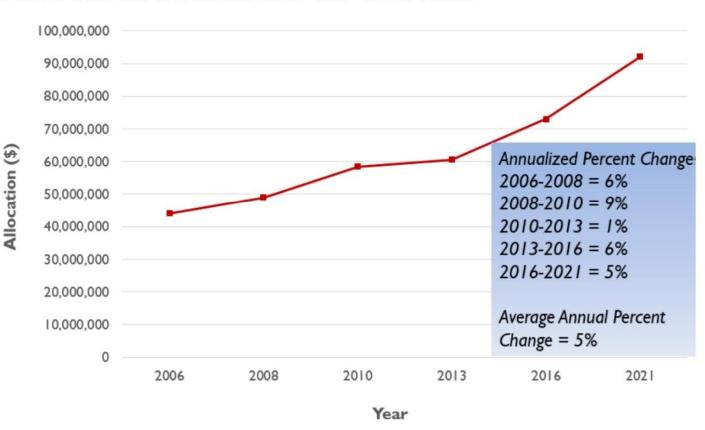
### U.S. STATE ALLOCATIONS FOR PROBLEM GAMBLING SERVICES ACROSS 15 YEARS



Growth represents an average annualized percent increase of 5%.

#### **But NOT in Florida!**

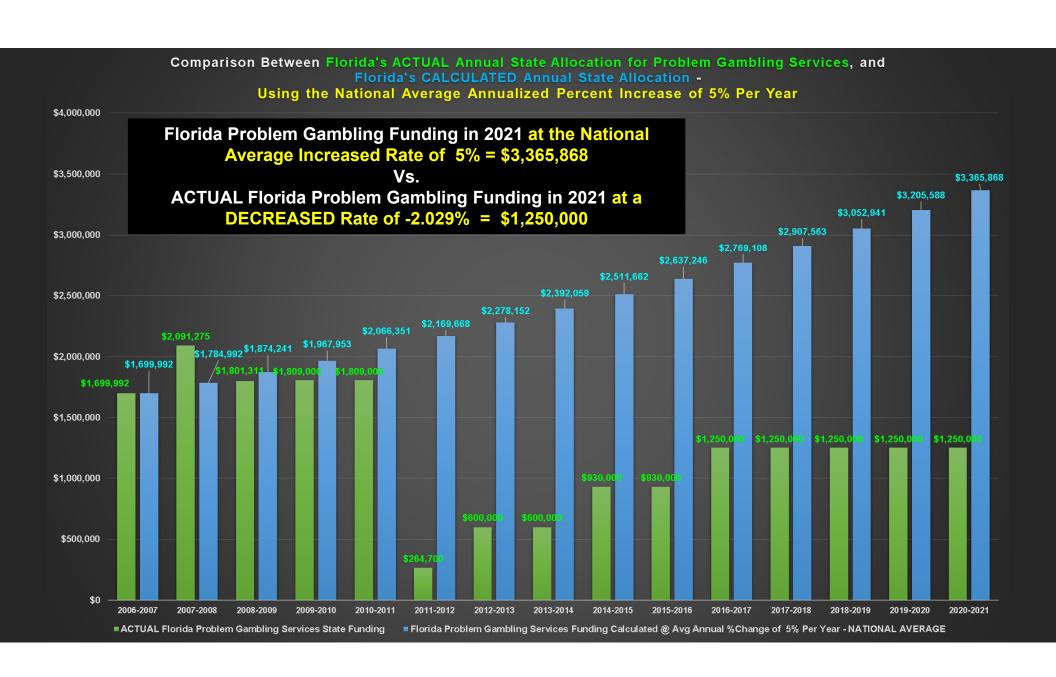
Florida's Allocation for Problem Gambling Services DECREASED by -2.029%.



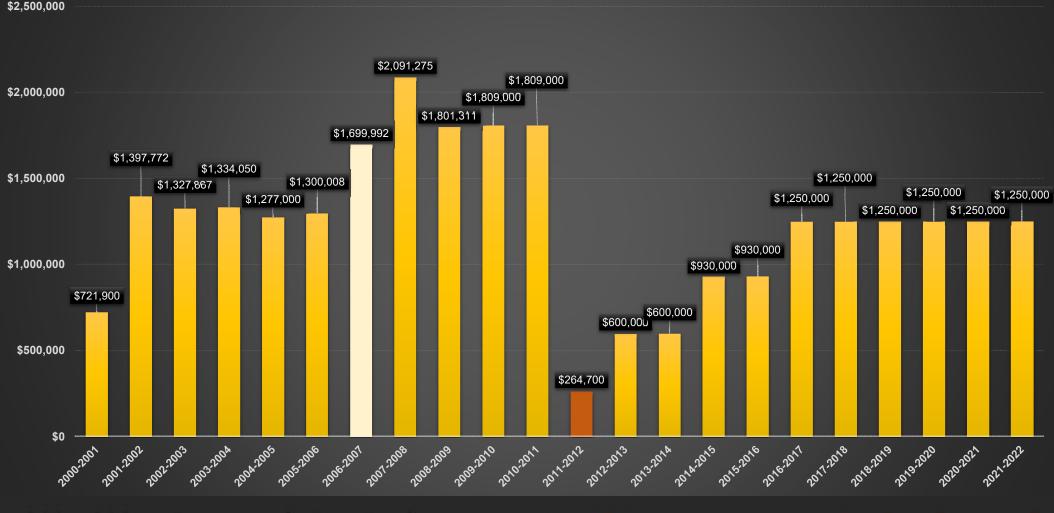
Data based on past six NAADGS Surveys; Change in allocation between 2016 and 2021 is 26%. Five states reported to have underspent their allocations (AR, DC, IA, NJ, and SD).

NAADGS: 2021 Survey of Publicly Funded Problem Gambling Services in the United States

24-Hour 888-ADMIT-IT Problem Gambling HelpLine Annual Report: July 1, 2021 - June 30, 2022







2006-2007 - First Year of DBPR Funding

2011-2012 - First Year Lottery Funding Eliminated

## QUESTIONS?

**GAMBLING PROBLEM?** 

## 88-ADMIT-IT



gamblinghelp.org

**THANK YOU** 

### 8. Discussion of License Application for Greyhound Permitholders

#### **MEMORANDUM**

To: The Florida Gaming Control Commission

From: Division of Pari-Mutuel Wagering

Re: TBD Entertainment, LLC d/b/a TGT Poker & Racebook and/or Lucky's Card

Room (GHND140) (Lucky's Card Room)

2023-001330 Pari-Mutuel Operating License Renewal

Date: 2023-001333 Cardroom License Renewal

January 30, 2023

#### Executive Summary

A permitholder submitted an application to renew its operating license for a pari-mutuel facility ("operating license") and cardroom license. The Commission should approve this request.

#### Background

Annually, a permitholder must renew its operating and cardroom licenses by submitting the required documentation to the Commission.<sup>1</sup> TBD Entertainment, LLC d/b/a TGT Poker & Racebook and/or Lucky's Card Room ("Lucky's Card Room") possesses a greyhound permit. Lucky's Card Room currently holds an operating license and a cardroom license for the 2022-2023 Fiscal Year. For the 2023-2024 Fiscal Year, Lucky's Card Room has requested to operate zero performances<sup>2</sup> and have 17 card tables<sup>3</sup>. Lucky's Card Room has paid the \$17,000 annual card table fee.<sup>4</sup>

#### Analysis

The Commission must confirm that: each permitholder has submitted proof with their annual application for a license; the permitholder continues to possess the qualifications prescribed by chapter 550, Florida Statutes; and the permit has not been disapproved by voters in an election.<sup>5</sup> In addition, each permitholder must indicate whether the permitholder intends to accept wagers on intertrack or simulcast events, and for each permitholder electing to open a cardroom, the dates and periods of operation.<sup>6</sup> Lucky's Card Room has satisfied all of these requirements.

<u>Recommendation:</u> The Florida Gaming Control Commission should approve TBD Entertainment, LLC d/b/a TGT Poker & Racebook and/or Lucky's Card Room 's request to renew its operating and cardroom licenses for fiscal year 2023-2024.

<sup>&</sup>lt;sup>1</sup> "Each permitholder shall annually, during the period between December 15 and January 4, file in writing with the commission its application for an operating license for a pari-mutuel facility for the conduct of pari-mutuel wagering during the next state fiscal year, including intertrack and simulcast race wagering." § 550.01215(1), Fla. Stat.

<sup>&</sup>lt;sup>2</sup> "Performance" means "a series of events, races, or games performed consecutively under a single admission charge." § 550.002(25), Fla. Stat.

<sup>&</sup>lt;sup>3</sup> See generally § 849.086, Fla. Stat.

<sup>&</sup>lt;sup>4</sup> The annual cardroom license fee is \$1,000 for each table in the cardroom. § 849.086(5)(e), Fla. Stat.

<sup>&</sup>lt;sup>5</sup> § 16.712(7), Fla. Stat.

<sup>&</sup>lt;sup>6</sup> § 550.01215(l)(a), Fla. Stat.

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

License Number: 140
Permit Type: GHND

Permit County: Hillsborough

#### LICENSE TO CONDUCT PARI-MUTUEL WAGERING

For:

#### TBD Entertainment, LLC

D/B/A TGT Poker & Racebook and/or Lucky's Card Room

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

755 East Waters Avenue Tampa, FL 33604 Hillsborough County

Valid From: July 1, 2023 Expires On: June 30, 2024

Permitholder does intend to accept wagers on intertrack or simulcast events.

Issued and dated, this \_\_\_\_\_ day of March, 2023.

By \_\_\_\_\_\_Louis Trombetta, Executive Director

Florida Gaming Control Commission



This license is issued in accordance with the Florida Pari-Mutuel Wagering Act and the rules promulgated thereunder. This license shall be operated at the location of a parimutuel permit and is subject to any and all laws of the State of Florida.

#### TBD ENTERTAINMENT, LLC RECEIVED P.O. BOX 1775 TAMPA, FL 33601

2022 DEC 16 PM 12: 10

(813) 374-8830--- FAX: (813)374-8839

FLORIDA GAMING CONTROL COMMISSION

December 12, 2022

#### VIA E-MAIL AND AND FEDERAL EXPRESS

Jamie Pouncey, Permitholder Licensing Administration Division of Pari-Mutuel Wagering 2601 Blair Stone Road Tallahassee, FL 32399-1035

RE:

TBD ENTERTAINMENT, LLC -2023-2024

Permit No. 140

Dear Ms. Pouncey:

Enclosed please find the following:

- Form DBPR PMW-3060, Permitholder Application for Annual License and 1. Operating Dates.
  - 2. Form DBPR PMW-3080, Permitholder Calendar.
  - 3. Form DBPR PMW-3190, Officers and Directors.
- Certificate of the Clerk of the Circuit Court of Hillsborough County as Clerk of the Board of County Commissioners, certifying that the permit formerly issued has not been recalled.
- 5. Letter from BKS Insurance directed to State of Florida, Division of Pari-Mutuel Wagering, regarding this company's bond.

Tampa Bay Downs, Inc. d/b/a TBD Entertainment, LLC, intends to accept wagers on intertrack or simulcast events.

Thank you for your attention to this matter.

Very truly yours,

Steller & Thayer Stella F. Thaver

Enclosures

#### DBPR PMW-3060 - Permitholder Application for License and Operating Dates



#### STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING www.mvfloridalicense.com

#### INSTRUCTIONS

This form is to be submitted in conjunction with Form DBPR PMW-3080 - Permitholder Calendar and Form DBPR PMW-3190 - Officers and Directors.

Check the box that designates the purpose of this form filing:

[X] Application for Annual License and Operating Dates

| Application for Amendment to Annual License and Operating Dates   |                            |              |                                 |  |
|---|----------------------------|--------------|---------------------------------|--|
| PERMITHOLDER INFORMATION  |                            |              |                                 |  |
| Permitholder Name TBD Entertainment LLC Permit Doing Business As (D/B/A) TGT Poker and Racebook   | : #140                     | FEID# or SSN |                                 |  |
| MAILING ADDRESS   |                            |              |                                 |  |
| Street Address or P.O. Box<br>P.O. Box 2007   |                            |              |                                 |  |
| City<br>Oldsmar   |                            | State<br>FL  | 34677                           |  |
| County Pinellas Country (if Florida address) USA  |                            |              |                                 |  |
| CONTACT INFORMATION   |                            |              |                                 |  |
| Contact Name<br>Gregory Gelyon  | Title<br>VP                |              |                                 |  |
| Primary Phone Number  | Fax Number<br>813-854-3539 |              |                                 |  |
| Primary E-Mail Address  | Cell Phone Num             |              | lumber                          |  |
| PHYSICAL LOCATION OF PARI-MUTUEL FACILITY   |                            |              |                                 |  |
| Street Address<br>755 E. Waters Ave.  |                            |              |                                 |  |
| City<br>Tampa   |                            | State<br>FL  | Zip Code (+4 optional)<br>33604 |  |
| If there is a lease agreement to operate live performances at another pari-mutuel facility, the applicant shall attach a copy of the lease agreement containing the following information:  (1) The name of the applicant and the lessor; (2) The address of the applicant and the lessor; (3) The type of permit held by both the applicant and the lessor; (4) The exact location where the applicant is currently permitted to conduct pari-mutuel performances; (5) The exact location where the lessor is currently permitted to conduct pari-mutuel performances; and (6) The exact location where the applicant intends to conduct pari-mutuel performances pursuant to the lease agreement. |                            |              |                                 |  |

\*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, 654, and Sections 409.2577, 409.2598, and 559.79, Florida Statutes. 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.

Page 1 of 2

|  | _ INFORMATION  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| permit has not been recalled.  | f the Circuit Court or other authorized County Official certifying that the  |  |  |  |  |  |  |
| Has there been any change in ownership interest, officers, partners, or directors; or a change in ownership or location of the pari-mutuel facility? If changed, state fully. If none, state "No change." Use additional pages, if necessary. <b>No change.</b>  |  |  |  |  |  |  |  |
| Is the applicant incorporated? Yes ⊠ No □ If yes, under the laws of which state? <b>Delaware</b>   |  |  |  |  |  |  |  |
| Please list all officers and directors of the applicant using Form DBPR PMW-3190 – Officers and Directors.   |  |  |  |  |  |  |  |
| Please document persons who are the bona fide and beneficial owners of the entire stock of the applicant using Form DBPR PMW-3190 – Officers and Directors. If corporation, list name of corporation and stockholders; if partnership, list partners.  |  |  |  |  |  |  |  |
| Please list the stockholders of record of the applicant using Form D   |  |  |  |  |  |  |  |
| Please list the stockholders of the applicant who are subject to a volume beneficial owner using Form DBPR PMW-3190 – Officers and Direction of the applicant who are subject to a volume of the applican | ctors.   |  |  |  |  |  |  |
|  | l Directors ever been convicted of or had adjudication withheld for any her than minor traffic violations) in any state or county? Yes □ No 区  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| ODEDATING SEA  | SON INFORMATION  |  |  |  |  |  |  |
| The applicant desires to conduct a racing/jai alai meet for the 20 23 period(s). Please follow instructions on calendars attached to permi   | - 20 24 season during the following  |  |  |  |  |  |  |
| Opening Date(s): N/A   | Closing Date(s):   |  |  |  |  |  |  |
| Number of Dark Days:<br>N/A  | Number of Live Days:   |  |  |  |  |  |  |
| Performances   | 25 6   |  |  |  |  |  |  |
| Number of Evening Performances N/A Number of Matinee Performances N/A  | <u> </u>   |  |  |  |  |  |  |
| Number of Charity/Scholarship Performances  N/A  N/A   | The state of the s |  |  |  |  |  |  |
| Total Number of Performances N/A   |  |  |  |  |  |  |  |
| Number of races/games during evening performances:   | Number of races/games during matinee performances:   |  |  |  |  |  |  |
| Starting time: N/A   | Starting time: N/A   |  |  |  |  |  |  |
| For greyhound tracks only:  Do you intend to hold an additional charity day for the greyhound ac If yes, please indicate the date when the "Greyhound Adopt-a-Pet D  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | ATH  |  |  |  |  |  |  |
| I swear or affirm that the information provided in this application is t information on this application could subject the applicant to criminal   |  |  |  |  |  |  |  |
| Stella Thayer President (Please Print) Title (Please Print)  | Signature Date Describe 13 2022  |  |  |  |  |  |  |
| State of Florida,<br>County of Hillsborough  |  |  |  |  |  |  |  |
|  | <u>December</u> , 2022, is personally known to me or produced the following as identification:   |  |  |  |  |  |  |
| <b>5</b>   | ······································   |  |  |  |  |  |  |
| Kosanne M. Watson Rosani My Com  | Public State of Florida The M Watson Thission HH 029126 11/27/2024   |  |  |  |  |  |  |
| My Commission Expires:   |  |  |  |  |  |  |  |



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# Fictitious Name Detail

#### **Fictitious Name**

TGT POKER & RACEBOOK

#### Filing Information

Registration Number G21000009540

Status

ACTIVE

Filed Date

01/20/2021

**Expiration Date** 

12/31/2026

Current Owners

1

County

MULTIPLE

Total Pages

Events Filed

NONE

FEI/EIN Number

NONE

# **Mailing Address**

P.O. BOX 8096 TAMPA, FL 33604

#### **Owner Information**

TBD ENTERTAINMENT, LLC

P.O. BOX 8096 TAMPA, FL 33674

FEI/EIN Number:

Document Number: L20000392251

# **Document Images**

01/20/2021 - CANCELLATION/RE-REGISTRATION

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# Fictitious Name Detail

#### **Fictitious Name**

LUCKY'S CARD ROOM

#### Filing Information

Registration Number G21000009541

Status

ACTIVE

Filed Date

01/20/2021

**Expiration Date** 

12/31/2026

Current Owners

1

County

MULTIPLE

Total Pages
Events Filed

NONE

FEI/EIN Number

NONE

#### Mailing Address

P.O. BOX 8096 TAMPA, FL 33604

#### **Owner Information**

TBD ENTERTAINMENT, LLC

P.O. BOX 8096

TAMPA, FL 33674 FEI/EIN Number:

Document Number: L20000392251

# **Document Images**

01/20/2021 -- CANCELLATION/RE-REGISTRATION

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# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING

www.myfloridalicense.com



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

| ORGA  | NIZATION NAME |
|---|---------------|
| Name of Organization TBD Entertainment LLC    | Permit # 140  |
| D/B/A or Trade Name<br>TGT Poker and Racebook |               |

| 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 ■ Manager Managed □   |

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<br>THAYER                      | First<br>STELLA |                         |             |    |                     | Suffix        |  |
| Office Held                              | License #       | Percentage of Ownership |             |    |                     |               |  |
| President/Treasurer/Director             | 232146          | 35%                     |             |    |                     |               |  |
| RESIDENCE ADDRESS                        |                 |                         |             |    |                     |               |  |
| Street Address or P.O. Box 1531          |                 |                         |             |    |                     |               |  |
|  |                 |                         |             |    |                     |               |  |
| City<br>TAMPA                            |                 |                         | State<br>FL | ;  | Zip Code (<br>33601 | (+4 optional) |  |
| County<br>(if Florida address) Hillsboro | ugh             | Country                 | us us       | SA |                     |               |  |

| MANAGEMENT INFORMATION                           |                  |                             |                  |                   |               |  |  |  |
|--|------------------|-----------------------------|------------------|-------------------|---------------|--|--|--|
| Last Name<br>FERGUSON                            | First<br>HOWELL  |                             | Middle<br>L.     | Title             | Suffix        |  |  |  |
| Office Held<br>Vice President/Secretary/Director | License # 298008 | Percentage of Ownership 35% |                  |                   |               |  |  |  |
| RESIDENCE ADDRESS                                |                  |                             |                  |                   |               |  |  |  |
| Street Address or P.O. Box 150                   |                  |                             |                  |                   |               |  |  |  |
| City<br>TALLAHASSEE                              |                  |                             | State<br>FL      | Zip Code<br>32302 | (+4 optional) |  |  |  |
| County<br>(if Florida address) LEON              |                  | Countr                      | <sup>y</sup> USA |                   |               |  |  |  |

License

Fed Tax #

Lic Type 1021 - PMW Professional Individual Occupational

Expires On 06/30/2025

File # 3979

Name THAYER, STELLA

Extended To

License # 232146

Rank PIND - Professional Individual Occupational

Renewed On

Entity # 232146

Lic Status Current

Address

Street # 11225

Street RACETRACK RD

Line 2

Line 3

City TAMPA

State FL

Zip 33626

Routing

License

Fed Tax #

License # 298008

Lic Type 1021 - PMW Professional Individual Occupational

File # 4743

Name FERGUSON, HOWELL LYKES

Rank PIND - Professional Individual Occupational

Entity # 298008 Lic Status Current Expires On 06/30/2024

Extended To

Renewed On 02/01/2022

**Address** 

Street #

Street PO BOX 150

Line 2

Line 3

City TALLAHASSEE

State FL

Zip 32302

Routing

|  | MANAGEMEN        | INFORMATI  | ON     |          | 4.5           |                      |
|--|------------------|------------|--------|----------|---------------|----------------------|
| Last Name<br>MCLAUGHLIN                            | First<br>THOMAS  | Middle     |        | Title    | 00            | Suffix               |
| Office Held<br>VP of Facilities and Track Surfaces | License # 447376 |            | ship 7 | DEC      |               |                      |
|  |                  | CE ADDRESS |        |          | P. 1          | March To September 1 |
| Street Address or P.O. Box P.(                     | O. Box 2007      |            | 11     |          | 35            | 70                   |
| City TAMPA   |                  | Stat       | е      | Zip Code | で<br>e (+4gep | tional               |
| County (if Florida address) PINELLA                | AS               | Country US | SA     | -        |               |                      |

| MANAGEMENT INFORMATION                 |                                       |        |      |             |            |               |  |  |
|--|---------------------------------------|--------|------|-------------|------------|---------------|--|--|
| Last Name<br>THAYER                    | First<br>susannah                     |        | M    | iddle<br>L. | Title      | Suffix        |  |  |
| Office Held<br>None                    | License # Percentage of Ownership 15% |        |      |             |            |               |  |  |
| RESIDENCE ADDRESS                      |                                       |        |      |             |            |               |  |  |
| Street Address or P.O. Box 1531        |                                       |        |      |             |            |               |  |  |
|  |                                       |        |      |             |            |               |  |  |
| City State                             |                                       |        |      | )           | Zip Code ( | (+4 optional) |  |  |
| County<br>(if Florida address) HILLSBC | ROUGH                                 | Countr | y US | SA          |            |               |  |  |

| MANAGEMENT INFORMATION              |                                      |  |       |    |                        |        |  |  |
|-------------------------------------|--------------------------------------|--|-------|----|------------------------|--------|--|--|
| Last Name<br>FERGUSON               | First<br>ELIOT                       |  |       |    | Title                  | Suffix |  |  |
| Office Held<br>None                 | License # Percentage of Ownership 3% |  |       |    |                        |        |  |  |
| RESIDENCE ADDRESS                   |                                      |  |       |    |                        |        |  |  |
| Street Address or P.O. Box 150      |                                      |  |       |    |                        |        |  |  |
|                                     |                                      |  |       |    |                        |        |  |  |
| City<br>TALLAHASSEE                 |                                      |  | State |    | Zip Code (+4 optional) |        |  |  |
| County<br>(if Florida address) LEON |                                      |  | y US  | SA |                        |        |  |  |

| OATH   |   |           |   |  |  |  |  |
|--|---|-----------|---|--|--|--|--|
|  | ormation provided in this applicat<br>on could subject the applicant to |           | derstand that knowingly providing false erjury or other offenses. |  |  |  |  |
| Name (Please Print)  | Title (Please Print)  | Signature | Date  |  |  |  |  |
| State of Florida,<br>County of<br>Sworn to (or affirmed) and s | ubscribed before me this  | day of    | . 20  |  |  |  |  |
|  | about botole the the  |           | me or produced the following as identification:                   |  |  |  |  |
| Notary Public<br>My Commission Expires:                        | x   |           |   |  |  |  |  |

License

Fed Tax #

Lic Type 1021 - PMW Professional Individual Occupational

Expires On 06/30/2023

File # 39409

Name MCLAUGHLIN, THOMAS JOHN

Rank PIND - Professional Individual Occupational

Extended To

License # 447376 Entity # 447376

Lic Status Current

Renewed On

Address

Street # 4748

Street WOLFRUN LANE

Line 2

Line 3

City NEW PORT RICHEY

State FL

Zip 34653

Routing

License

Fed Tax #

Lic Type 1021 - PMW Professional Individual Occupational

Expires On 06/30/2023

File # 46112

Name THAYER, SUSANNAH

Extended To

License # 7650399

Rank PIND - Professional Individual Occupational

Renewed On

Entity # 7650399 Lic Status Current

**Address** 

Street #

Street PO BOX 429

Line 2

Line 3

City THONOTOSASSA

State FL

Zip 33592

Routing

| MANAGEMENT INFORMATION              |                |                 |                  |             |             |  |  |  |
|-------------------------------------|----------------|-----------------|------------------|-------------|-------------|--|--|--|
| Last Name<br>FERGUSON               | First<br>DEREK | Middle Title c. |                  |             | Suffix      |  |  |  |
| Office Held<br>None                 | License #      |                 | tage of Ownershi |             |             |  |  |  |
| RESIDENCE ADDRESS                   |                |                 |                  |             |             |  |  |  |
| Street Address or P.O. Box 150      |                |                 |                  |             |             |  |  |  |
|                                     |                |                 |                  |             |             |  |  |  |
| City<br>TALLAHASSEE                 |                |                 | State            | Zip Code (+ | 4 optional) |  |  |  |
| County<br>(if Florida address) LEON |                | Country         | USA              |             |             |  |  |  |
| MANAGEMENT INFORMATION              |                |                 |                  |             |             |  |  |  |

| MANAGEMENT INFORMATION              |                |                            |               |       |        |  |  |  |
|-------------------------------------|----------------|----------------------------|---------------|-------|--------|--|--|--|
| Last Name<br>EVERS-SWINDELL         | First<br>MEGAN | M                          | liddle<br>L   | Title | Suffix |  |  |  |
| Office Held<br>None                 | License #      | Percentage of Ownership 3% |               |       |        |  |  |  |
| RESIDENCE ADDRESS                   |                |                            |               |       |        |  |  |  |
| Street Address or P.O. Box 150      |                |                            |               |       |        |  |  |  |
|                                     |                |                            |               |       |        |  |  |  |
| City State Zip Code (+4             |                |                            | (+4 optional) |       |        |  |  |  |
| County<br>(if Florida address) LEON |                | Country USA                |               |       |        |  |  |  |

| MANAGEMENT INFORMATION              |                |                                      |             |    |            |               |  |  |
|-------------------------------------|----------------|--------------------------------------|-------------|----|------------|---------------|--|--|
| Last Name<br>SAVAGE                 | First<br>colin | Middle<br><sup>M.</sup>              |             |    | Title      | Suffix        |  |  |
| Office Held<br>None                 | License #      | License # Percentage of Ownership 3% |             |    |            |               |  |  |
| RESIDENCE ADDRESS                   |                |                                      |             |    |            |               |  |  |
| Street Address or P.O. Box 150      |                |                                      |             |    |            |               |  |  |
|                                     |                |                                      |             |    |            |               |  |  |
| City<br>TALLAHASSEE                 |                |                                      | State<br>FL | )  | Zip Code ( | (+4 optional) |  |  |
| County<br>(if Florida address) LEON |                | Country                              | US          | SA |            |               |  |  |

|   |   | OATH                            |  |
|---|---|---------------------------------|--|
|   | ormation provided in this applicat<br>on could subject the applicant to |                                 | lerstand that knowingly providing false<br>erjury or other offenses. |
| Name (Please Print)                     | Title (Please Print)  | Signature                       | Date   |
| State of Florida,<br>County of          |   |                                 |  |
| Sworn to (or affirmed) and s            | ubscribed before me this  | _ day of                        | , 20,  |
|   |   | _, who is personally known to i | ne or produced the following as identification:                      |
| Notary Public<br>My Commission Expires: |   |                                 |  |

| MANAGEMENT INFORMATION   |                      |              |             |       |        |
|--|----------------------|--------------|-------------|-------|--------|
| Last Name<br>BERUBE  | First<br>PETER       |              | Middle<br>N | Title | Suffix |
| Office Held<br>Vice President  | License #<br>1379166 |              |             |       |        |
| RESIDENCE ADDRESS  |                      |              |             |       |        |
| Street Address or P.O. Box 2007  |                      |              |             |       |        |
|  |                      |              |             |       |        |
| City         State         Zip Code (+4 o           OLDSMAR         FL         34677 |                      | +4 optional) |             |       |        |
| County<br>(if Florida address) Pinellas  |                      | Country L    | JSA         |       |        |

| MANAGEMENT INFORMATION                   |  |        |       |       |          |               |
|--|--|--------|-------|-------|----------|---------------|
| Last Name<br>GELYON                      | First<br>GREG                          |        | M     | iddle | Title    | Suffix        |
| Office Held<br>Vice President of Finance | License # Percentage of Ownership None |        |       | nip   |          |               |
| RESIDENCE ADDRESS                        |  |        |       |       |          |               |
| Street Address or P.O. Box 2007          |  |        |       |       |          |               |
|  |  |        |       |       |          |               |
| City<br>OLDSMAR                          |  |        | State | e     | Zip Code | (+4 optional) |
| County<br>(if Florida address) Pinellas  |  | Countr | y US  | SA    |          |               |

| MANAGEMENT INFORMATION                    |  |        |       |       |            |               |
|---|--|--------|-------|-------|------------|---------------|
| Last Name                                 | First<br>MARGO                                 |        | М     | iddle | Title      | Suffix        |
| Office Held VP of Marketing and Publicity | License # Percentage of Ownership 1435733 None |        |       | nip   |            |               |
| RESIDENCE ADDRESS                         |  |        |       |       |            |               |
| Street Address or P.O. Box 2007           |  |        |       |       |            |               |
|   |  |        |       |       |            |               |
| City<br>Oldsmar                           |  |        | State | )     | Zip Code ( | (+4 optional) |
| County<br>(if Florida address) Pinellas   |  | Countr | y US  | SA    |            |               |

|   |                          | OATH   |   |
|---|--------------------------|--|---|
|   |                          | ation is true and complete. I uno criminal penalties relating to p | derstand that knowingly providing false erjury or other offenses. |
| Name (Please Print)   | Title (Please Print)     | Signature  | Date  |
| State of Florida,<br>County of<br>Sworn to (or affirmed) and so | ubscribed before me this | _ day of   | , 20,   |
|   |                          | _, who is personally known to                                      | me or produced the following as identification:                   |
| Notary Public<br>My Commission Expires:                         |                          |  |   |

License

Fed Tax #

Lic Type 1031 - PMW/CR Combo Supervisor

Expires On 06/30/2023

File # 965

Name BERUBE, PETER N

Extended To

License # 1379166

Rank PCSU - Cardroom supervisor

Renewed On

Entity # 1379166

Lic Status Current

Address

Street # 4812

Street SCOTT ROAD

Line 2

Line 3

City LUTZ

State FL

Zip 33558

Routing

License

Fed Tax #

Lic Type 1021 - PMW Professional Individual Occupational

Name GELYON, GREGORY A

Rank PIND - Professional Individual Occupational

Expires On 06/30/2023

Extended To

Renewed On 06/02/2017

License # 2015132 Entity # 2015132

File # 36622

Lic Status Current

Address

Street # 10005

Street TARPON SPRING RD.

Line 2 Line 3

City ODESSA

State FL

Zip 33556

Routing

License

Fed Tax #

Lic Type Occupational Occupational

Name FLYNN, MARGO J

Rank PIND - Professional Individual Occupational

Expires On 06/30/2024

Extended To

Renewed On 05/21/2021

License # 1435733 Entity # 1435733

File # 27135

Lic Status Current

**Address** 

Street # 101

Street S BAYSHORE BLVD UNIT 34

Line 2

Line 3

City SAFETY HARBOR

State FL

Zip 34695

Routing

| MANAGEMENT INFORMATION                       |                  |         |                |                |               |
|--|------------------|---------|----------------|----------------|---------------|
| Last Name<br>TELFER                          | First<br>HEATHER |         | iddle<br>Vage  | Title          | Suffix        |
| Office Held<br>None                          | License #        |         | Percenta<br>3% | age of Ownersh | nip           |
|  | RESIDENCE        | ADDRESS |                |                |               |
| Street Address or P.O. Box 150               |                  |         |                |                |               |
| City<br>TALLAHASSEE                          |                  | State   | 9              | Zip Code       | (+4 optional) |
| County (if Florida address) LEON Country USA |                  |         |                |                |               |
| MANACEMENT INFORMATION                       |                  |         |                |                |               |

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

| MANAGEMENT INFORMATION         |                   |        |       |          |               |               |
|--------------------------------|-------------------|--------|-------|----------|---------------|---------------|
| Last Name                      | First Mid         |        | iddle | Title    | Suffix        |               |
| Office Held                    | License #         |        |       | Percenta | ge of Ownersh | nip           |
|                                | RESIDENCE ADDRESS |        |       |          |               |               |
| Street Address or P.O. Box     |                   |        |       |          |               |               |
|                                |                   |        |       |          |               |               |
| City                           |                   |        | State | )        | Zip Code      | (+4 optional) |
| County<br>(if Florida address) |                   | Countr | У     |          |               |               |
| (ii i ioilda addiess)          |                   | 1      |       |          |               |               |

| Statistical state of the state of   |  |   |                     |                                  |
|---|--|---|---------------------|----------------------------------|
|   |  | OATH  |                     |                                  |
|   | ormation provided in this application could subject the applicant to c |   |                     |                                  |
| Stella Thayer   | President  | Afille  | haeser              | Jella by 13, 2022                |
| Name (Please Print)   | Title (Please Print)   | Signature   |                     | Date                             |
| State of Florida,<br>County of Hillsborough<br>Sworn to (or affirmed) and s | subscribed before me this 13H  | day of December   | , 20 <u>22</u> ,    |                                  |
| Stella Thayer, by mear  | s of physical presence   | , who is personally known   | to me or produced t | the following as identification: |
| Rocanne M  Notary Public  My Commission Expires:                            | · Watson   | Notary Public State of Flond<br>Rosanne M Watson<br>My Commission HH 029126<br>Expires 11/27/2024 | ~}                  | *                                |

Page 2 of 2 5 of 5

| Thayer           | 35%  |
|------------------|------|
| Ferguson         | 35%  |
| Thayer, Susannah | 15%  |
| Ferguson, Eliot  | 3%   |
| Ferguson, Derek  | 3%   |
| Evers-Swindell   | 3%   |
| Savage           | 3%   |
| Telfer           | 3%   |
| Total            | 100% |

# L. Jelks

# RECEIVED 2022 DEC | 6 PM | 2: | |

FLORIDA GAMING CONTROL COMMISSION

# Certificate of

## CLERK OF THE CIRCUIT COURT

as Clerk of

# The Board of County Commissioners

I, CINDY STUART, being the Clerk of the Circuit Court in and for Hillsborough County, and as such being Clerk of the Board of County Commissioners of said County, do hereby certify that there has been no election in said County resulting in a recall of the Racing Permit now held by TBD Entertainment, LLC, since the date of its issuance.

WITNESS my hand and official seal as Clerk aforesaid this <u>2nd</u> day of December, 2022.

Try au Deputy Clerk

As Clerk of the Board of County Commissioners

(OFFICIAL SEAL)





# Travelers Casualty and Surety Company of America Hartford, CT 06183

License No.

# CONTINUATION CERTIFICATE FIDELITY OR SURETY BONDS/POLICIES

| In consideration of \$0.00  | dollars renewal premium, the   | term of Bond/Policy No.           | in the                      |  |  |
|---|--------------------------------|-----------------------------------|-----------------------------|--|--|
| umount of \$50,000.00 , issued on behalf of TBD ENTERTAINMENT, LLC. AND ITS CARD ROOM |                                |                                   |                             |  |  |
| whose address is 201-27 RACETRA   | CK RD., OLDSMAR, FL 3467       | 7                                 |                             |  |  |
| in favor of THE GOVERNOR OF T   | HE STATE OF FLORIDA AN         | D HIS OR HERS SUCCESSOI           | RS IN OFFICE                |  |  |
| whose address is 4070 ESPLANADE V   | VAY, SUITE 250, DIVISION OF    | PARI-MUTUEL WAGERING, TA          | LLAHASSEE, FL 32399         |  |  |
| in connection with Pari-Mutuel Wag  | ering Bond                     | is hereby extended to             | January 30, 2024            |  |  |
| subject to all covenants and conditio   | ns of said bond/policy.        |                                   |                             |  |  |
|   |                                |                                   |                             |  |  |
| This certificate is designed to extend  | only the term of the bond/po   | licy. It does not increase the an | nount which may be          |  |  |
| payable thereunder. The aggregate li  | ability of the Company under   | r the said bond/policy together   | with this certificate shall |  |  |
| be exactly the same as, and no greate   | er than it would have been, if | the said bond/policy had origin   | ally been written to        |  |  |
| expire on the date to which it is now   | being extended.                |                                   |                             |  |  |
|   |                                |                                   |                             |  |  |
| Signed, sealed and datedMarc  | h 07, 2023                     |                                   |                             |  |  |
|   |                                |                                   |                             |  |  |
|   | Two volove                     | Casualty and Surety Company o     | f Amorica                   |  |  |
|   |                                | V-40 (                            | A AMCHUA                    |  |  |
|   | By:                            | and the second                    |                             |  |  |

Robert L. Raney, Senior Vice President

#### Jelks, La'Kesha

From: Mary Langley <Mary.Langley@bks-partners.com>

Sent:Tuesday, March 7, 2023 2:05 PMTo:Jelks, La'Kesha; Greg A. GelyonCc:pnberube@tampabaydowns.comSubject:RE: Bonds with changes requested

**Attachments:** 106160026\_14\_27269233.pdf; 106619192\_9\_27269272.pdf

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

#### La'Kesha

Thank you for sending the explanation, it was very helpful to the underwriter to make sure that we provided what is needed.

Please see the attached documents the underwriter provided to us. Let us know if you need anything else.

Thank you again and have a great day 🔾

Mary Langley | Client Manager | BKS-Partners | T 813.470.5066 | E mary.langley@bks-partners.com



Resources are available **here** to help in your COVID-19 response plans. Please note, our colleagues are conducting business virtually to avoid any disruption in our ability to safely serve you.

**Email Disclaimer** 

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Tuesday, March 7, 2023 1:19 PM

To: Mary Langley <Mary.Langley@bks-partners.com>; Greg A. Gelyon <GAGelyon@tampabaydowns.com>

Cc: pnberube@tampabaydowns.com
Subject: RE: Bonds with changes requested

CAUTION: External Message. Beware any links or attachments

#### Mary,

Attached is the latest documentation the Florida Gaming Control Commission received to fulfill the Surety Bond/Continuation Certificate for TBD Entertainment, LLC (GHND140), Tampa Bay Downs, Inc. (TBRD320) thoroughbred, and Tampa Bay Downs, Inc. (QHRS537) quarter horse. The documentation for Tampa Bay, Inc. (TBRD320) thoroughbred fulfills the Surety Bond/Continuation Certificate requirement.

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Mary,

I have copied you with the State regulators. Please work with them and help get them the bonds with the proper wording. Apparently, the latest iteration is not sufficient.

From: Jelks, La'Kesha [mailto:La'Kesha.Jelks@fgcc.fl.gov]

Sent: Friday, March 3, 2023 12:28 PM

To: Greg A. Gelyon <GAGelyon@tampabaydowns.com>; Pouncey, Jamie <Jamie.Pouncey@fecc.fl.gov>

Cc: Peter N. Berube < PNBerube@tampabaydowns.com>

Subject: RE: Bonds with changes requested

Greetings,

The Riders are not legally sufficient to meet the requirement. Please contact the company and ask them to update the Continuation Certificates, or complete the attached form, and resubmit upon receipt.

Thank you.

Best,

# La'Kesha Gelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

The information contained in this transmission is intended solely for the use of the person(s) named herein. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply e-mail and destroy all copies of the original message.

The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure. LARGER VIEW

From: Greg A. Gelyon [mailto:GAGelyon@tampabaydowns.com]

Sent: Tuesday, February 28, 2023 1:54 PM

To: Pouncey, Jamie < Jamie.Pouncey@fgcc.fl.gov>; Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Cc: Peter N. Berube <PNBerube@tampabaydowns.com>

Subject: Bonds with changes requested

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.



# Travelers Casualty and Surety Company of America Hartford, CT 06183

| License | No. |  |
|---------|-----|--|
|         |     |  |

## RIDER

| To be attached to and form part of Bond No.   |                                      |  |
|---|--------------------------------------|--|
| Issued on behalf of TBD ENTERTAINMENT, LLC THE GOVERNOR OF THE STATE OF FLORIDA A                 |                                      | as Principal, and in favor of SIN OFFICE as Obligee. |
| It is agreed that:  | IND IIIS ON HEAS SOCCESSON           | as congec.   |
| The Surety hereby gives its consent to char from:   |                                      |  |
| to:   |                                      |  |
| <ol> <li>The Surety hereby gives its consent to cha<br/>from: 1940 Monroe Street, Talk</li> </ol> | -                                    |  |
| to: 4070 Esplanade Way, S   |                                      | 2399   |
| 3. The Surety hereby gives its consent to cha   | nge the Obligee                      |  |
| from: Florida Department of Business a  |                                      |  |
| to: Governor of the State of Flor   | rida and his or her successo         | ors in office  |
| This rider shall become effective as of   | ary 30, 2023                         |  |
| PROVIDED, however, that the liability of the Surccumulative.                                      | ety under the attached bond as ch    | anged by this rider shall not be                     |
| Signed, sealed and datedFebruary 24, 2023   | <u> </u>                             |  |
|   | By: Mary M. Langley Attorney-in-Fact | rety Company of America                              |
| Accepted: THE GOVERNOR OF THE STATE OF FRORDA AND RIS OR HEAS SUCVENSIONS OF Obligee              | or TBD ENTERTAINMENT. Principal      | , LLC. AND ITS CARD ROOM                             |
| Ву:   | By:                                  |  |



### Travelers Casualty and Surety Company of America Travelers Casualty and Surety Company St. Paul Fire and Marine Insurance Company

#### **POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint MARY M LANGLEY of TAMPA, Florida, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 21st day of April, 2021.







State of Connecticut

City of Hartford ss.

On this the 21st day of April, 2021, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2026



Anna P. Nowik, Notary Public

Robert L. Raney, Senior Vice President

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 24th day of February







2023

Kevin E. Hugher. Kevin E. Hughes, Assistant Secretary From: Pouncey, Jamie [mailto:Jamie.Pouncey@fgcc.fl.gov]

Sent: Monday, February 20, 2023 10:37 AM

To: Greg A. Gelyon <GAGelyon@tampabaydowns.com>; Kim M. Gregoire <KMGregoire@tampabaydowns.com>; Peter

N. Berube <PNBerube@tampabaydowns.com>

**Subject:** FW: Surety Bond

Permit 320 – Tampa Bay Downs

Your surety bond currently reads in favor of Florida Department of Business & Professional Regulation and MUST be corrected to reflect:

payable to the Governor of the state and her or his successors in office as states in statute below.

Also the address should be updated to 2601 Blair Stone.

# **Jamie Pouncey**

# **Program Administrator**

Florida Gaming Control Commission
Division of Pari-Mutuel Wagering
850.717.1073 Office 850.488.0550 FAX 850.556.7301 Cell
Important: Confidentiality & Public Records Statement

From: Jelks, La'Kesha

Sent: Friday, February 17, 2023 3:48 PM

To: Pouncey, Jamie < Jamie.Pouncey@fgcc.fl.gov>

Subject: FW: Surety Bond

From: Jelks, La'Kesha

Sent: Monday, February 13, 2023 8:58 AM

To: Greg A. Gelyon (gagelyon@tampabaydowns.com) < gagelyon@tampabaydowns.com >; 'Michael Francisco'

<mfrancisco@thebigeasycasino.com>; 'Jane Cassidy' < icassidy@thebigeasycasino.com>; Juan Fra

<ifra@magiccitycasino.com>; Scott <ssavin@magiccitycasino.com>; Todd Schryver <tschryve@delawarenorth.com>;

'Michael Glenn (MGlenn@pbkennelclub.com)' (MGlenn@pbkennelclub.com) <MGlenn@pbkennelclub.com>; 'Noah

Carbone (NoahC@pbkennelclub.com) ' <NoahC@pbkennelclub.com>; 'Sue Tomlinson (stomlinson@pbkennelclub.com)'

<stomlinson@pbkennelclub.com>; Anna <AWheland@windcreek.com>; Brent <bpinkston@windcreek.com>; Daniel

<rwilson@windcreek.com>; Gerald <galcott@windcreek.com>; Michael <Michael.Magazzu@windcreek.com>; Nick

<nschlikin@windcreek.com>; William <wvineyard@windcreek.com>; Cohen, Mitchell (Mitchell.Cohen@pngaming.com)

< <a href="Mitchell.Cohen@pngaming.com">Mitchell.Cohen@pngaming.com</a>; Stocky Hess < shess@goebro.com</a>; 'tina.hable@pngaming.com'

<tina.hable@pngaming.com>; 'salc@pbkennelclub.com' <salc@pbkennelclub.com>; 'Bill Westmoreland'

< billw@mgpark.com >; 'Jeff Marr' < jeffm@mgpark.com >; 'Lauren Bell' < laurenb@mgpark.com >; Michael Fischer

(MichaelF@mgpark.com) < MichaelF@mgpark.com>; 'Michael Fischer' < MichaelF@mgpark.com>;

sdenitto@orlandoliveevents.com; 'tomv@obssales.com' <tomv@obssales.com>; Tana <tana@rutledge-ecenia.com>;

ajonas@casinofortpierce.com; 'richard.sukhu@caldercasino.com' < richard.sukhu@caldercasino.com >;

<u>Susan.Flores@caldercasino.com</u>; Lisa Sutor < <u>Lisa.Sutor@gulfstreampark.com</u>>; Sheri Holmes

<<u>Sheri.Holmes@gulfstreampark.com</u>>; Kim M. Gregoire (KMGregoire@tampabaydowns.com)

< KMGregoire@tampabaydowns.com; pnberube@tampabaydowns.com; 'John Keenan'

<<u>John.Keenan@islepompanopark.com</u>>; 'Vincent Gatto' <<u>Vincent.Gatto@islepompanopark.com</u>>;

rosie@floridaharnessracing.com; 'Deb Giardina' <deborahg@bestbetjax.com>; 'Matt Kroetz' <MATTK@bestbetjax.com>;

'Adam Hlas' <adam.hlas@derbylane.com>; 'Michael Black' <michael.black@derbylane.com>; 'Pam Buzzetto'

<pam.buzzetto@derbylane.com>; 'Jack Collins, Jr.' <sarasotakennelclub@verizon.net>; 'Rhonda Lipp'

<<u>RLipp95@yahoo.com</u>>; 'RyanCarter' <<u>rcarterskc@gmail.com</u>>; 'Beatrice Perez' <<u>bperez@playcasinomiami.com</u>>;

'Daniel Licciardi@playcasinomiami.com' <dlicciardi@playcasinomiami.com>; 'David Berman'

<a href="mailto:square;"><david.berman@daniacasino.com</a>; 'Elisa' <<a href="mailto:square;">Elisa' <Elisa.Festa@daniacasino.com</a>; 'Karen ' <a href="mailto:karen.lopez@daniacasino.com">karen lopez@daniacasino.com</a>; 'Paul S.' <a href="mailto:karen.lopez@daniacasino.com">karen lopez@daniacasino.com</a>; 'Brandon Richards' <a href="mailto:karen.lopez@daniacasino.com">karen lopez@daniacasino.com</a>; 'Brandon Richards' <a href="mailto:karen.lopez@daniacasino.com">karen lopez@daniacasino.com</a>; 'Brandon Richards' <a href="mailto:karen.lopez@daniacasino.com">karen lopez@daniacasino.com</a>; 'Glenn' <a href="mailto:karen.lopez@daniacasino.com">karen lopez@daniacasino.com</a>; 'Richard Gentry' <a href="mailto

Greetings,

The majority of the Surety Bonds submitted this renewal period do not meet the requirements outlined in Florida Statute 550.125(3)(a) which states in part:

Each permitholder to which a license is granted under this chapter, at its own cost and expense, must, before the license is delivered, give a bond in the penal sum of \$50,000 payable to the Governor of the state and her or his successors in office, with a surety or sureties to be approved by the commission and the Chief Financial Officer, conditioned to faithfully make the payments to the Chief Financial Officer in her or his capacity as treasurer of the commission; to keep its books and records and make reports as provided; and to conduct its racing in conformity with this chapter.

If the Surety Bond you submitted is not payable to the Governor of the state of Florida, it does not meet this requirement, please contact the provider to update the information and submit the new bond at your earliest convenience.

Best,

La'Kesha Gelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

The information contained in this transmission is intended solely for the use of the person(s) named herein. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply e-mail and destroy all copies of the original message.

The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure. LARGER VIEW

#### Pouncey, Jamie

From: Pouncey, Jamie

Sent: Friday, February 24, 2023 11:58 AM

To: 'Greg A. Gelyon'; Kim M. Gregoire; Peter N. Berube

**Subject:** RE: Surety Bond

Any update on the corrected bond?

# Jamie Pouncey

# **Program Administrator**

Florida Gaming Control Commission
Division of Pari-Mutuel Wagering

850.717.1073 Office 850.488.0550 FAX 850.556.7301 Cell

Important: Confidentiality & Public Records Statement

From: Greg A. Gelyon [mailto:GAGelyon@tampabaydowns.com]

Sent: Monday, February 20, 2023 11:44 AM

To: Pouncey, Jamie < Jamie.Pouncey@fgcc.fl.gov>; Kim M. Gregoire < KMGregoire@tampabaydowns.com>; Peter N.

Berube <PNBerube@tampabaydowns.com>

Subject: RE: Surety Bond

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

I reported this to the insurance company last week when Leikesha put out the email. I am awaiting for them to update the bonds. AS soon as I get them, you will have them.

From: Pouncey, Jamie [mailto:Jamie.Pouncey@fgcc.fl.gov]

Sent: Monday, February 20, 2023 10:37 AM

To: Greg A. Gelyon < GAGelyon@tampabaydowns.com >; Kim M. Gregoire < KMGregoire@tampabaydowns.com >; Peter

N. Berube < PNBerube@tampabaydowns.com>

Subject: FW: Surety Bond

Permit 320 - Tampa Bay Downs

Your surety bond currently reads in favor of Florida Department of Business & Professional Regulation and MUST be corrected to reflect:

payable to the Governor of the state and her or his successors in office as states in statute below.

Also the address should be updated to 2601 Blair Stone.

# **Jamie Pouncey**

# **Program Administrator**

Florida Gaming Control Commission

Division of <u>Pari-Mutuel Wagering</u> 850.717.1073 Office 850.488.0550 FAX 850.556.7301 Cell

Important: Confidentiality & Public Records Statement

From: Jelks, La'Kesha

Sent: Friday, February 17, 2023 3:48 PM

To: Pouncey, Jamie < Jamie.Pouncey@fgcc.fl.gov>

Subject: FW: Surety Bond

From: Jelks, La'Kesha

Sent: Monday, February 13, 2023 8:58 AM

To: Greg A. Gelyon (gagelyon@tampabaydowns.com) < gagelyon@tampabaydowns.com>; 'Michael Francisco' <mfrancisco@thebigeasycasino.com>; 'Jane Cassidy' <<u>icassidy@thebigeasycasino.com</u>>; Juan Fra < ifra@magiccitycasino.com >; Scott < ssavin@magiccitycasino.com >; Todd Schryver < tschryve@delawarenorth.com >; 'Michael Glenn (MGlenn@pbkennelclub.com)' (MGlenn@pbkennelclub.com) < MGlenn@pbkennelclub.com>; 'Noah Carbone (NoahC@pbkennelclub.com) ' < NoahC@pbkennelclub.com>; 'Sue Tomlinson (stomlinson@pbkennelclub.com)' <stomlinson@pbkennelclub.com>; Anna <<u>AWheland@windcreek.com</u>>; Brent <<u>bpinkston@windcreek.com</u>>; Daniel <rwilson@windcreek.com>; Gerald <galcott@windcreek.com>; Michael <Michael.Magazzu@windcreek.com>; Nick <nschlikin@windcreek.com>; William <wvineyard@windcreek.com>; Cohen, Mitchell (Mitchell.Cohen@pngaming.com) < Mitchell.Cohen@pngaming.com >; Stocky Hess < shess@goebro.com >; 'tina.hable@pngaming.com' <ti>na.hable@pngaming.com>; 'salc@pbkennelclub.com' <salc@pbkennelclub.com>; 'Bill Westmoreland' <br/><billw@mgpark.com>; 'Jeff Marr' <<a href="mailto:jeffm@mgpark.com">jeffm@mgpark.com</a>; 'Lauren Bell' <<a href="mailto:jeff (MichaelF@mgpark.com) < MichaelF@mgpark.com>; 'Michael Fischer' < MichaelF@mgpark.com>; sdenitto@orlandoliveevents.com; 'tomv@obssales.com' <tomv@obssales.com>; Tana <tana@rutledge-ecenia.com>; ajonas@casinofortpierce.com; 'richard.sukhu@caldercasino.com' < richard.sukhu@caldercasino.com >; Susan.Flores@caldercasino.com; Lisa Sutor < Lisa.Sutor@gulfstreampark.com >; Sheri Holmes < Sheri. Holmes@gulfstreampark.com >; Kim M. Gregoire (KMGregoire@tampabaydowns.com) < KMGregoire@tampabaydowns.com >; pnberube@tampabaydowns.com; 'John Keenan' <<u>John.Keenan@islepompanopark.com</u>>; 'Vincent Gatto' <<u>Vincent.Gatto@islepompanopark.com</u>>; rosie@floridaharnessracing.com; 'Deb Giardina' < deborahg@bestbetjax.com >; 'Matt Kroetz' < MATTK@bestbetjax.com >; 'Adam Hlas' <adam.hlas@derbylane.com>; 'Michael Black' <michael.black@derbylane.com>; 'Pam Buzzetto' <pam.buzzetto@derbylane.com>; 'Jack Collins, Jr.' <sarasotakennelclub@verizon.net>; 'Rhonda Lipp' < <a href="RLipp95@yahoo.com">"RyanCarter">RLipp95@yahoo.com</a>; 'RyanCarter'< <a href="rcarterskc@gmail.com">"Reatrice Perez"</a> <a href="mailto:bperez@playcasinomiami.com">bperez@playcasinomiami.com</a>; 'Beatrice Perez'</a> 'Daniel Licciardi@playcasinomiami.com' <dlicciardi@playcasinomiami.com>; 'David Berman' <a href="mailto:david.berman@daniacasino.com">david.berman@daniacasino.com</a>; 'Karen ' <a href="mailto:karen.lopez@daniacasino.com">karen.lopez@daniacasino.com</a>; 'Elisa' <a href="mailto:karen.lopez@daniacasino.com">karen.lopez@daniacasino.com</a>; 'Karen ' <a href="mailto:karen.lopez@daniacasino.com">karen.lopez@daniacasino.com</a>; 'Elisa' <a href="mailto:karen.lopez@daniacasino.com">karen.lopez@daniacasino.com</a>; 'Elisa' <a href="mailto:karen.lopez@daniacasino.com">karen.lopez@daniacasino.com</a>; 'Paul A. ' < pascolese@hialeahpark.com >; 'Paul S.' < pschlaffer@hialeahpark.com >; 'Darold Donnelly'

# Greetings,

Subject: Surety Bond

The majority of the Surety Bonds submitted this renewal period do not meet the requirements outlined in Florida Statute 550.125(3)(a) which states in part:

<br/>
<br/>
shrandonglennrichards@gmail.com>; 'Glenn' <glenn7444@msn.com>; 'Richard Gentry' <rgentry@comcast.net>

<ddonnelly@betoxford.com>; 'Tony Mendola' <tmendola@betoxford.com>; 'Brandon Richards'

Each permitholder to which a license is granted under this chapter, at its own cost and expense, must, before the license is delivered, give a bond in the penal sum of \$50,000 payable to the Governor of the state and her or his successors in office, with a surety or sureties to be approved by the commission and the Chief Financial Officer, conditioned to faithfully make the payments to the Chief Financial Officer in her or his capacity as treasurer of the commission; to keep its books and records and make reports as provided; and to conduct its racing in conformity with this chapter.

If the Surety Bond you submitted is not payable to the Governor of the state of Florida, it does not meet this requirement, please contact the provider to update the information and submit the new bond at your earliest convenience.

Best,

La'Kesha Gelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

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#### Pouncey, Jamie

From:

Greg A. Gelyon <GAGelyon@tampabaydowns.com>

Sent:

Monday, February 20, 2023 11:44 AM

To:

Pouncey, Jamie; Kim M. Gregoire; Peter N. Berube

Subject:

RE: Surety Bond

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

I reported this to the insurance company last week when Leikesha put out the email. I am awaiting for them to update the bonds. AS soon as I get them, you will have them.

From: Pouncey, Jamie [mailto:Jamie.Pouncey@fgcc.fl.gov]

Sent: Monday, February 20, 2023 10:37 AM

To: Greg A. Gelyon <GAGelyon@tampabaydowns.com>; Kim M. Gregoire <KMGregoire@tampabaydowns.com>; Peter

N. Berube <PNBerube@tampabaydowns.com>

Subject: FW: Surety Bond

Permit 320 - Tampa Bay Downs

Your surety bond currently reads in favor of Florida Department of Business & Professional Regulation and MUST be corrected to reflect:

payable to the Governor of the state and her or his successors in office as states in statute below. Also the address should be updated to 2601 Blair Stone.

# **Jamie Pouncey**

# **Program Administrator**

Florida Gaming Control Commission
Division of Pari-Mutuel Wagering
850.717.1073 Office 850.488.0550 FAX 850.556.7301 Cell Important: Confidentiality & Public Records Statement

From: Jelks, La'Kesha

Sent: Friday, February 17, 2023 3:48 PM

To: Pouncey, Jamie < Jamie.Pouncey@fgcc.fl.gov>

Subject: FW: Surety Bond

From: Jelks, La'Kesha

Sent: Monday, February 13, 2023 8:58 AM

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<stomlinson@pbkennelclub.com>; Anna <<u>AWheland@windcreek.com</u>>; Brent <<u>bpinkston@windcreek.com</u>>; Daniel

```
<rwilson@windcreek.com>; Gerald <galcott@windcreek.com>; Michael <Michael.Magazzu@windcreek.com>; Nick
 <nschlikin@windcreek.com>; William <wvineyard@windcreek.com>; Cohen, Mitchell (Mitchell.Cohen@pngaming.com)
 <Mitchell.Cohen@pngaming.com>; Stocky Hess <shess@goebro.com>; 'tina.hable@pngaming.com'
 <ti>na.hable@pngaming.com>; 'salc@pbkennelclub.com' <salc@pbkennelclub.com>; 'Bill Westmoreland'
 <br/><billw@mgpark.com>; 'Jeff Marr' <<a href="mailto:leftm@mgpark.com">! 'Lauren Bell' <a href="mailto:laurenb@mgpark.com">! Jeff Marr' <a href="mailto:leftm@mgpark.com">! Jeff Marr' <a href="mailto:leftm@mgpark.
(MichaelF@mgpark.com) < MichaelF@mgpark.com>; 'Michael Fischer' < MichaelF@mgpark.com>;
sdenitto@orlandoliveevents.com; 'tomv@obssales.com' <tomv@obssales.com>; Tana <tana@rutledge-ecenja.com>;
ajonas@casinofortpierce.com; 'richard.sukhu@caldercasino.com' < richard.sukhu@caldercasino.com>;
Susan.Flores@caldercasino.com; Lisa Sutor <Lisa.Sutor@gulfstreampark.com>; Sheri Holmes
< Sheri. Holmes@gulfstreampark.com >; Kim M. Gregoire (KMGregoire@tampabaydowns.com)
< KMGregoire@tampabaydowns.com >; pnberube@tampabaydowns.com; 'John Keenan'
<John.Keenan@islepompanopark.com>; 'Vincent Gatto' < Vincent.Gatto@islepompanopark.com>;
rosie@floridaharnessracing.com; 'Deb Giardina' <deborahg@bestbetjax.com>; 'Matt Kroetz' <MATTK@bestbetjax.com>;
'Adam Hlas' <adam.hlas@derbylane.com>; 'Michael Black' <michael.black@derbylane.com>; 'Pam Buzzetto'
<pam.buzzetto@derbylane.com>; 'Jack Collins, Jr.' <sarasotakennelclub@verizon.net>; 'Rhonda Lipp'
<<u>RLipp95@yahoo.com</u>>; 'RyanCarter' <rcarterskc@gmail.com>; 'Beatrice Perez' <bperez@playcasinomiami.com>:
'Daniel Licciardi@playcasinomiami.com' <dlicciardi@playcasinomiami.com>; 'David Berman'
<<u>david.berman@daniacasino.com</u>>; 'Elisa' <<u>Elisa.Festa@daniacasino.com</u>>; 'Karen ' <<u>karen.lopez@daniacasino.com</u>>;
'Paul A. ' < pascolese@hialeahpark.com >; 'Paul S.' < pschlaffer@hialeahpark.com >; 'Darold Donnelly'
<ddonnelly@betoxford.com>; 'Tony Mendola' <tmendola@betoxford.com>; 'Brandon Richards'
<brandonglennrichards@gmail.com>; 'Glenn' <glenn7444@msn.com>; 'Richard Gentry' <rgentry@comcast.net>
Subject: Surety Bond
```

## Greetings,

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Best.

# La'Kesha Gelks



La'Kesha Jelks Operations Review Specialist Florida Gaming Control Commission Pari-Mutuel Wagering Phone: (850) 717-1095

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#### Pouncey, Jamie

From: Pouncey, Jamie

Sent: Monday, February 20, 2023 12:28 PM

Greg A. Gelyon; Kim M. Gregoire; Leah Cutting; LuckysCardsPokerMan (poker@luckyscards.com) To:

Subject:

Permit 140 - TDB Entertainment

Your surety bond currently reads in favor of Florida Department of Business & Professional Regulation and MUST be corrected to reflect:

payable to the Governor of the state and her or his successors in office as states in statute below. Also the address should be updated to 2601 Blair Stone.

# Jamie Pouncey

# **Program Administrator**

Florida Gaming Control Commission Division of Pari-Mutuel Wagering 850.717.1073 Office 850.488.0550 FAX 850.556.7301 Cell Important: Confidentiality & Public Records Statement

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To: Pouncey, Jamie < Jamie.Pouncey@fgcc.fl.gov>

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<mfrancisco@thebigeasycasino.com>; 'Jane Cassidy' < icassidy@thebigeasycasino.com>; Juan Fra

< ifra@magiccitycasino.com >; Scott < ssavin@magiccitycasino.com >; Todd Schryver < tschryve@delawarenorth.com >;

'Michael Glenn (MGlenn@pbkennelclub.com)' (MGlenn@pbkennelclub.com) < MGlenn@pbkennelclub.com>; 'Noah

Carbone (NoahC@pbkennelclub.com) ' < NoahC@pbkennelclub.com >; 'Sue Tomlinson (stomlinson@pbkennelclub.com)'

<stomlinson@pbkennelclub.com>; Anna <AWheland@windcreek.com>; Brent <bpinkston@windcreek.com>; Daniel

<rwilson@windcreek.com>; Gerald <galcott@windcreek.com>; Michael <Michael.Magazzu@windcreek.com>; Nick

<nschlikin@windcreek.com>; William <wvineyard@windcreek.com>; Cohen, Mitchell (Mitchell.Cohen@pngaming.com)

< < Mitchell. Cohen@pngaming.com >; Stocky Hess < shess@goebro.com >; 'tina.hable@pngaming.com'

<tina.hable@pngaming.com>; 'salc@pbkennelclub.com' <salc@pbkennelclub.com>; 'Bill Westmoreland'

<br/><billw@mgpark.com>; 'Jeff Marr' <<a href="mailto:leftm@mgpark.com">! Lauren Bell' <<a href="mailto:laurenb@mgpark.com">laurenb@mgpark.com</a>; Michael Fischer

(MichaelF@mgpark.com) < MichaelF@mgpark.com>; 'Michael Fischer' < MichaelF@mgpark.com>;

sdenitto@orlandoliveevents.com; 'tomv@obssales.com' <tomv@obssales.com>; Tana <tana@rutledge-ecenia.com>;

ajonas@casinofortpierce.com; 'richard.sukhu@caldercasino.com' < richard.sukhu@caldercasino.com >;

Susan.Flores@caldercasino.com; Lisa Sutor < Lisa.Sutor@gulfstreampark.com >; Sheri Holmes

< Sheri. Holmes@gulfstreampark.com >; Kim M. Gregoire (KMGregoire@tampabaydowns.com)

< KMGregoire@tampabaydowns.com >; pnberube@tampabaydowns.com; 'John Keenan'

<John.Keenan@islepompanopark.com>; 'Vincent Gatto' <Vincent.Gatto@islepompanopark.com>;

rosie@floridaharnessracing.com; 'Deb Giardina' < deborahg@bestbetjax.com >; 'Matt Kroetz' < MATTK@bestbetjax.com >;

'Adam Hlas' <adam.hlas@derbylane.com>; 'Michael Black' <michael.black@derbylane.com>; 'Pam Buzzetto'

<pam.buzzetto@derbylane.com>; 'Jack Collins, Jr.' <sarasotakennelclub@verizon.net>; 'Rhonda Lipp'

'Daniel Licciardi@playcasinomiami.com' < dlicciardi@playcasinomiami.com>; 'David Berman ' < david.berman@daniacasino.com>; 'Elisa' < Elisa.Festa@daniacasino.com>; 'Karen ' < karen.lopez@daniacasino.com>; 'Paul A. ' < pascolese@hialeahpark.com>; 'Paul S.' < pschlaffer@hialeahpark.com>; 'Darold Donnelly' < ddonnelly@betoxford.com>; 'Tony Mendola' < tmendola@betoxford.com>; 'Brandon Richards' < brandonglennrichards@gmail.com>; 'Glenn' < glenn7444@msn.com>; 'Richard Gentry' < rgentry@comcast.net> Subject: Surety Bond

## Greetings,

The majority of the Surety Bonds submitted this renewal period do not meet the requirements outlined in Florida Statute 550.125(3)(a) which states in part:

Each permitholder to which a license is granted under this chapter, at its own cost and expense, must, before the license is delivered, give a bond in the penal sum of \$50,000 payable to the Governor of the state and her or his successors in office, with a surety or sureties to be approved by the commission and the Chief Financial Officer, conditioned to faithfully make the payments to the Chief Financial Officer in her or his capacity as treasurer of the commission; to keep its books and records and make reports as provided; and to conduct its racing in conformity with this chapter.

If the Surety Bond you submitted is not payable to the Governor of the state of Florida, it does not meet this requirement, please contact the provider to update the information and submit the new bond at your earliest convenience.

Best,

La'Kesha Jelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

The information contained in this transmission is intended solely for the use of the person(s) named herein. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply e-mail and destroy all copies of the original message.

The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure. LARGER VIEW



RECEIVED

2022 DEC 16 PM 12: 11

CONTROL COMMISSION

November 30, 2022

State of Florida Division of Pari-Mutuel Wagering Tallahassee, FL 32304

RE: TBD Entertainment, LLC

Travelers Casualty and Surety Company of America

Pari-Mutuel Wagering Bond

Bond No.

#### Gentlemen:

The above referenced bond written effective 1/30/2015 is continuous until canceled. A continuation certificate will be issued by the company and sent to Tallahassee prior to the anniversary date of January 30, 2023.

This bond will remain in effect until it is canceled either by the insured, the State or 30 days written notice is given to the State of Florida by the Surety Company. This bond covers each year's racing season and also includes coverage for the cardroom and a new bond is not required for each season.

If you have any questions, please feel free to contract our office.

Sincerely,

Mary Langley

Account Manager

#### Pouncey, Jamie

From:

Greg A. Gelyon <GAGelyon@tampabaydowns.com>

Sent:

Friday, February 24, 2023 12:08 PM

To:

Pouncey, Jamie; Kim M. Gregoire; Peter N. Berube

Subject:

RE: Surety Bond

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Yes. I just received this email:

Greg

Sorry for the delay in getting these out to you. They are going out to you this afternoon by FedEx for delivery on Monday. Thank you and have a great weekend

From: Pouncey, Jamie [mailto:Jamie.Pouncey@fgcc.fl.gov]

Sent: Friday, February 24, 2023 11:58 AM

To: Greg A. Gelyon <GAGelyon@tampabaydowns.com>; Kim M. Gregoire <KMGregoire@tampabaydowns.com>; Peter

N. Berube <PNBerube@tampabaydowns.com>

Subject: RE: Surety Bond

Any update on the corrected bond?

# **Jamie Pouncey**

# **Program Administrator**

Florida Gaming Control Commission
Division of Pari-Mutuel Wagering

850.717.1073 Office 850.488.0550 FAX 850.556.7301 Cell

Important: Confidentiality & Public Records Statement

From: Greg A. Gelyon [mailto:GAGelyon@tampabaydowns.com]

**Sent:** Monday, February 20, 2023 11:44 AM

To: Pouncey, Jamie < Jamie. Pouncey@fgcc.fl.gov >; Kim M. Gregoire < KMGregoire@tampabaydowns.com >; Peter N.

Berube < PNBerube @tampabaydowns.com>

Subject: RE: Surety Bond

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

I reported this to the insurance company last week when Leikesha put out the email. I am awaiting for them to update the bonds. AS soon as I get them, you will have them.



## Travelers Casualty and Surety Company of America Hartford, CT 06183

License No.

# CONTINUATION CERTIFICATE FIDELITY OR SURETY BONDS/POLICIES

| In consideration of \$1,000.00 dollars renewal pr  | remium, the term of Bond/Policy No.         | in the                      |
|--|---|-----------------------------|
| amount of \$50,000.00 , issued on behalf of TBI  | D Entertainment, LLC. AND ITS CARD ROOM     |                             |
| whose address is 201-27 RACETRACK RD., OLDSMAR, FL   | 34677                                       |                             |
| in favor of Florida Department of Business and Professional  | Regulation                                  | ,                           |
| whose address is 1940 North Monroe Street, Division of Pari-   | Mutuel Wagering, TALLAHASSEE, FL 32399      | ,                           |
| in connection with Pari-Mutuel Wagering Bond   | is hereby extended to                       | January 30, 2024,           |
| subject to all covenants and conditions of said bond/po  | olicy.                                      |                             |
| This certificate is designed to extend only the term of the payable thereunder. The aggregate liability of the Combe exactly the same as, and no greater than it would have expire on the date to which it is now being extended.  Signed, sealed and dated October 22, 2022 | npany under the said bond/policy together w | rith this certificate shall |
| HARTFORD By:   | Me the                                      |                             |
|  | Robert L. Raney, Senior Vice President      | CONTROL COMMISSION          |



#### IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: www.travelers.com/w3c/legal/Producer\_Compensation\_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

TOPING PARTY OF THE PARTY OF TH



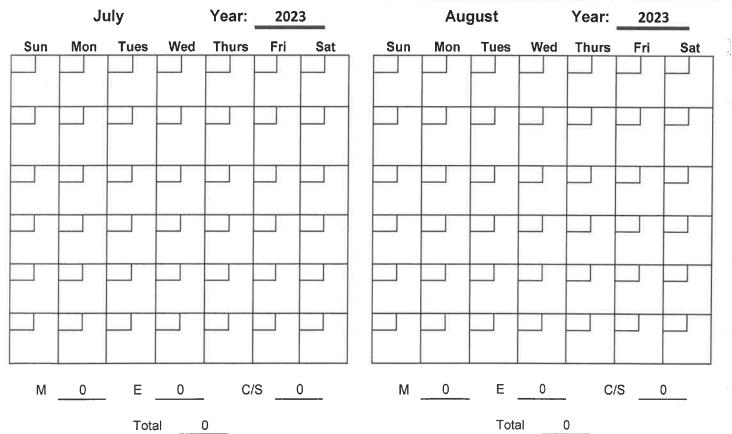
# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING www.myfloridalicense.com



|                           | PERMITHOLDE   | RINFORMATION   |                          |
|---------------------------|---|--|--------------------------|
| Name<br>TBD Entertainment | LLC   | Permit # 140   |                          |
| monack of Stars           | INSTRI  | JCTIONS  | 是用表达 到公司的社               |
| Dates.                    | on with the form DBPR PMW-30 ardroom section and the require            | 60 – Permitholder Application for Li                     | cense and Operating      |
|                           | r, and date below and on the foll<br>Il in the total number of performa | owing pages. Using the letter code ances for each month. | below, write the type of |
|                           | LETTE   | R CODES  |                          |
| M = Matinee               | E = Evening   | C = Charity  | S = Scholarship          |

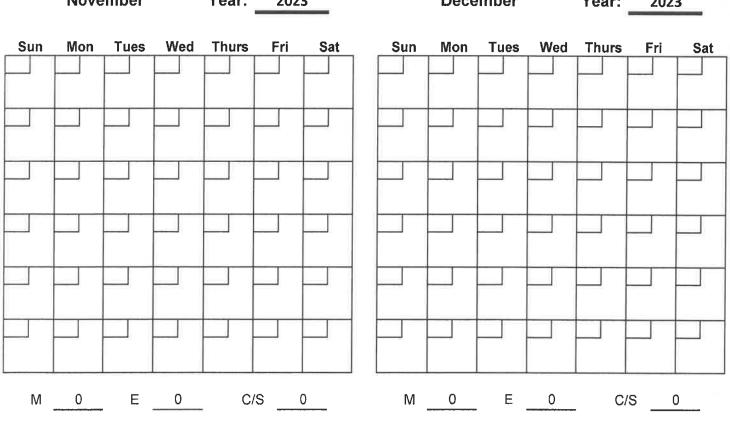
Example

| 2  | 3  | 4                | 5               | 6                      | 7                         |
|----|----|------------------|-----------------|------------------------|---------------------------|
|    | M  | M                | S               | C                      | C                         |
| E  | E  |                  | M               | E                      | E                         |
| 9  | 10 | 11               | 12              | 13                     | 14                        |
| M. |    |                  | ·               |                        | <u> </u>                  |
|    |    | M<br>E E<br>9 10 | M M E E 9 10 11 | M M S M S M 9 10 11 12 | M M S C M E 9 10 11 12 13 |



Page 1 of 4

October Year: 2023 September Year: 2023 Mon Tues Wed Thurs Fri Sat Sun Sun Mon Tues Wed Thurs Fri Sat M <u>0</u> E <u>0</u> C/S <u>0</u> M <u>0</u> E <u>0</u> C/S <u>0</u> Total 0 Total 0 November Year: 2023 December Year: 2023 Sun Mon Tues Wed Thurs Fri Sat Sun Wed Thurs Fri Mon Tues Sat



February Year: <u>2024</u> January Year: \_\_2024\_\_ Mon Tues Wed Thurs Fri Mon Tues Wed Thurs Sun Sat Sun Sat M 0 E 0 C/S 0 M 0 E 0 C/S 0 Total \_\_0 Total \_\_\_0 March Year: 2024 April Year: 2024 Sun Mon Tues Wed Thurs Fri Sat Sun Mon Tues Wed Thurs Fri Sat

 Total
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 DBPR PMW-3080, Effective 2016 December 13, Rule 61D-4.004, F.A.C.
 Page 3 of 4
 Initials: 37
 2.0

M 0 E 0 C/S 0 M 0 E 0 C/S 0

|          | M      | ay         |      | Year:         | 202   | 4         |            | Ju     | ine  |      | Year:    | 2024          | 1      |
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| Sun      | Mon    | Tues       | Wed  | Thurs         | Fri   | Sat       | Sun        | Mon    | Tues | Wed  | Thurs    | Fri           | Sat    |
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|          |        | Tota       | nl ( | )             |       |           |            |        | Tota | al ( |          |               |        |
|          |        |            |      |               |       |           |            |        |      |      |          |               |        |
| Nissay   |        |            |      |               | CARDI | ROOM O    | PERATORS   | ONLY   |      |      |          | na (Pa)       | We are |
|          |        |            |      |               | Hours | s of Card | room Opera | ations |      |      |          |               |        |
| Sun      | iday   | Mon        | day  | Tueso         | day   | Wed       | dnesday    | Thur   | sday | Fric | day      | Satui         | day    |
| _        | -      | _          | -    |               |       |           | _          |        | -    |      | -        | _             | -      |
| _        | -      | _          | -    | _             |       |           | _          | _      | -    | _    | -        | -             |        |
| Year R   | lound? | Y          | 'es  | ☐ No          |       | If No, Da | tes:       |        |      |      |          |               |        |
|          |        |            |      |               |       |           |            |        |      |      |          |               |        |
| Patrick. | (6.1)  | 1 th - 1 d |      | aidt ai babis |       | 0         | ATH        | And Is |      |      |          |               |        |

|  | mation provided in this application application applicant to criminal penalties related | OATH is true and complete. I understand that knowing ting to periury or other offenses.    | gly providing false information on this |
|--|---|--|---|
| Stella Thayer  Name (Please Print)                                       | President  Title (Please Print)   | Hella Thayer<br>Signature  | <u>Davan fu 13, 2027</u><br>Date        |
| State of Florida<br>County ofHillsbord<br>Sworn to (or affirmed) and sub | ough oscribed before me this 43th de  | ay of <u>December</u> , 20 <u>22</u> ,   |   |
| Stella Thaye   | r   | who is personally known to me or produces the  | following as identification:            |
| Notary Public My Commission Expires:                                     | Watson  | Notary Public State of Florida Rosanne M Watson My Commission HH 029126 Expires 11/27/2024 | ·                                       |

### TGT Poker Hours of Operation

Sunday 10:00am-2:00am

Monday 10:00am-4:00am

Tuesday 10:00am-2:00am

Wednesday 10:00am-2:00am

Thursday 10:00am-2:00am

Friday & Saturday

10:00am-3:00am

#### Jelks, La'Kesha

From:

poker@luckyscards.com

Sent:

Wednesday, January 11, 2023 11:53 AM

To:

Jelks, La'Kesha

Subject:

RE: TBD Entertainment, LLC (GHND140) 2023/2024 Renewal Applications

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

We close on Easter, Thanksgiving, and Christmas

From: Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov>

Sent: Tuesday, January 10, 2023 2:09 PM

To: poker@luckyscards.com

Subject: RE: TBD Entertainment, LLC (GHND140) 2023/2024 Renewal Applications

Greetings,

Will the card room be open year round? If not, please provide the specific dates the card room will be open.

Best,

La'Kesha Gelks



La'Kesha Jelks Operations Review Specialist Florida Gaming Control Commission Pari-Mutuel Wagering

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Phone: (850) 717-1095

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From: Jelks, La'Kesha

Sent: Monday, January 9, 2023 1:37 PM

To: 'poker@luckyscards.com' <poker@luckyscards.com>

Subject: RE: TBD Entertainment, LLC (GHND140) 2023/2024 Renewal Applications

Thank you!

From: poker@luckyscards.com [mailto:poker@luckyscards.com]

Sent: Monday, January 9, 2023 12:34 PM

To: Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov>

Subject: RE: TBD Entertainment, LLC (GHND140) 2023/2024 Renewal Applications

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I've attached hours of operation

Can I also add a vendor

Avalon Gaming Inc. – poker room supplies 11196683

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Monday, January 09, 2023 11:02 AM

To: Greg and Stella <gagelyon@tampabaydowns.com>; Jason Mast poker@luckyscards.com>; Kim Gregoire

<KMGregoire@tampabaydowns.com>

Subject: TBD Entertainment, LLC (GHND140) 2023/2024 Renewal Applications

Greetings,

The Permitholder Application for Annual License and Operating Dates submitted for <u>TBD Entertainment, LLC (GHND140)</u> was received. The item(s) listed below require submission and/or correction:

Provide the Cardroom hours

If you have any questions regarding the deficiencies, please contact me at your earliest convenience.

Best.

La'Kesha Gelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

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#### State of Florida

## Department of Business and Professional Regulation Chronology Report

Case #:

2023001330

Incident date: 12/16/2022

Status: 10 - Initial Review

Lic Type:

1001

Disposition:

Case Type:

Complaint

\_

Responsible: ljelks - JELKS, LA'KESHA

Complainant:

TBD ENTERTAINMENT, LLC

755 EAST WATERS AVENUE, TAMPA, FL 33604

Respondent:

FGCC, PARI-MUTUEL WAGERING

2601 BLAIR STONE ROAD, TALLAHASSEE, FL 32399

Summary:

2023/2024 TBD Entertainment, LLC (GHND140) OPERATING RENEWAL APPLICATION

Chronology:

| Effective Date | Туре | Lic Type | Code   | Description     | Responsible Party | Respondent |
|----------------|------|----------|--------|-----------------|-------------------|------------|
| 01/09/2023     | R    |          | ljelks | JELKS, LA'KESHA | ljelks            |            |
| 01/09/2023     | s    | 1001     | 10     | Initial Review  | ljelks            |            |

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

License Number: CR140
Permit Type: GHND

Permit County: Hillsborough

## LICENSE TO OPERATE A CARDROOM

For:

### TBD Entertainment, LLC

D/B/A TGT Poker & Racebook and/or Lucky's Card Room

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

755 East Waters Avenue Tampa, FL 33604 Hillsborough County

Valid From: <u>July 1, 2023</u> Expires On: <u>June 30, 2024</u> Licensed to Operate: <u>17</u> Tables

Issued and dated, this \_\_\_\_\_ day of March, 2023.

By \_\_\_\_

Louis Trombetta, 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.

### TBD ENTERTAINMENT, LLC c/o P.O. BOX 1775 TAMPA, FL 33601 813-374-8830 FAX: 813-374-8839

December 12, 2022



#### VIA E-MAIL AND AND FEDERAL EXPRESS

Jamie Pouncey, Permitholder Licensing Administrator Division of Pari-Mutuel Wagering 2601 Blair Stone Road Tallahassee, FL 32399-1035

RE: TBD ENTERTAINMENT, LLC—2023-2024 Season Poker Permit

Dear Ms. Pouncey:

Enclosed please find the following:

- 1. DBPR PMW Form 3160
- 2. DBPR PMW Form 3220
- 3. A List of Games Offered
- 4. Internal Controls
- 5. Check No. 14964, dated December 12, 2022, in the amount of \$17,000.00, for table fees.

Tampa Bay Downs, Inc. d/b/a TBD Entertainment, LLC, intends to accept wagers on intertrack or simulcast events.

Thank you for your attention to this matter.

Very truly yours,

Aulla F Thayer

Stella F. Thayer

Enclosures

2 3

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



## STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING

www.myfloridalicense.com

#### INSTRUCTIONS

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

| ORGANIZATION INFORMATION                     |         |                   |                                  |  |  |  |  |
|--|---------|-------------------|----------------------------------|--|--|--|--|
| Federal Employer ID Number                   |         |                   |                                  |  |  |  |  |
| Permitholder's Legal Name: TBD Entertainmer  | nt LLC  |                   |                                  |  |  |  |  |
| Doing Business As (D/B/A) Name: TGT Poker &  | Race    | ebook             |                                  |  |  |  |  |
| MAILING                                      |         |                   |                                  |  |  |  |  |
| Street Address or P.O. Box: PO BOX 2007      |         |                   |                                  |  |  |  |  |
|  |         |                   |                                  |  |  |  |  |
| <sup>City</sup> Oldsmar                      |         | State:FI          | Zip Code (+4 optional): 34677    |  |  |  |  |
| County (if Florida address):<br>Hillsborough | Country | <sup>y:</sup> USA |                                  |  |  |  |  |
| CONTACT IN                                   | NFORM   | ATION             | A CONTRACTOR OF THE              |  |  |  |  |
| Contact Name: Greg Geylon                    |         |                   |                                  |  |  |  |  |
| Primary Phone Number: Primary F-Mail Ac      | ddrees. |                   |                                  |  |  |  |  |
| Chrodital PHYSICAL                           | . ADDR  | ESS               | <b>医管理性 显著物理 带型部</b>             |  |  |  |  |
| Street Address: 755 E Waters Ave             |         |                   |                                  |  |  |  |  |
|  |         |                   |                                  |  |  |  |  |
| <sup>City:</sup> Tampa                       |         | State:<br>FL      | Zip Code (+4 optional):<br>33604 |  |  |  |  |
| County Hillsborough                          |         |                   |                                  |  |  |  |  |

| ADDITIONAL                | CONTACT INFORMATION (OPTIONAL) |  |
|---------------------------|--------------------------------|--|
| Alternate Phone Number:   | Fax Number:                    |  |
| Alternate E-Mail Address: |                                |  |

| CARDROOM INFORMATION  |
|---|
| Physical Location of Cardroom: 2ND Floor Clubhouse  |
|   |
|   |
| What is the maximum number of card tables you intend to operate during the license period? 17                               |
| A check or money order made payable to DBPR for the table fees (\$1,000 per table) must be submitted with this application. |
| Name of cardroom manager or cardroom management company:<br>Jacob Mast  |
| Cardroom manager or cardroom management company license number: 7050031   |
| Type of participation fee charged to players: Rake - Ante □ Seat Charge □ Both ■  |

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 DBPR 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   | KIT THE SHEET OF     |  |
|--|----------------------|--|
| I hereby certify that every statement contained herein is true and correct and that misstatement or omission in this application may result in denial or revocation of ragree to abide by and obey all rules and regulations of the Division of Pari-Mutue of the State of Florida.  Signature of Applicant or Applicant's Representative  Date 12-12-33 | ny pari-mutuel licen |  |
|  |                      |  |

License

Fed Tax #

Lic Type 1012 - Cardroom Employee Occupational

Expires On 06/30/2023 Extended To

File # 1863

License # 7050031

Name MAST, JACOB DARRELL

Rank CEMP - Cardroom Employee Occupational

Entity # 7050031

Lic Status Current

Renewed On 06/17/2020

Address

Street # 23907

Street SAN GIOVANNI DR.

Line 2

Line 3

City LAND O' LAKES

State FL

Zip 34639

Routing

DBPR PMW-3220 – List of Cardroom Business Occupational Licensees Providing Products and Services to a Cardroom



Federal Employer ID Number:

Name:

# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING

www.myfloridalicense.com/dbpr

#### INSTRUCTIONS

This form is to be submitted to the division annually in conjunction with Form DBPR PMW-3160. List all of the Cardroom Vendors with which the Cardroom Operator will be conducting business during the next state fiscal year.

CARDROOM OPERATOR

| 7BD Entertainment LLC  |                                  |                            |    |  |  |  |
|--|----------------------------------|----------------------------|----|--|--|--|
| Section of the sectio |                                  |                            |    |  |  |  |
| Name Amanik Pro LLC  | License Number                   | Type of Product or Service |    |  |  |  |
| Garning Packners International VSA   | Inc CBU 149 8877                 |                            |    |  |  |  |
| Overlay Gaming Corporation   | 11282099                         | Poke Softmare              |    |  |  |  |
| 4 ,  | 7805891                          | Poker Suffrag hardu        | re |  |  |  |
| OCCUPATIONAL LICENSEES WHO NO  | 10176844                         | Gamina Supplies            |    |  |  |  |
| OCCUPATIONAL LICENSEES WHO NO  | DLONGER PROVIDE PROD<br>CARDROOM | DUCTS AND SERVICES TO      |    |  |  |  |
| Name   | License Number                   | Type of Product or Service |    |  |  |  |
|  |                                  |                            |    |  |  |  |
|  |                                  |                            |    |  |  |  |
|  |                                  | ,                          |    |  |  |  |
|  |                                  |                            |    |  |  |  |
|  |                                  |                            |    |  |  |  |
| ΔT   | FEST STATEMENT                   | a. At Stee. C              |    |  |  |  |

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

#### DBPR PMW-3220, Effective 7-21-14, Rule 61D-11.012, F.A.C.

Signature of Applicant or Applicant's Representative

the State of Florida.

License

Fed Tax #

Lic Type 1020 - Pari-Mutuel Business Occupational

Expires On 06/30/2024

File # 12580

Name AMENITY PRO LLC

Rank PBUS - Pari-Mutuel Business Occupational

Extended To

License # 8193027 Entity # 8193027

Lic Status Current

Renewed On

Address

Street # 1998

Street IMPERIAL GOLF COURSE BLVD

Line 2

Line 3

City NAPLES

State FL

Zip 34110

Routing

License

Fed Tax #

Lic Type 1010 - Cardroom Business Occupational

Expires On 06/30/2023

File # 2

Name USA, INC

Extended To

License # 1498877

Rank CBUS - Cardroom Business Occupational

Renewed On 08/14/2020

Entity # 1498877

Lic Status Current

Address

Street # 3945

Street W CHEYENNE AVENUE SUITE 208

Line 2

Line 3

City N LAS VEGAS

State NV

Zip 89032

Routing

License

Fed Tax # File # 177 Lic Type 1010 - Cardroom Business Occupational

Expires On 06/30/2025

Name OVERLAY GAMING CORPORATION

Extended To

License # 11282099

Rank CBUS - Cardroom Business Occupational

Renewed On 06/15/2022

Entity # 11282099

Lic Status Current

Address

Street # 1421

Street EAST SUNSET RD SUITE 8

Line 2

Line 3

City LAS VEGAS

State NV

Zip 89119

Routing

License

Fed Tax # File # 9 Lic Type 1050 - Slot Machine Business

Name SG GAMING INC

Extended To

License # 7805891

Rank SBUS - Slot Machine Bus Occupational License

Entity # 7805891

Lic Status Current

Renewed On 06/22/2012

Expires On 06/30/2024

**Address** 

Street # 6601

Street SOUTH BERMUDA ROAD

Line 2

Line 3

City LAS VEGAS

State NV

Zip 89119

Routing

**DBA Name** 

DBA SCIENTIFIC GAMES

License

Fed Tax #

Lic Type 1010 - Cardroom Business Occupational Expires On 06/30/2023

File # 137

Name GAME ON CHIP COMPANY

Extended To

License # 10176844

Rank CBUS - Cardroom Business Occupational

Renewed On 07/15/2016

Entity # 10176844

Lic Status Current

**Address** 

Street # 4301

Street 31ST STREET N

Line 2

Line 3

City ST. PETERSBURG

State FL

Zip 33714

Routing

#### Jelks, La'Kesha

**From:** poker@luckyscards.com

Sent: Monday, January 9, 2023 12:34 PM

To: Jelks, La'Kesha

Subject: RE: TBD Entertainment, LLC (GHND140) 2023/2024 Renewal Applications

Attachments: Hours of operation.doc

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

I've attached hours of operation

Can I also add a vendor

Avalon Gaming Inc. – poker room supplies 11196683

From: Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov>

Sent: Monday, January 09, 2023 11:02 AM

To: Greg and Stella <gagelyon@tampabaydowns.com>; Jason Mast <poker@luckyscards.com>; Kim Gregoire

<KMGregoire@tampabaydowns.com>

Subject: TBD Entertainment, LLC (GHND140) 2023/2024 Renewal Applications

Greetings,

The Permitholder Application for Annual License and Operating Dates submitted for <u>TBD Entertainment, LLC (GHND140)</u> was received. The item(s) listed below require submission and/or correction:

Provide the Cardroom hours

If you have any questions regarding the deficiencies, please contact me at your earliest convenience.

Best,

### La'Kesha Jelks



La'Kesha Jelks Operations Review Specialist Florida Gaming Control Commission Pari-Mutuel Wagering

Phone: (850) 717-1095

The information contained in this transmission is intended solely for the use of the person(s) named herein. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply e-mail and destroy all copies of the original message.

The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure. LARGER VIEW

License

Fed Tax #

Lic Type 1010 - Cardroom Business Occupational

Extended To

File # 173

Name AVALON GAMING, INC.

License # 11196683

Rank CBUS - Cardroom Business Occupational

Renewed On 07/19/2022

Expires On 06/30/2025

Entity # 11196683

Lic Status Current

**Address** 

Street #

Street PO BOX 1254

Line 2

Line 3

City **BERTHOUD** 

State CO

Zip 80513

Routing

Baton # 250124497

63-215/631

SUNTRUST BANK PLECCIPTE 200090428

14964

TBD ENTERTAINMENT, LLC
P.O. BOX 8096
TAMPA, FL 33674

CHECK DATE

CHECK NUMBER

12/12/2022

14964

Sum of Seventeen Thousand and 00/100 Dollars

PAY THIS AMOUNT \$17,000.00

Floida Gaming Control Commission

PAY. ORDER OF

2601 N Blair Stone Road TO THE Tallahassee, FL 32399

| Vend                 | or Company   | Name       | Vendor Number  | Vendor Pho | one # Check  | Date | Check No.   |  |
|----------------------|--------------|------------|----------------|------------|--------------|------|-------------|--|
| Floida Gaming Contro | l Commission |            | 405            |            | 12/12/20     | )22  | 14964       |  |
| Invoice Number       | Inv. Date    | Reference  | Invoice Amount | Total Paid | Discount/Adj | Pay  | ment Amount |  |
| 221212TABLES         | 12/12/2022   | Table Fees | 17,000.00      | 17,000.00  | 0.00         |      | 17,000.00   |  |
|                      |              | TOTAL      | 17,000.00      | 17,000.00  | 0.00         |      | 17,000.00   |  |

#### State of Florida

### **Department of Business and Professional Regulation Cash Listing Report**

Client:

100 - Division of Pari-Mutuel Wagering

Origin:

**TLH Centra** 

Fiscal Year:

2022

Batch #:

22012667

Total \$ Entered: \$80,000.00

Deposit #: 110251

**Deposit Date: 2022-12-19** 

# Possint: 3

Receipts Entered: 3

Total:

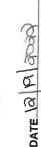
\$ 80,000.00

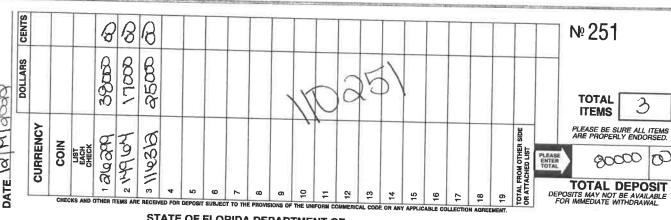
Status:

Deposited

| # Keceipt: 3 | •            | cocibio - |       | •    |              |      | <b>77</b>                        |        | •         |          |
|--------------|--------------|-----------|-------|------|--------------|------|----------------------------------|--------|-----------|----------|
| Receipt #    | DLN Received | Disp      | Pmt   | Note | Unassigned   | Prof | Remitted By / Beneficiary        | File # | License # | Assigned |
| 220090422    | \$ 38,000.00 | DEP       | CHK   |      | \$ 38,000.00 | 1002 | MELBOURNE GREYHOUND<br>PARK, LLC | 45     | 176       | \$ 0.00  |
| 220090428    | \$ 17,000.00 | DEP       | СНК   |      | \$ 17,000.00 | 1002 | TBD ENTERTAINMENT, LLC           | 27     | 140       | \$ 0.00  |
| 220090431    | \$ 25,000.00 | DEP       | CHK   |      | \$ 25,000.00 | 1002 | TAMPA BAY DOWNS, INC.            | 40     | 320       | \$ 0.00  |
| Total:       |              | \$ 80,0   | 00.00 |      | \$ 80,000.00 |      |                                  |        |           | \$ 0.00  |

Wells Fargo Bank, N.A DEPOSIT TICKET SUPERIOR PRESS (800) 990-6466





60,00000



STATE OF FLORIDA DEPARTMENT OF **FINANCIAL SERVICES #4150110 FGCC MAIN** 

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

#### Domain 10 - Division of Pari-Mutuel Wagering

Checklist

Release

Transfer

Approve

Exit

Logged in as: Ijelks

VR Home > Application Search > Transaction Check List > Transaction Header



Get Adobe Reader.

### Games offered at TGT Poker Room

- 1. Texas Hold'em
- 2. Omaha
- 3. 5 card Omaha
- 4. Omaha Hi/Low
- 5. Big O-5 card Omaha Hi-Low
- 6. Seven Card Stud
- 7. Ultimate Texas Hold'em
- 8. Crazy 4 Poker
- 9. Three Card Poker
- 10. Face Up Fortune Pai Gow Poker
- 11. DJ Wild Poker
- 12. Draw Games

A-5 triple draw

2-7 triple draw

Badugi

Badacey

**Badeucy** 



#### State of Florida

### **Department of Business and Professional Regulation Chronology Report**

Case #:

2023001333

Incident date: 12/16/2022

Status: 10 - Initial Review

Lic Type:

1002

Disposition:

Case Type:

Complaint

Responsible: Ijelks - JELKS, LA'KESHA

Complainant:

TBD ENTERTAINMENT, LLC

P O BOX 8096, TAMPA, FL 33674-8096

Respondent:

FGCC, PARI-MUTUEL WAGERING

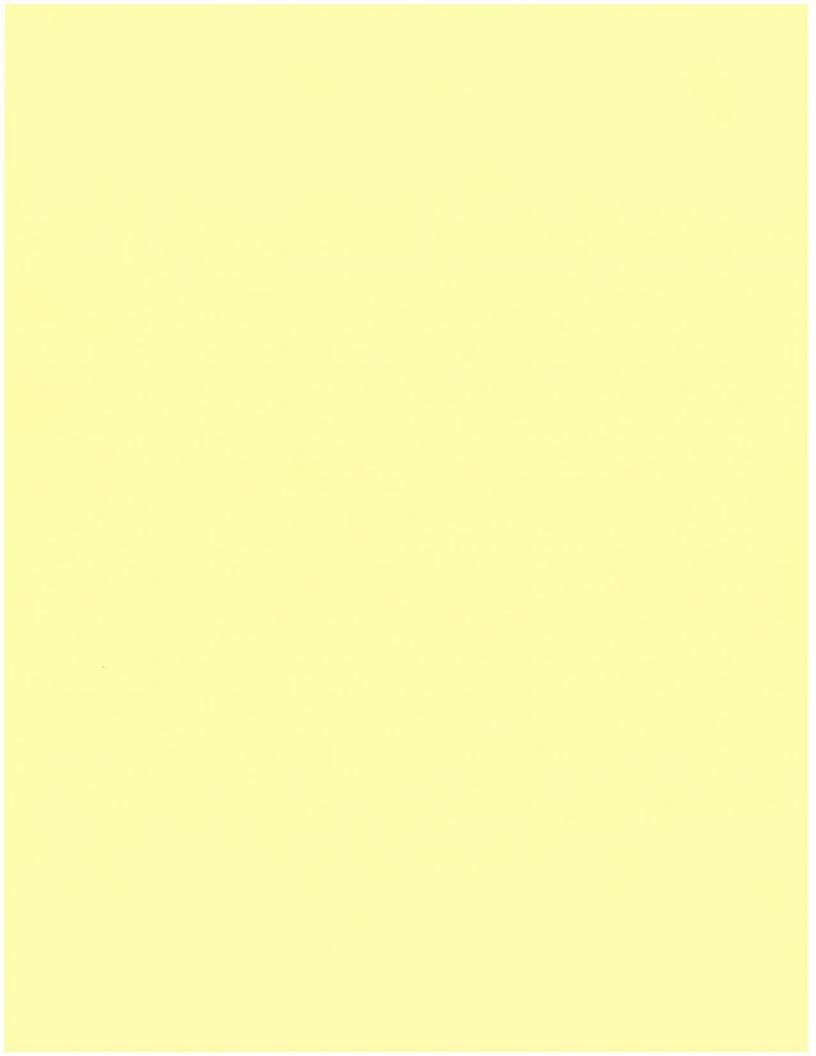
2601 BLAIR STONE ROAD, TALLAHASSEE, FL 32399

Summary:

2023/2024 CARDROOM RENEWAL APPLICATION TBD Entertainment, LLC (GHND140)

Chronology:

| Effective Date | Туре | Lic Type | Code   | Description     | Responsible Party | Respondent |
|----------------|------|----------|--------|-----------------|-------------------|------------|
| 01/09/2023     | R    |          | ljelks | JELKS, LA'KESHA | ljelks            |            |
| 01/09/2023     | S    | 1002     | 10     | Initial Review  | ljelks            |            |



#### **MEMORANDUM**

To: The Florida Gaming Control Commission

From: Division of Pari-Mutuel Wagering

Re: Investment Corporation of Palm Beach d/b/a Palm Beach Kennel Club(GHND149)

(Palm Beach)

2023-003644 Pari-Mutuel Operating License Renewal

2023-003646 Cardroom License Renewal

Date: January 30, 2023

#### Executive Summary

A permitholder submitted an application to renew its operating license for a pari-mutuel facility ("operating license") and cardroom license. The Commission should approve this request.

#### **Background**

Annually, a permitholder must renew its operating and cardroom licenses by submitting the required documentation to the Commission.<sup>1</sup> Investment Corporation of Palm Beach d/b/a Palm Beach Kennel Club ("Palm Beach") possesses a greyhound permit. Palm Beach currently holds an operating license and a cardroom license for the 2022-2023 Fiscal Year. For the 2023-2024 Fiscal Year, Palm Beach has requested to operate zero performances<sup>2</sup> and have 67 card tables<sup>3</sup>. Palm Beach has paid the \$67,000 annual card table fee.<sup>4</sup>

#### Analysis

The Commission must confirm that: each permitholder has submitted proof with their annual application for a license; the permitholder continues to possess the qualifications prescribed by chapter 550, Florida Statutes; and the permit has not been disapproved by voters in an election. In addition, each permitholder must indicate whether the permitholder intends to accept wagers on intertrack or simulcast events, and for each permitholder electing to open a cardroom, the dates and periods of operation. Palm Beach has satisfied all of these requirements.

<u>Recommendation:</u> The Florida Gaming Control Commission should approve Investment Corporation of Palm Beach d/b/a Palm Beach Kennel Club's request to renew its operating and cardroom licenses for fiscal year 2023-2024.

<sup>&</sup>lt;sup>1</sup> "Each permitholder shall annually, during the period between December 15 and January 4, file in writing with the commission its application for an operating license for a pari-mutuel facility for the conduct of pari-mutuel wagering during the next state fiscal year, including intertrack and simulcast race wagering." § 550.01215(1), Fla. Stat.

<sup>&</sup>lt;sup>2</sup> "Performance" means "a series of events, races, or games performed consecutively under a single admission charge." § 550.002(25), Fla. Stat.

<sup>&</sup>lt;sup>3</sup> See generally § 849.086, Fla. Stat.

<sup>&</sup>lt;sup>4</sup> The annual cardroom license fee is \$1,000 for each table in the cardroom. § 849.086(5)(e), Fla. Stat.

<sup>&</sup>lt;sup>5</sup> § 16.712(7), Fla. Stat.

<sup>&</sup>lt;sup>6</sup> § 550.01215(1)(a), Fla. Stat.

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

License Number: 149
Permit Type: GHND
Permit County: Palm Beach

## LICENSE TO CONDUCT PARI-MUTUEL WAGERING

For:

### Investment Corporation of Palm Beach

D/B/A Palm Beach Kennel Club

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

1111 North Congress Avenue West Palm Beach, FL 33409 Palm Beach County

Valid From: <u>July 1, 2023</u> Expires On: <u>June 30, 2024</u>

Permitholder does intend to accept wagers on intertrack or simulcast events.

Issued and dated, this \_\_\_\_\_ day of March, 2023.

Ву \_\_\_\_\_

Louis Trombetta, Executive Director Florida Gaming Control Commission



This license is issued in accordance with the Florida Pari-Mutuel Wagering Act and the rules promulgated thereunder. This license shall be operated at the location of a parimutuel permit and is subject to any and all laws of the State of Florida.

#### PALM BEACH KENNEL CLUB

MORE WAYS TO WIN | MORE WINNERS | MORE FUN

December 13, 2022

Louis Trombetta, Director Division of Pari-Mutuel Wagering Florida Department of Business and Professional Regulation 2601 Blair Stone Road Tallahassee, FL 32399-1027



Re:

Investment Corporation of Palm Beach's Application for 2023/2024 License and

Operating Dates

Director Trombetta:

Please find enclosed Investment Corporation of Palm Beach's Application for License and Operating Dates for the 2023/2024 year. This Application is being submitted in conformance with Article X, Section 32 of the Florida Constitution, titled "Prohibition on racing of and wagering on greyhounds or other dogs", which states:

The humane treatment of animals is a fundamental value of the people of the State of Florida. After December 31, 2020, a person authorized to conduct gaming or pari-mutuel operations may not race greyhounds or any member of the *Canis Familiaris* subspecies in connection with any wager for money or any other thing of value in this state, and persons in this state may not wager money or any other thing of value on the outcome of a live dog race occurring in this state. The failure to conduct greyhound racing or wagering on greyhound racing after December 31, 2018, does not constitute grounds to revoke or deny renewal of other related gaming licenses held by a person who is a licensed greyhound permitholder on January 1, 2018, and does not affect the eligibility of such permitholder, or such permitholder's facility, to conduct other pari-mutuel activities authorized by general law. By general law, the legislature shall specify civil or criminal penalties for violations of this section and for activities that aid or abet violations of this section.

In addition, this Application is being submitted in compliance with section 550.01215(1)(b)1, Florida Statutes, which states:

A greyhound permitholder may not conduct live racing. A jai alai permitholder, harness horse racing permitholder, or quarter horse racing permitholder may elect not to conduct live racing or games. A thoroughbred permitholder must conduct live racing. A greyhound permitholder, jai alai permitholder, harness horse racing permitholder, or quarter horse racing permitholder that does not conduct live racing or games retains its permit; is a pari-mutuel facility as defined in s. 550.002(23); if such permitholder has been issued a slot machine license, the facility where such permit is located remains an eligible facility as defined in s. 551.102(4), continues

to be eligible for a slot machine license pursuant to s. 551.104(3), and is exempt from ss. 551.104(4)(c) and (10) and 551.114(2); is eligible, but not required, to be a guest track and, if the permitholder is a harness horse racing permitholder, to be a host track for purposes of intertrack wagering and simulcasting pursuant to ss. 550.3551, 550.615, 550.625, and 550.6305; and remains eligible for a cardroom license.

Thus, given that Palm Beach is a greyhound permitholder, it will not conduct any live racing during the 2023/2024 year.

However, as Palm Beach was licensed to conduct greyhound racing on January 1, 2018, it will offer intertrack wagering and operate a cardroom facility during the 2022/2023 year and will continue to operate as a pari-mutuel facility in accordance with section 550.01215(1)(b)1.

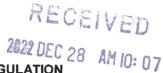
All renewal applications and documentation required to ensure Palm Beach can continue conducting these activities are enclosed.

Thank you for your consideration and please let me know if you have any questions or need any additional information.

Sincerely,

Michael R. Glenn General Manager

#### DBPR PMW-3060 - Permitholder Application for License and Operating Dates





## STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING FLORE

www.myfloridalicense.com

FLORIDA GAMING CONTROL COMMISSION

#### **INSTRUCTIONS**

This form is to be submitted in conjunction with Form DBPR PMW-3080 – Permitholder Calendar and Form DBPR PMW-3190 – Officers and Directors.

Check the box that designates the purpose of this form filing:

Application for Annual License and Operating Dates

Application for Amendment to Annual License and Operating Dates

| PERMITHOLDER INFORMATION   |   |                 |                        |  |  |  |  |  |  |
|--|---|-----------------|------------------------|--|--|--|--|--|--|
| Permitholder Name Permit   | <sup>t #</sup> 149  | FEID# or SSN    | *                      |  |  |  |  |  |  |
|  |   |                 |                        |  |  |  |  |  |  |
| Doing Business As (D/B/A)  Palm Beach Kennel Club                |   |                 |                        |  |  |  |  |  |  |
| MAILING ADD  | DECC  | T-12            |                        |  |  |  |  |  |  |
| Street Address or P.O. Box                                       | RESS  |                 |                        |  |  |  |  |  |  |
| 1111 N. Congress Avenue  |   |                 |                        |  |  |  |  |  |  |
| City   |   | State           | Zip Code (+4 optional) |  |  |  |  |  |  |
| West Palm Beach  |   | FL              | 33409                  |  |  |  |  |  |  |
| County<br>(if Florida address) Palm Beach                        | Country U   | Jnited State    | es                     |  |  |  |  |  |  |
| CONTACT INFORMATION  |   |                 |                        |  |  |  |  |  |  |
| Contact Name   | Title   |                 |                        |  |  |  |  |  |  |
| Michael R. Glenn   | General I   | General Manager |                        |  |  |  |  |  |  |
| Primary Phone Number   | Fax Numbr   | ax Number       |                        |  |  |  |  |  |  |
| (561) 683-2222 ext 136   | (561) 471-  | -9114           |                        |  |  |  |  |  |  |
| Primary E-Mail Address   | Cell Phone  | one Number      |                        |  |  |  |  |  |  |
| mglenn@pbkennelclub.com  | (561) 352-  | 561) 352-0896   |                        |  |  |  |  |  |  |
| PHYSICAL LOCATION OF PA  | RI-MUTUEL   | - FACILITY      |                        |  |  |  |  |  |  |
| Street Address   |   |                 |                        |  |  |  |  |  |  |
| 1111 N. Congress Avenue  |   |                 |                        |  |  |  |  |  |  |
| City   |   | State           | Zip Code (+4 optional) |  |  |  |  |  |  |
| West Palm Beach  |   | FL.             | 33409                  |  |  |  |  |  |  |
|  | If there is a lease agreement to operate live performances at another pari-mutuel facility, the applicant shall attach a copy |                 |                        |  |  |  |  |  |  |
| of the lease agreement containing the following information:     |   |                 |                        |  |  |  |  |  |  |
| (1) The name of the applicant and the lessor;                    |   |                 |                        |  |  |  |  |  |  |
| (2) The address of the applicant and the lessor;                 |   |                 |                        |  |  |  |  |  |  |
| 3) The type of permit held by both the applicant and the lessor; |   |                 |                        |  |  |  |  |  |  |

\*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, 654; and Sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency

(6) The exact location where the applicant intends to conduct pari-mutuel performances pursuant to the lease agreement.

(4) The exact location where the applicant is currently permitted to conduct pari-mutuel performances;(5) The exact location where the lessor is currently permitted to conduct pari-mutuel performances; and

559.79, Florida Statutes. 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.



| ADDITIONAL  | INCORMATION   |  |  |  |  |  |
|---|---|--|--|--|--|--|
|   | INFORMATION   |  |  |  |  |  |
| Since the submission of your last application, has a permit recall/ca<br>Yes \( \subseteq \) No \( \boxedown \) If no, please attach a certificate from the Clerk of permit has not been recalled.  | the Circuit Court or other authorized County Official certifying that the   |  |  |  |  |  |
| Has there been any change in ownership interest, officers, partners facility? If changed, state fully. If none, state "No change." Use ac   | s, or directors; or a change in ownership or location of the pari-mutuel dditional pages, if necessary.                                   |  |  |  |  |  |
|   | No Change   |  |  |  |  |  |
| Is the applicant incorporated? Yes  No  If yes, under the la  | ws of which state? Florida  |  |  |  |  |  |
| Please list all officers and directors of the applicant using Form DB   | PR PMW-3190 – Officers and Directors.   |  |  |  |  |  |
| <ul> <li>Officers and Directors. If corporation, list name of corporation an</li> </ul>   |   |  |  |  |  |  |
| Please list the stockholders of record of the applicant using Form D  | BPR PMW-3190 – Officers and Directors.  |  |  |  |  |  |
| Please list the stockholders of the applicant who are subject to a vo<br>beneficial owner using Form DBPR PMW-3190 – Officers and Direction   | ctors.  |  |  |  |  |  |
| Have any persons listed on Form DBPR PMW-3190 – Officers and crime, or pled guilty or nolo contendere to any criminal charges (oth If yes, list the individual(s) name, license number and title:   | Directors ever been convicted of or had adjudication withheld for any ner than minor traffic violations) in any state or county? Yes   No |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   | SON INFORMATION   |  |  |  |  |  |
| The applicant desires to conduct a racing/jai alai meet for the 20 23 period(s). Please follow instructions on calendars attached to permi  | - 20 24 season during the following it application to mark days, dates, and types of performances.  |  |  |  |  |  |
| Opening Date(s):<br>07/01/2023  | Closing Date(s): 12/31/2023   |  |  |  |  |  |
| Number of Dark Days:  | Number of Live Days:  |  |  |  |  |  |
| Performances Number of Evening Performances Number of Matinee Performances Number of Charity/Scholarship Performances Total Number of Performances  |   |  |  |  |  |  |
| Number of races/games during evening performances:  | Number of races/games during matinee performances:  |  |  |  |  |  |
| Starting time:  | Starting time:  |  |  |  |  |  |
| For greyhound tracks only:  Do you intend to hold an additional charity day for the greyhound ac If yes, please indicate the date when the "Greyhound Adopt-a-Pet D   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| O/  | ATH   |  |  |  |  |  |
| 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.  Michael R. Glenn  General Manager  Name (Please Print)  Title (Please Print)  Signature  Date |   |  |  |  |  |  |
| State of Florida, County of Palm Beach Sworn to (or affirmed) and subscribed before me this 204n day of <u>December</u> , 2022,   |   |  |  |  |  |  |
| Michael R. Glenn , who is personally known to me or produced the following as identification:   |   |  |  |  |  |  |
| personally known  | MH  |  |  |  |  |  |
| Notary Public My Commission Expires:  | SUESAN TOMLINSON MY COMMISSION # HH 026647 EXPIRES: October 8, 2024   |  |  |  |  |  |
|   | 471 11360, VOLUUGI U, 2024  |  |  |  |  |  |



Previous on List

Next on List

Return to List

Filing History

### Fictitious Name Detail

#### **Fictitious Name**

PALM BEACH KENNEL CLUB

#### Filing Information

Registration Number G91248000066

Status

**ACTIVE** 

Filed Date

09/05/1991

**Expiration Date** 

12/31/2027

Current Owners

1

County

PALM BEACH

**Total Pages** 

6

Events Filed

FEI/EIN Number

#### Mailing Address

1111 N CONGRESS AVE WEST PALM BEACH, FL 33409

#### **Owner Information**

INVESTMENT CORPORATION OF PALM BEACH 1111 N CONGRESS AVE WEST PALM BEACH, FL 33409 US FEI/EIN Number

Document Number: 368782

#### **Document Images**

G91248000066 -- No image available

01/10/2022 -- Fictitious Name Renewal Filing

View image in PDF format

07/11/2016 -- RENEWAL

View image in PDF format

06/07/2011 -- Fictitious Name Renewal Filing

View image in PDF format

#### Jelks, La'Kesha

From: Sue Tomlinson <stomlinson@pbkennelclub.com>

**Sent:** Friday, January 20, 2023 11:42 AM

To: Jelks, La'Kesha
Cc: Michael Glenn

**Subject:** RE: License Acquisitions, LLC (GHND171) & ICOPB (149) **Attachments:** License Acquisitions.pdf; Investment Corp of Palm Beach.pdf

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

#### La'Keisha:

Please find attached our resubmission of Form 3190 and an updated shareholder's table removing Dominic Ciarimboli.

I am also resubmitting the same documentation for ICOPB #149 as our application will have the same issue concerning Mr. Ciarimboli.

If you have any questions, or require any additional information please let me know.

Sue Tomlinson
Director of Support Services
561-683-2222 x 133 | 561-471-9114 fax
1111 N. Congress Ave | West Palm Beach, FL 33409
stomlinson@pbkennelclub.com | www.pbkennelclub.com

#### Begin forwarded message:

From: "Jelks, La'Kesha" <La'Kesha.Jelks@fgcc.fl.gov>

Date: January 19, 2023 at 3:31:09 PM EST

To: Michael Glenn < mglenn@pbkennelclub.com > Subject: License Acquisitions, LLC (GHND171)

#### Greetings,

The item listed below requires submission and/or correction before the processing of <u>License Acquisitions</u>, <u>LLC (GHND171)</u>'s application can be completed:

1. Trustee Dominic Ciarimboli license expired 06/30/2022

If you have any questions regarding the deficiencies, please contact me at your earliest convenience.

Best,

## La'Kesha Gelks

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|---|--|--|
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|   |  |  |

La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

The information contained in this transmission is intended solely for the use of the person(s) named herein. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply e-mail and destroy all copies of the original message.

The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure. LARGER VIEW

#### DBPR PMW-3190 - Officers and Directors



# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING

www.myfloridalicense.com



Page 1 of 5



DBPR PMW-3190, Effective 2016 December 13, Rule 61D-4.004, F.A.C. 2.0

Page 2-012-







### CONFIDENTIAL AND EXEMPT FROM DISCLOSURE PURSUANT TO SECTIONS 688 001 - 688 009, 815 04, AND 815 045 FLORIDA STATUES

January 20, 2023

Jamie Pouncey La'Kesha Jelks Florida Gaming Control Commission 2601 Blair Stone Road, Tallahassee, FL 32399

RE: License Acquisition (#171) & Investment Corporation of Palm Beach (#149)
Notification of Change to Shareholder Table

Dear Jaime & La'Kesha:

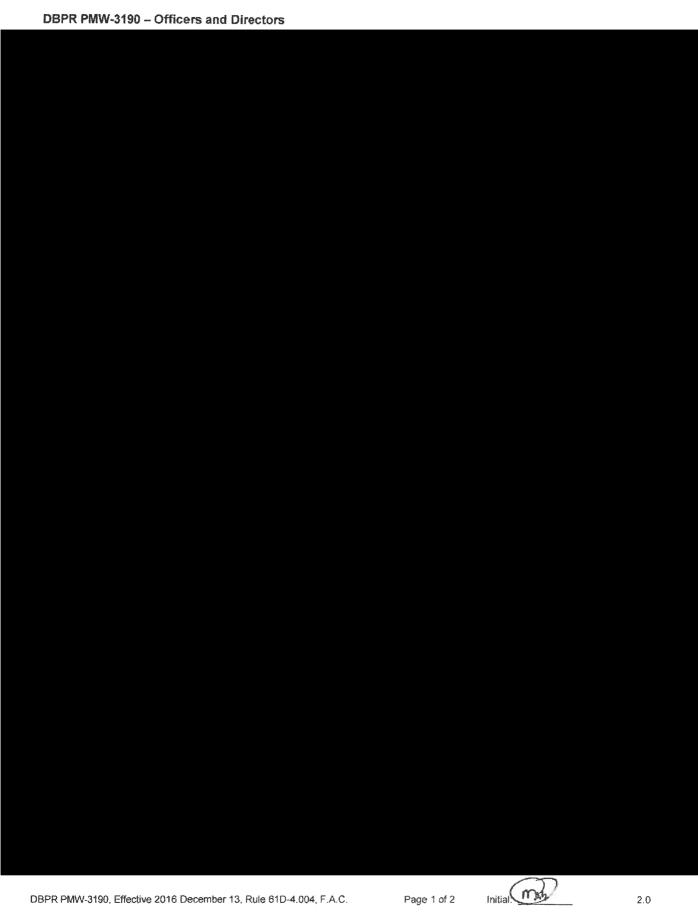
This correspondence is provided on behalf of Investment Corporation of Palm Beach d/b/a Palm Beach Kennel Club and License Acquisition, LLC d/b/a Palm Beach Greyhound Racing for the purpose of providing an updated Form 3190 to address a change to Investment Corporation of Palm Beach and License Acquisitions shareholder table.

The current shareholder table lists Peter Rooney and Dominic Ciarimboli as trustees of the 2004 Irrevocable Trust for the Family of John J. and JoAnn W. Rooney. Please note that Dominic Ciarimboli is no longer an acting trustee for the trust. The enclosed Form 3190 and shareholder table reflects the change and lists only Peter Rooney as trustee for the trust.

Thank you for your time and consideration. Please let me know if you have any questions or need any additional information.

Sincerely.

Michael Glenn General Manager

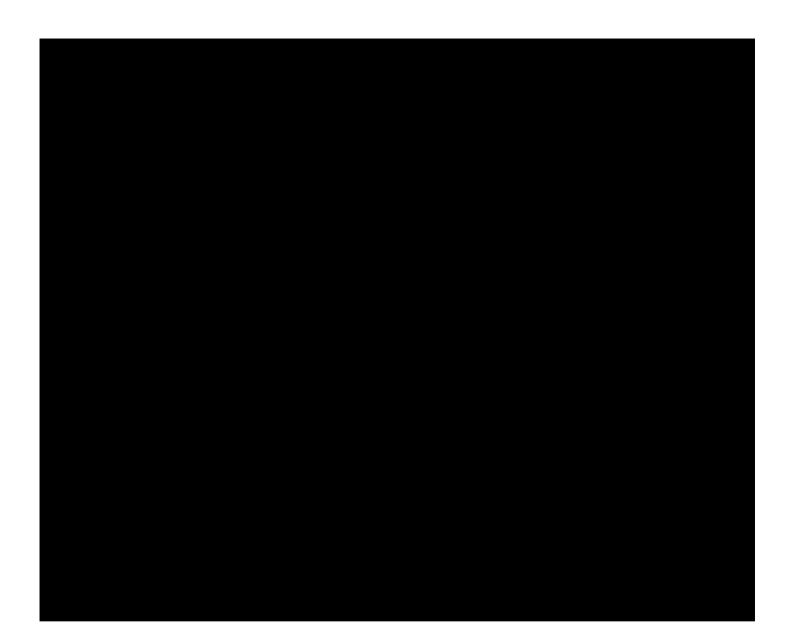




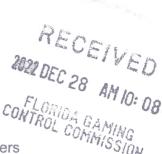












#### Certificate of

#### CLERK OF THE CIRCUIT COURT

As Clerk of The Board of County Commissioners

being the Clerk of The Circuit Court in and for <u>Palm Beach</u> County, and as such being Clerk of the Board of County Commissioners of said County, do hereby certify that there has been no election in said County resulting in a recall of the Racing Permit now held by <u>Investment Corporation of Palm Beach d/b/a</u> Palm Beach Kennel Club since the date of its issuance.

WITNESS my hand and official seal as Clerk aforesaid, this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_, A.D. 20 \_\_\_\_\_\_

(OFFICIAL SEAL)

As Merk of the Board of County Commissioners



Responsible SuretyFidelity & Deposit Ins Co of Maryland

Bond#

Date 11/15/2022



### SURETY BOND FOR FLORIDA PARI-MUTUEL WAGERING

| STATE OF Florida   |                            |                  |
|--|----------------------------|------------------|
| COUNTY OF Palm   | Investment Corporation of  |                  |
| KNOW ALL MEN BY THESE PRESENTS: That Principal, and Fidelity & Deposit Insurance Company |                            |                  |
| incorporated under the laws of the State of Ma   | ryland , license           | d to transact    |
| surety business in the State of Florida, and with 600 Red Brook Blvd, Owings Mill, MD    | a principal business addr  | ess at           |
| as Surety, are hereby held and firmly bound unt  | o the Governor of the Stat | e of Florida as  |
| obligee, and his or her successors in office in th                                       | e sum of Fifty-Thousand I  | Dollars          |
| (\$50,000) lawful money of the United States of  | America, for which sum, w  | ell and truly to |
| be paid, we hereby bind ourselves, our heirs, ex   | ecutors, administrators, s | uccessors and    |
| assigns jointly and severally.   |                            |                  |

This obligation is conditioned as follows:

- 1. The Principal has applied for and/or obtained a license to conduct Pari-Mutuel Wagering in the State of Florida pursuant to Chapter 550, Florida Statutes and Chapters 61D-2 through 9, Florida Administrative Code (F.A.C.). If approved, the Principal, pursuant to the provisions of Chapter 550, Florida Statutes, and Chapters 61D-2 through 9, F.A.C., is required to:
  - (a) Remit payment of all license fees and taxes required by law.
  - (b) Faithfully perform all requirements imposed by law or regulation or the conditions of the license.
  - (c) Furnish a bond in the amount of fifty-thousand dollars (\$50,000) through a corporation qualified under the laws of the State of Florida as surety, payable to the State of Florida.
- 2. This bond must be established and held in trust for the benefit and protection of the State of Florida. In addition the bond may not be released, in whole or in part except to the Florida DBPR on written demand of the Director of the Division of Pari-Mutuel Wagering of the DBPR or by the Principal with the written instructions from the Director of the Division of Pari-Mutuel Wagering of the DBPR. The Principal may receive income, if any, accruing on the reserve unless the Director of the Division of Pari-Mutuel Wagering, of the DBPR instructs otherwise.
  - (a) The agreement establishing the bond is effective upon DBPR approval of the Principal for its annual operating dates and/or cardroom operator license.

DBPR PMW-3105, Effective 2016 December 13, Rule 610-4.004, F.A.C. Page 1 of 2

DBPR PMW-3105- Surety Bond for Florida Pari-Mutuel Wagering

Responsible SuretyFidelity & Deposit Ins Co. of Maryland
Bond#

Date 11/15/2022

1.1

- (b) Amendments to any agreement establishing the bond may not be made without the prior written approval of the DBPR.
- 3. If the Principal complies with all of the provisions of Chapter 550, Florida Statutes, and Chapters 61D-2 through 9, F.A.C., and in particular, pay the license fees and taxes when due and demanded, then this obligation shall be null and void, but will otherwise remain in full force and effect.
- 4. Upon the Principal's failure to comply with Chapter 550, Florida Statutes, and Chapters 61D-2 through 9, F.A.C., including but not limited to the Principal's failure to promptly pay all gaming fees and taxes when due and demanded, the Director of the Division of Pari-Mutuel Wagering of the DBPR may make demand upon the surety for the payment of the amount of the default to also include any fines or administrative penalties imposed as a result of a default by said Principal up to but not to exceed the amount of its liability as defined by this bond.
- 5. THIS BOND WILL EXPIRE on the  $\underline{lst}$  day of  $\underline{July}$  ,  $\underline{2024}$  , but may be continued by continuation certificate signed by the Principal and Surety. The Surety reserves the right to withdraw, except the Surety may not withdraw as to any liability already incurred or accrued hereunder, and may do so only upon giving written notice of the withdrawal to the Director of the Division of Pari-Mutuel Wagering, State of Florida, DBPR 1940 North Monroe Street, Tallahassee, Florida, 32399. Withdrawal shall not be effective until sixty (60) days have elapsed after acknowledgement of the notice by the DBPR.
- 6. Withdrawal shall not in any case affect the surety's liability arising out of any outstanding amount incurred prior to the expiration of the 60-day period after which DBPR has acknowledged the surety's notice of withdrawal.

WITNESS our hand and seal this 15th day of November 2022 **PRINCIPAL** BY: Assistant, ATTEST: Secretary / Fidelity and Deposit Insurance Company of Maryland SURETY: BY: Myra M. Manning (Attach Power of Attorney or other Authority) Attorney-in-Fact COUNTERSIGNED: Resident Agent-Licensed in Florida 6505 Blue Lagoon Dr., Ste 205 Miami, FL 33126 Larry B. Stowe #A255956 Name Registered Agent and Address

DBPR PMW-3105. Effective 2016 December 13, Rule 610-4.004, F.A.C. Page 2 of 2

#### **EXTRACT FROM BY-LAWS OF THE COMPANIES**

"Article V, Section 8, Attornevs-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

#### **CERTIFICATE**

I, the undersigned, Secretary of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this  $\frac{15}{15}$  day of  $\frac{November}{100}$ ,  $\frac{2022}{100}$ .







By:

Brian M. Hodges Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577

#### ZURICH AMERICAN INSURANCE COMPANY COLONIAL AMERICAN CASUALTY AND SURETY COMPANY FIDELITY AND DEPOSIT COMPANY OF MARYLAND POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by Robert D. Murray, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Myra M. MANNING, of Owings Mills, Maryland, EACH, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: any and all bonds and undertakings, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 6th day of January, A.D. 2020.







ATTEST: ZURICH AMERICAN INSURANCE COMPANY COLONIAL AMERICAN CASUALTY AND SURETY COMPANY FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robert D. Murray Vice President

Dawn & Grown -

By: Dawn E. Brown
Secretary

State of Maryland County of Baltimore

On this 6th day of January, A.D. 2020, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, Robert D. Murray, Vice President and Dawn E. Brown, Secretary of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Pural de la companya de la companya

Constance A. Dunn, Notary Public My Commission Expires: July 9,2023

onstance a. Dunn

#### DBPR PMW-3080 - Permitholder Calendar



## RECEIVED DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING 28 AM 10: 08 STATE OF FLORIDA

www.myfloridalicense.com

|  | PERMITHOLDE   | R INFORMATION   |                          |  |  |  |  |  |
|--|---|---|--------------------------|--|--|--|--|--|
| Name Investment Corporation of Palm Beach Permit # 149 |   |   |                          |  |  |  |  |  |
| (A) Telan, genellaka                                   | INSTRU  | ICTIONS   |                          |  |  |  |  |  |
| Submit this form in conjunct<br>Dates.                 | tion with the form DBPR PMW-300   | 60 – Permitholder Application for Li                    | cense and Operating      |  |  |  |  |  |
| Please do not overlook the                             | cardroom section and the required   | application oath on page 4.                             |                          |  |  |  |  |  |
|  | ar, and date below and on the follo<br>Fill in the total number of performa | owing pages. Using the letter code nces for each month. | below, write the type of |  |  |  |  |  |
| LETTER CODES   |   |   |                          |  |  |  |  |  |
| M = Matinee  | E = Evening   | C = Charity   | S = Scholarship          |  |  |  |  |  |
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Example

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DBPR PMW-3080, Effective 2016 December 13, Rule 61D-4.004, F.A.C.

0

Total

Page 1 of 4

Total

September Year: 2023

October Year: 2023

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November Year: 2023

December Year: \_\_2023

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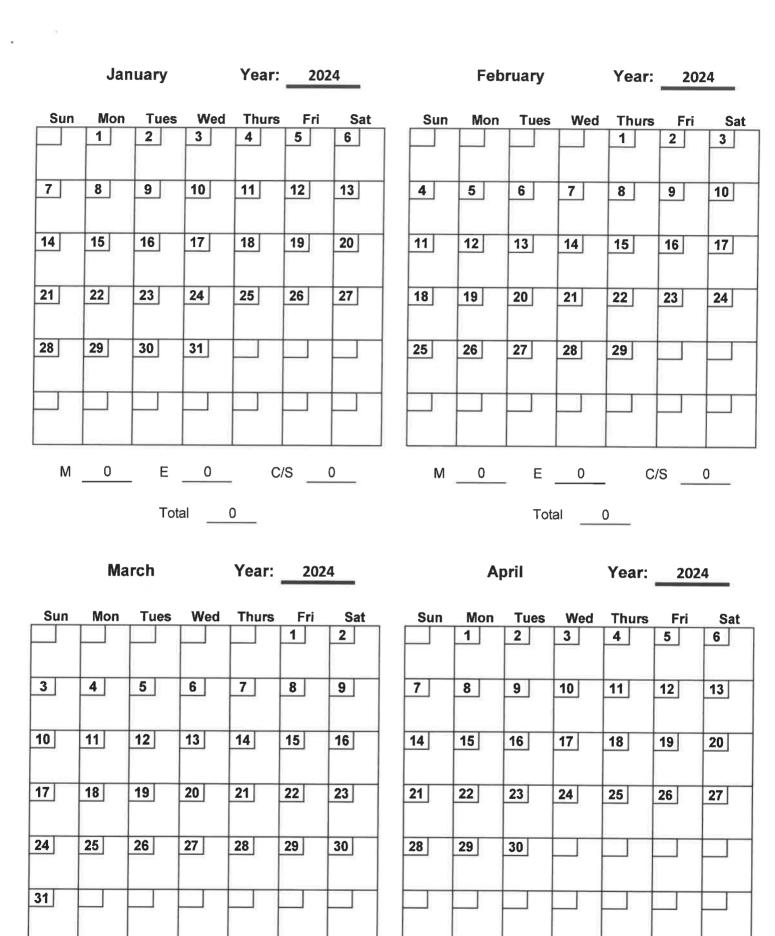
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Total 0

Page 2 of 4



Total 0

DBPR PMW-3080, Effective 2016 December 13, Rule 61D-4.004, F.A.C.

Page 3 of 4

Initials:

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|                              | CARDROOM OPERATORS ONLY |         |               |          |        |          |  |  |  |  |
|------------------------------|-------------------------|---------|---------------|----------|--------|----------|--|--|--|--|
| Hours of Cardroom Operations |                         |         |               |          |        |          |  |  |  |  |
| Sunday                       | Monday                  | Tuesday | Wednesday     | Thursday | Friday | Saturday |  |  |  |  |
| 24 Hrs                       | 24 Hrs                  | 24 Hrs  | 24 Hrs        | 24 Hrs   | 24 Hrs | 24 Hrs   |  |  |  |  |
| _                            | _                       |         | _             |          | _      | _        |  |  |  |  |
| Year Round?                  | <b>∡</b> Yes            | □ No    | If No, Dates: |          |        |          |  |  |  |  |

| Year Round?   ✓ Yes   ☐ No If No, Dates:   |      |
|--|------|
|  |      |
| OATH   |      |
| I swear or affirm that the information provided in this application is true and complete. I understand that knowingly providing false information on the application could subject the applicant to criminal penalties relating to perjury or other offenses.  Michael R. Glenn General Manager  Name (Please Print)  Signature  State of Florida, County of Palm Beach Sworn to (or affirmed) and subscribed before me 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.  Signature  Date | is . |
| MIChael R. Gleon, who is personally known to me or produces the following as identification:  Dersonally Known  SUESAN TOMLINSON MY COMMISSION # HH 026647 EXPIRES: October 8, 2024 Bonded Thru Notary Public Underwriters   |      |

### State of Florida



### Department of Business and Professional Regulation Chronology Report

Case #:

2023003644

Incident date: 12/28/2022

Status: 10 - Initial Review

Lic Type:

1001

Disposition:

Case Type:

Complaint

Responsible: ljelks - JELKS, LA'KESHA

Complainant:

INVESTMENT CORPORATION OF PALM BEACH

1111 N CONGRESS AVENUE, WEST PALM BEACH, FL 33409

Respondent:

FGCC, PARI-MUTUEL WAGERING

2601 BLAIR STONE ROAD, TALLAHASSEE, FL 32399

Summary:

2023/2024 OPERATING RENEWAL APPLICATION Investment Corp of Palm Beach (GHND149)

Chronology:

| Effective Date | Type | Tin Tunn | Codo   | Dagarintian     | Pesnonsible Dartin | Pagnander |
|----------------|------|----------|--------|-----------------|--------------------|-----------|
| 01/20/2023     | R    |          | ljelks | JELKO, LA'KESHA | ljelks             |           |
| 01/20/2023     | S    | 1001     | 10     | Initial Review  | ljelks             |           |

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

License Number: CR149
Permit Type: GHND
Permit County: Palm Beach

# LICENSE TO OPERATE A CARDROOM

For:

# Investment Corporation of Palm Beach

D/B/A Palm Beach Kennel Club

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

1111 North Congress Avenue West Palm Beach, FL 33409 Palm Beach County

Valid From: <u>July 1, 2023</u> Expires On: <u>June 30, 2024</u> Licensed to Operate: <u>67</u> Tables

Issued and dated, this \_\_\_\_\_ day of March, 2023.

By \_\_\_\_\_\_ Louis Trombetta, 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.

DBPR PMW-3160 – Permitholder Application for Annual License to Operate a Cardroom C 28 AP 10: 08



# STATE OF FLORIDA PLORIDA GAMING DEPARTMENT OF BUSINESS AND PROFESSIONAL REQULATION MMISSION DIVISION OF PARI-MUTUEL WAGERING

www.myfloridalicense.com

#### INSTRUCTIONS

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

| ORGANIZATIO                                 | N INFO  | RMATION         |                                  |  |  |  |  |
|---|---------|-----------------|----------------------------------|--|--|--|--|
| Federal Employer ID Number:                 |         | RIVIATION       |                                  |  |  |  |  |
| Permithelder's Logal Name:                  |         |                 |                                  |  |  |  |  |
| Permitholder's Legal Name: Investment Corpo | ration  | of Palm Beach   | 1.                               |  |  |  |  |
| Doing Business As (D/B/A) Name: Palm Beach  | Kenne   | el Club         |                                  |  |  |  |  |
| MAILING                                     |         |                 |                                  |  |  |  |  |
| Street Address or P.O. Box: 1111 North Cong |         |                 |                                  |  |  |  |  |
| 1111 Notal Cong                             | 11033 / | Avenue          |                                  |  |  |  |  |
|   |         |                 |                                  |  |  |  |  |
| <sup>City:</sup> West Palm Beach            |         | State: FL       | Zip Code (+4 optional):<br>33409 |  |  |  |  |
| County (if Florida address):                | Country | y: United State | 25                               |  |  |  |  |
| CONTACT INFORMATION                         |         |                 |                                  |  |  |  |  |
| Contact Name: Michael R. Glenn, General N   |         |                 |                                  |  |  |  |  |
| Primary Phone Number: Primary E-Mail Ad     |         |                 |                                  |  |  |  |  |
|   |         |                 |                                  |  |  |  |  |
| PHYSICAL Street Address:                    | L ADDR  | ESS             |                                  |  |  |  |  |
| 1111 North Cong                             | ress A  | venue           |                                  |  |  |  |  |
|   |         |                 |                                  |  |  |  |  |
| City: West Palm Beach                       |         | State: FL       | Zip Code (+4 optional):<br>33409 |  |  |  |  |
| County: Palm Beach                          |         |                 |                                  |  |  |  |  |
| T diff Beach                                |         |                 |                                  |  |  |  |  |

| ADDITIONAL CONTACT INFORMATION (OPTIONAL) |                            |  |  |  |  |  |
|---|----------------------------|--|--|--|--|--|
| Alternate Phone Number:                   | Fax Number: (561) 471-9114 |  |  |  |  |  |
| Alternate E-Mail Address:                 |                            |  |  |  |  |  |

| CARDROOM INFORMATION  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Physical Location of Cardroom: 1111 North Congress Avenue;  |  |  |  |  |  |  |
| 1st Floor Grandstand Entrance   |  |  |  |  |  |  |
| 2nd Floor South End of Building   |  |  |  |  |  |  |
| What is the maximum number of card tables you intend to operate during the license period?                                  |  |  |  |  |  |  |
| A check or money order made payable to DBPR for the table fees (\$1,000 per table) must be submitted with this application. |  |  |  |  |  |  |
| Name of cardroom manager or cardroom management company:  Noah F. Carbone, Director   |  |  |  |  |  |  |
| Cardroom manager or cardroom management company license number: 1536461   |  |  |  |  |  |  |
| Type of participation fee charged to players: Rake - Ante □ Seat Charge □ Both ■  |  |  |  |  |  |  |

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 DBPR 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 garning 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 12 20 23 |

Fed Tax #

Lic Type 1012 - Cardroom Employee Occupational

File # 478 License # 1536461 Name CARBONE, NOAH F

Rank CEMP - Cardroom Employee Occupational

Entity # 1536461 Lic Status Current Expires On 06/30/2024

Extended To

Renewed On 06/28/2012

Address

Street # 186

Street SORIANO WAY

Line 2

Line 3

City JUPITER

State FL

Zip 33458

DBPR PMW-3105- Surety Bond for Florida Pari-Mutuel Wagering

Responsible Surety Fidelity & Deposit Ins Co of Maryland

Bond#

**Date** 11/15/2022



### SURETY BOND FOR FLORIDA PARI-MUTUEL WAGERING

| STATE OF Florida                                    |  |
|---|--|
| COUNTY OF Palm                                      |  |
| 1   | Investment Corporation of Palm Beach     |
| KNOW ALL MEN BY THESE PRESENTS: That-               | alm Beach Kennel Club Incl Card Room     |
| Principal, and Fidelity & Deposit Insurance Company | of Marylanda corporation                 |
| incorporated under the laws of the State of Maryl   | and , licensed to transact               |
| surety business in the State of Florida, and with a | principal business address at            |
| 600 Red Brook Blvd, Owings Mill, MD                 |  |
| as Surety, are hereby held and firmly bound unto t  | the Governor of the State of Florida as  |
| obligee, and his or her successors in office in the | sum of Fifty-Thousand Dollars            |
| (\$50,000) lawful money of the United States of Am  | nerica, for which sum, well and truly to |
| be paid, we hereby bind ourselves, our heirs, exec  | utors, administrators, successors and    |
| assigns jointly and severally.                      |  |

This obligation is conditioned as follows:

- 1. The Principal has applied for and/or obtained a license to conduct Pari-Mutuel Wagering in the State of Florida pursuant to Chapter 550, Florida Statutes and Chapters 61D-2 through 9, Florida Administrative Code (F.A.C.). If approved, the Principal, pursuant to the provisions of Chapter 550, Florida Statutes, and Chapters 61D-2 through 9, F.A.C., is required to:
  - (a) Remit payment of all license fees and taxes required by law.
  - (b) Faithfully perform all requirements imposed by law or regulation or the conditions of the license.
  - (c) Furnish a bond in the amount of fifty-thousand dollars (\$50,000) through a corporation qualified under the laws of the State of Florida as surety, payable to the State of Florida.
- 2. This bond must be established and held in trust for the benefit and protection of the State of Florida. In addition the bond may not be released, in whole or in part except to the Florida DBPR on written demand of the Director of the Division of Pari-Mutuel Wagering of the DBPR or by the Principal with the written instructions from the Director of the Division of Pari-Mutuel Wagering of the DBPR. The Principal may receive income, if any, accruing on the reserve unless the Director of the Division of Pari-Mutuel Wagering, of the DBPR instructs otherwise.
  - (a) The agreement establishing the bond is effective upon DBPR approval of the Principal for its annual operating dates and/or cardroom operator license.

DBPR PMW-3105, Effective 2016 December 13, Rule 610-4.004, F.A.C. Page 1 of 2

DBPR PMW-3105- Surety Bond for Florida Pari-Mutuel Wagering

Responsible Surety Fidelity & Deposit Ins Co. of Maryland

- (b) Amendments to any agreement establishing the bond may not be made without the prior written approval of the DBPR.
- 3. If the Principal complies with all of the provisions of Chapter 550, Florida Statutes, and Chapters 61D-2 through 9, F.A.C., and in particular, pay the license fees and taxes when due and demanded, then this obligation shall be null and void, but will otherwise remain in full force and effect.
- 4. Upon the Principal's failure to comply with Chapter 550, Florida Statutes, and Chapters 61D-2 through 9, F.A.C., including but not limited to the Principal's failure to promptly pay all gaming fees and taxes when due and demanded, the Director of the Division of Pari-Mutuel Wagering of the DBPR may make demand upon the surety for the payment of the amount of the default to also include any fines or administrative penalties imposed as a result of a default by said Principal up to but not to exceed the amount of its liability as defined by this bond.
- 5. THIS BOND WILL EXPIRE on the  $\underline{lst}$  day of  $\underline{July}$  ,  $\underline{2024}$  , but may be continued by continuation certificate signed by the Principal and Surety. The Surety reserves the right to withdraw, except the Surety may not withdraw as to any liability already incurred or accrued hereunder, and may do so only upon giving written notice of the withdrawal to the Director of the Division of Pari-Mutuel Wagering, State of Florida, DBPR 1940 North Monroe Street, Tallahassee, Florida, 32399. Withdrawal shall not be effective until sixty (60) days have elapsed after acknowledgement of the notice by the DBPR.
- 6. Withdrawal shall not in any case affect the surety's liability arising out of any outstanding amount incurred prior to the expiration of the 60-day period after which DBPR has acknowledged the surety's notice of withdrawal.

WITNESS our hand and seal this 15th day of November 2022 ration of Pa **PRINCIPAL** BY: President ATTEST: Secretary / Fidelity and Deposit Insurance Company of Maryland SURFTY: BY: Myra M. Manning Attach Power of Attorney or other Authority) COUNTERSIGNED: Residen Agent-Licensed in Florida 6505 Blue Lagoon Dr, Ste 205 Miami, FL 33126 Larry B. Stowe #A255956 Name Registered Agent and Address

DBPR PMW-3105. Effective 2016 December 13, Rule 610-4.004. F.A.C. Page 2 of 2

#### **EXTRACT FROM BY-LAWS OF THE COMPANIES**

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

#### CERTIFICATE

I, the undersigned, Secretary of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 15 \_\_\_\_\_ day of November \_\_\_\_\_\_, 2022 \_\_\_.







Ву:

Brian M. Hodges Vice President

Bus M Hodget

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims 1299 Zurich Way Schaumburg, IL 60196-1056 www.reportsfclaims@zurichna.com 800-626-4577

# ZURICH AMERICAN INSURANCE COMPANY COLONIAL AMERICAN CASUALTY AND SURETY COMPANY FIDELITY AND DEPOSIT COMPANY OF MARYLAND POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by Robert D. Murray, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Myra M. MANNING, of Owings Mills, Maryland, EACH, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: any and all bonds and undertakings, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 6th day of January, A.D. 2020.







ATTEST: ZURICH AMERICAN INSURANCE COMPANY COLONIAL AMERICAN CASUALTY AND SURETY COMPANY FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robert D. Murray Vice President

\_\_\_\_

By: Dawn E. Brown Secretary

State of Maryland County of Baltimore

On this 6th day of January, A.D. 2020, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, Robert D. Murray, Vice President and Dawn E. Brown, Secretary of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworm, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Constance A. Dunn, Notary Public My Commission Expires: July 9,2023

onstance a. Dunn

#### DBPR PMW-3220 - List of Cardroom Business Occupational Licensees Providing Products and ME DEIVED Services to a Cardroom





Federal Employer ID Number:

#### STATE OF FLORIDA

## DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION GAMING DIVISION OF PARI-MUTUEL WAGERING CONTROL COMMISSION

www.myfloridalicense.com

#### INSTRUCTIONS

This form is to be submitted to the division annually in conjunction with Form DBPR PMW-3160. List all of the Cardroom Vendors with which the Cardroom Operator will be conducting business during the next state fiscal year.

CARDROOM OPERATOR

Investment Corporation of Palm Beach d/b/a Palm Beach Kennel Club

| OCCUPATIONAL LICENSEES WHO PROVIDE PRODUCTS AND SERVICES TO CARDROOM           |                |                            |  |  |  |  |  |
|--|----------------|----------------------------|--|--|--|--|--|
| Name   | License Number | Type of Product or Service |  |  |  |  |  |
| Royal Gaming Products  | 7238779        | Chairs                     |  |  |  |  |  |
| Scientific Games   | 7805891        | Shuffle Machines           |  |  |  |  |  |
| Gaming Partners International  | 1498877        | Gaming Products            |  |  |  |  |  |
| Shed Capital Inc   | 11244547       | Gaming Products            |  |  |  |  |  |
| OCCUPATIONAL LICENSEES WHO NO LONGER PROVIDE PRODUCTS AND SERVICES TO CARDROOM |                |                            |  |  |  |  |  |
| Name   | License Number | Type of Product or Service |  |  |  |  |  |
|  |                |                            |  |  |  |  |  |
|  |                |                            |  |  |  |  |  |
|  |                |                            |  |  |  |  |  |
|  |                |                            |  |  |  |  |  |
|  |                |                            |  |  |  |  |  |

| 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 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  |  |  |  |  |  |  |  |

Fed Tax #

Lic Type 1010 - Cardroom Business Occupational Expires On 06/30/2023

File # 59

Name BUNNIE STRAUB INC

Extended To

License # 7238779

Rank CBUS - Cardroom Business Occupational

Entity # 7238779

Renewed On 05/22/2020

Address

Street #

Street PO BOX 207

Lic Status Current

Line 2 Line 3

City BOCA RATON

State FL

Zip 33429

Routing

**DBA Name** 

DBA ROYAL GAMING PRODUCTS

License

Fed Tax #

Lic Type 1050 - Slot Machine Business

Expires On 06/30/2024

Renewed On 06/22/2012

File # 9

Name SG GAMING INC

Extended To

License # 7805891

Rank SBUS - Slot Machine Bus Occupational License

Entity # 7805891

Lic Status Current

Address

Street # 6601

Street SOUTH BERMUDA ROAD

Line 2

Line 3

City LAS VEGAS

State NV

Zip 89119

Routing

**DBA Name** 

DBA SCIENTIFIC GAMES

License

Fed Tax #

Lic Type 1010 - Cardroom Business Occupational

Expires On 06/30/2023

File # 2

Name GAMING PARTNERS INTERNATIONAL USA, INC

Extended To

License # 1498877

Rank CBUS - Cardroom Business Occupational

Renewed On 08/14/2020

Entity # 1498877

Lic Status Current

Address

Street # 3945

Street W CHEYENNE AVENUE SUITE 208

Line 2

Line 3

City N LAS VEGAS

State NV

Zip 89032

Fed Tax #

Lic Type 1010 - Cardroom Business Occupational Expires On 06/30/2025

File # 174

Name SHED CAPITAL INC

Extended To

License # 11244547

Rank CBUS - Cardroom Business Occupational

Entity # 11244547

Renewed On 09/27/2022

Address

Street # 2

Street CRANBERRY RD

Lic Status Current

Line 2 UNIT B5

Line 3

City PARSIPPANY

State NJ

Zip **07054** 

# DBPR PMW-3220 – List of Cardroom Business Occupational Licensees Providing Products and Services to a Cardroom





Federal Employer ID Number:

# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION OF DIVISION OF PARI-MUTUEL WAGERING

www.myfloridalicense.com

#### **INSTRUCTIONS**

This form is to be submitted to the division annually in conjunction with Form DBPR PMW-3160. List all of the Cardroom Vendors with which the Cardroom Operator will be conducting business during the next state fiscal year.

**CARDROOM OPERATOR** 

Investment Corporation of Palm Beach d/b/a Palm Beach Kennel Club

| OCCUPATIONAL LICENSEES WHO I   | PROVIDE PRODUCTS AND | SERVICES TO CARREDOOM      |  |  |  |  |  |  |
|--|----------------------|----------------------------|--|--|--|--|--|--|
| Name   | License Number       | Type of Product or Service |  |  |  |  |  |  |
| CCD Systems  | 7964826              | Gaming Products            |  |  |  |  |  |  |
| Transient Path LLC   | 8869237              | Gaming Products            |  |  |  |  |  |  |
| Leamark Inc  | 9766943              | Gaming Products            |  |  |  |  |  |  |
| KGM Gaming   | 8915860              | Gaming Products            |  |  |  |  |  |  |
| OCCUPATIONAL LICENSEES WHO NO LONGER PROVIDE PRODUCTS AND SERVICES TO CARDROOM |                      |                            |  |  |  |  |  |  |
| Name   | License Number       | Type of Product or Service |  |  |  |  |  |  |
|  |                      |                            |  |  |  |  |  |  |
|  |                      |                            |  |  |  |  |  |  |
|  |                      |                            |  |  |  |  |  |  |
|  |                      |                            |  |  |  |  |  |  |
|  |                      |                            |  |  |  |  |  |  |

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

Signature of Applicant or Applicant's Representative

the State of Florida.

Fed Tax #

Lic Type 1050 - Slot Machine Business

Expires On 06/30/2023

File # 65

Name COIN CURRENCY & DOCUMENT SYSTEMS INC

Extended To

License # 7964826

Rank SBUS - Slot Machine Bus Occupational License

Renewed On 11/10/2020

Entity # 7964826

Lic Status Current

Address

Street # 12516

Street NORTH US HIGHWAY 301

Line 2

Line 3

City THONOTOSASSA

State FL

Zip 33592

Routing

**DBA Name** 

DBA CCD Systems

License

Fed Tax #

Lic Type 1010 - Cardroom Business Occupational Expires On 06/30/2025

File # 120

Name TRANSIENT PATH, LLC

Extended To

License # 8869237

**CBUS - Cardroom Business** 

Occupational

Renewed On 05/20/2019

Entity # 8869237

Lic Status Current

Address

Street # 57

Street ROUTE 6

Line 2 SUITE 203

Line 3

City BALDWIN PLACE

State NY

Zip 10505

Routing

License

Fed Tax #

Lic Type 1010 - Cardroom Business Occupational

Expires On 06/30/2023

File # 124

Name LEAMARK INC.

Extended To

License # 9766943

Rank CBUS - Cardroom Business Occupational

Renewed On 08/07/2020

Entity # 9766943

Lic Status Current

**Address** 

Street # 689

Street OLD CLINTON RD

Line 2

Line 3

City WESTBROOK

State CT

Zip 06498

Fed Tax #

Lic Type 1050 - Slot Machine Business

Expires On 06/30/2023

File # 152

Name KGM GAMING, LLC

Extended To

License # 8915860

Rank SBUS - Slot Machine Bus Occupational License

Renewed On 07/31/2020

Entity # 8915860

Lic Status Current

Address

Street # 4250

Street WISSAHICKON AVENUE

Line 2

Line 3

City PHILADELPHIA

State PA

Zip 19129

#### DBPR PMW-3220 - List of Cardroom Business Occupational Licensees Providing Products and The University Line Services to a Cardroom





Federal Employer ID Number:

#### STATE OF FLORIDA

## DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING TROL COMMISSION

www.myfloridalicense.com

#### INSTRUCTIONS

This form is to be submitted to the division annually in conjunction with Form DBPR PMW-3160. List all of the Cardroom Vendors with which the Cardroom Operator will be conducting business during the next state fiscal year.

CARDROOM OPERATOR

Investment Corporation of Palm Beach d/b/a Palm Beach Kennel Club

| OCCUPATIONAL LICENSEES WHO PROVIDE PRODUCTS AND SERVICES TO CARDROOM           |                |                            |  |  |  |  |  |  |
|--|----------------|----------------------------|--|--|--|--|--|--|
| Name   | License Number | Type of Product or Service |  |  |  |  |  |  |
| TCS John Huxley  | 8552813        | Furniture                  |  |  |  |  |  |  |
|  |                |                            |  |  |  |  |  |  |
|  |                |                            |  |  |  |  |  |  |
|  |                |                            |  |  |  |  |  |  |
| OCCUPATIONAL LICENSEES WHO NO LONGER PROVIDE PRODUCTS AND SERVICES TO CARDROOM |                |                            |  |  |  |  |  |  |
| Name   | License Number | Type of Product or Service |  |  |  |  |  |  |
|  |                |                            |  |  |  |  |  |  |
|  |                |                            |  |  |  |  |  |  |
|  |                |                            |  |  |  |  |  |  |
|  |                |                            |  |  |  |  |  |  |
|  |                |                            |  |  |  |  |  |  |
|  |                | *                          |  |  |  |  |  |  |

ATTEST STATEMENT

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

I hereby certify that every statement contained herein is true and correct and that I understand any

Signature of Applicant or Applicant's Representative

the State of Florida.

12/20/22

Fed Tax #

Lic Type 1050 - Slot Machine Business

Expires On 06/30/2024

File # 282

Name TCS JOHN HUXLEY AMERICA INC

Extended To

License # 8552813

Rank SBUS - Slot Machine Bus Occupational License

Renewed On

Entity # 8552813

Lic Status Current

Address

Street # 6171

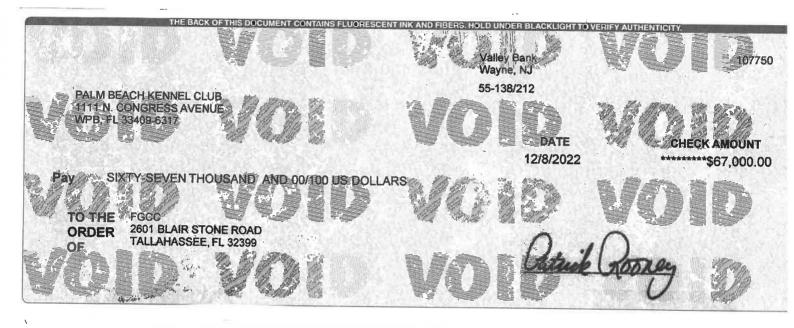
Street MCLEOD DRIVE SUITE M

Line 2 Line 3

City LAS VEGAS

State NV

Zip 89120



VENDOR FGCC

**FGCC** 

**Check No** 107750

**DATE** 12/8/2022

**INVOICE NUMBER** 

22-23

AMOUNT DUE

67,000.00

DISCOUNT TAKEN

0.00

**NET AMOUNT DUE** 

67,000.00

12/8/2022

**TOTAL** 

67,000.00

0.00

67,000.00

#### State of Florida



### **Department of Business and Professional Regulation Cash Listing Report**

Client:

Total:

100 - Division of Pari-Mutuel Wagering

Origin:

TLH Centra

Fiscal Year:

2022

Batch #: 22013177 Total \$ Entered: \$ 67,000.00

Deposit #: 110257

Deposit Date: 2022-12-28

#Receipt: 1

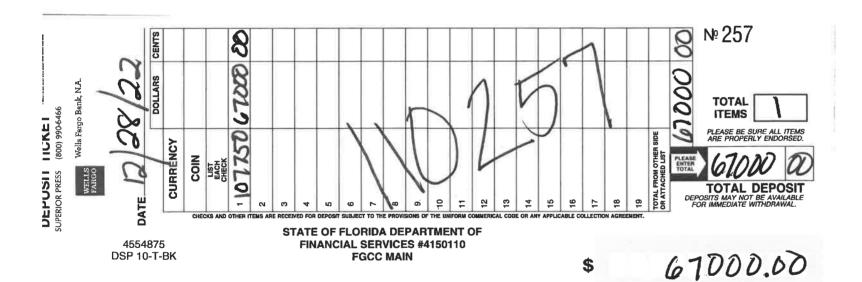
Receipts Entered: 1

\$67,000.00

Total: \$ 67,000.00 Status: Deposited

| Receipt#  | DLN | Received     | Disp | Pmt | Note | Unassigned | Prof | Remitted By / Beneficiary           | File # | License # | Assigned     |
|-----------|-----|--------------|------|-----|------|------------|------|-------------------------------------|--------|-----------|--------------|
| 220095923 |     | \$ 67,000.00 | DEP  | СНК |      | \$ 0.00    |      |                                     |        |           |              |
|           |     |              |      |     |      |            | 1002 | INVESTMENT CORPORATIO OF PALM BEACH | N 32   | 149       | \$ 0.00      |
|           |     |              |      |     |      |            |      | PALM BEACH KENNEL CLUB              | ı      |           | \$ 67,000.00 |

\$ 0.00

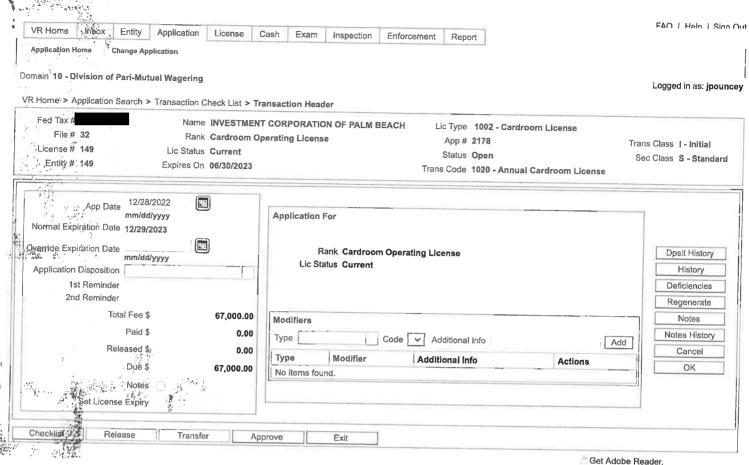


December 28, 2022 11:51

ca31 - Cash Listing Report

Page 1 of 1

\$67,000.00



# DBPR PMW-3160 PERMITHOLDER APPLICATION FOR ANNUAL LICENSE TO OPERATE A CARDROOM

CARD ROOM OPERATOR: Investment Corp. Of Palm Beach

d/b/a Palm Beach Kennel Club

**RACE MEET:** 2023-2024

### 1.) Card Games Offered to Patrons:

Chase The Flush One Card Poker

DJ Wild Pai Gow

Double Hand Poker Pai Gow Poker

Face up Pai Gow Pot Limit Omaha

Five Card Draw Pot Limit Omaha Hi-low

Five Card Stud Seven Card Stud

Florida Hold'em Seven Card Stud Hi-low Eight or Better

High Card Flush Texas Hold'em

No Limit Omaha Three Card Poker

No Limit Omaha Hi-low Two Card Poker

No Limit Texas Hold'em Ultimate Texas Hold'em

# Professional Regulation

# State of Florida

# Department of Business and Professional Regulation Chronology Report

Case #:

2023003646

Incident date: 12/28/2022

Status: 10 - Initial Review

Lic Type:

1002

Disposition:

Case Type:

Complaint

Responsible: ljelks - JELKS, LA'KESHA

Complainant:

INVESTMENT CORPORATION OF PALM BEACH

1111 NORTH CONGRESS AVENUE, WEST PALM BEACH, FL 33409

Respondent:

FGCC, PARI-MUTUEL WAGERING

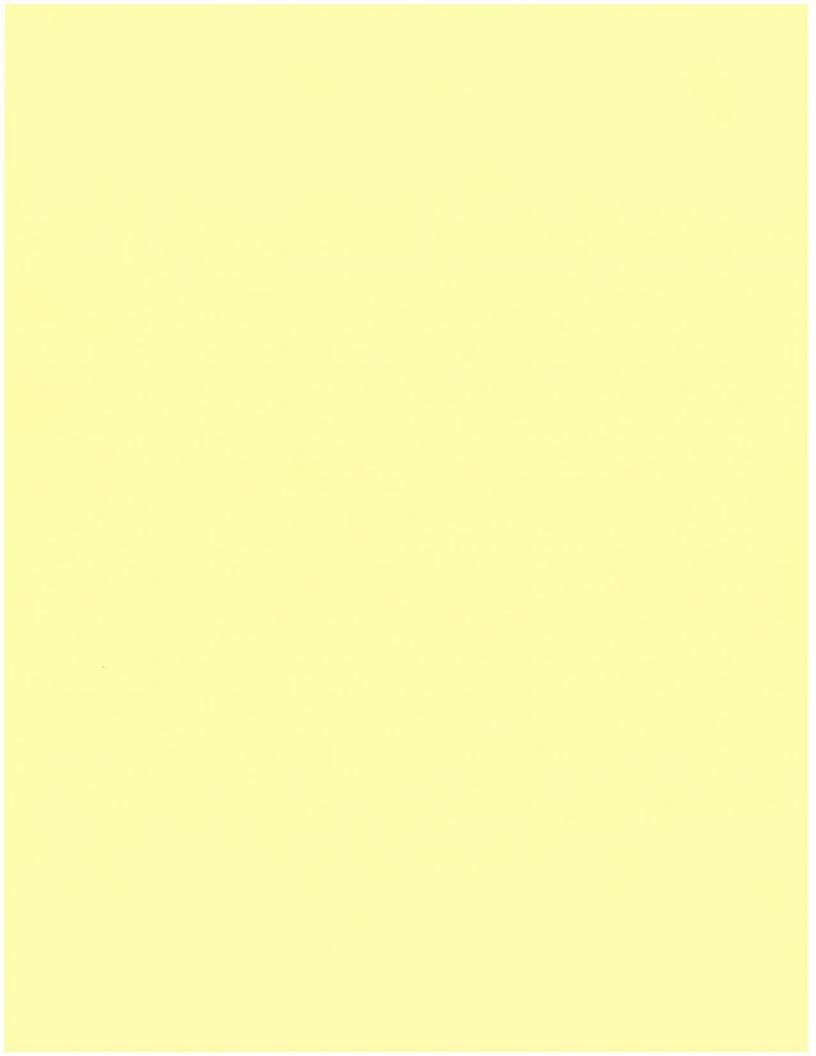
2601 BLAIR STONE ROAD, TALLAHASSEE, FL 32399

Summary:

2023/2024 CARDROOM RENEWAL APPLICATION Investment Corp of Palm Beach (GHND149)

Chronology:

| Effective Date | Туре | Lic Type | Code   | Description     | Responsible Party | Respondent |
|----------------|------|----------|--------|-----------------|-------------------|------------|
| 01/20/2023     | R    |          | ljelks | JELKS, LA'KESHA | ljelks            |            |
| 01/20/2023     | S    | 1002     | 10     | Initial Review  | ljelks            |            |



#### MEMORANDUM

To: The Florida Gaming Control Commission

From: Division of Pari-Mutuel Wagering

Re: West Flagler Associates, Ltd., d/b/a Flagler Dog Track and/or Magic City Casino

(GHND155); 2023-004888: Pari-Mutuel Operating License Renewal; 2023-

004891: Cardroom License Renewal

Date: March 8, 2023

## Executive Summary

An existing permitholder submitted an application to renew its pari-mutuel wagering operating license and cardroom license. The Commission can approve this request.

# Background

West Flagler Associates, Ltd., d/b/a Flagler Dog Track and/or Magic City Casino ("Magic City") possesses a valid greyhound racing permit, numbered 155. Magic City also possesses a pari-mutuel wagering operating license and cardroom license, both issued for the 2022-2023 Fiscal Year. For the coming 2023-2024 Fiscal Year, Magic City indicated it will not perform any live performances¹ but offer 25 card tables. Magic City has paid the corresponding fee for the 25 card tables, i.e., \$1,000.00² per table for 25 tables, for a total of \$25,000.00.

#### Analysis

Every year, each permitholder must apply to renew its licenses.<sup>3</sup> "The commission shall confirm, prior to the issuance of an operating license, that each permitholder has submitted proof with their annual application for a license, in such a form as the commission may require, that the permitholder continues to possess the qualifications prescribed by chapter 550, and that the permit has not been disapproved by voters in an election." A permitholder seeking an operating license must indicate whether it intends to "accept wagers on intertrack or simulcast events" and a permitholder seeking to operate a cardroom must indicate "the dates and periods of operation the permitholder intends to operate[.]" Magic City has satisfied these and other requirements for renewed licensure.

<sup>&</sup>lt;sup>1</sup> Art. X, § 32, Fla. Const. ("[A] person authorized to conduct gaming or pari-mutuel operations may not race greyhounds[.]"); *see also* § 550.01215(1)(b)1., Fla. Stat. ("A greyhound permitholder may not conduct live racing."). <sup>2</sup> *See* § 849.086(5)(e), Fla. Stat. ("The annual cardroom license fee for each facility shall be \$1,000 for each table to be operated at the cardroom.").

<sup>&</sup>lt;sup>3</sup> § 550.01215(1), Fla. Stat.

<sup>&</sup>lt;sup>4</sup> § 16.712(7), Fla. Stat; see also § 550.01215(2), Fla. Stat.

<sup>&</sup>lt;sup>5</sup> § 550.01215(1)(a)1., Fla. Stat.

<sup>&</sup>lt;sup>6</sup> § 550.01215(1)(a)2., Fla. Stat.

<sup>&</sup>lt;sup>7</sup> See, e.g. § 550.01215(1)(d), Fla. Stat. ("[O]ther than a permitholder issued a permit pursuant to s. 550.3345, a parimutuel permitholder may not be issued an operating license for the conduct of parimutuel wagering, slot machine gaming, or the operation of a cardroom if the permitholder did not hold an operating license for the conduct of parimutuel wagering for fiscal year 2020-2021.").

# Recommendation

The Florida Gaming Control Commission can approve West Flagler Associates, Ltd. d/b/a Flagler Dog Track and/or Magic City Casino's request to renew its operating and cardroom licenses for Fiscal Year 2023-2024.

STATE OF FLORIDA FLORIDA GAMING CONTROL COMMISSION DIVISION OF PARI-MUTUEL WAGERING License Number: 155
Permit Type: GHND
Permit County: Miami-Dade

# LICENSE TO CONDUCT PARI-MUTUEL WAGERING

For:

# West Flagler Associates, Ltd.

D/B/A Flagler Dog Track and/or Magic City Casino

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

401 Northwest 38<sup>th</sup> Court Miami, FL 33126 Miami-Dade County

Valid From: July 1, 2023 Expires On: June 30, 2024

Permitholder does intend to accept wagers on intertrack or simulcast events.

Issued and dated, this \_\_\_\_\_ day of March, 2023.

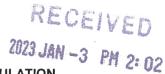
By \_\_\_\_\_\_ Louis Trombetta, Executive Director

Florida Gaming Control Commission



This license is issued in accordance with the Florida Pari-Mutuel Wagering Act and the rules promulgated thereunder. This license shall be operated at the location of a parimutuel permit and is subject to any and all laws of the State of Florida.

## DBPR PMW-3060 - Permitholder Application for License and Operating Dates





# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING

www.myfloridalicense.com

CONTROL COMMISSION

#### INSTRUCTIONS

This form is to be submitted in conjunction with Form DBPR PMW-3080 – Permitholder Calendar and Form DBPR PMW-3190 – Officers and Directors.

Check the box that designates the purpose of this form filing:

Application for Annual License and Operating Dates

Application for Amendment to Annual License and Operating Dates

| PERMITHOLDER IN   | <b>FORMATIO</b>               | N  |                                 |
|---|-------------------------------|--|---------------------------------|
| Permitholder Name Permitwest Flagler Associates, Ltd.   | <sup>t #</sup> 155            | FEID# or SSN *                             |                                 |
| Doing Business As (D/B/A) Flagler Dog Track and Magic City Casino   |                               |  |                                 |
| MAILING ADD   | PRESS                         |  |                                 |
| Street Address or P.O. Box<br>PO Box 350940   | 270                           |  |                                 |
| City<br>Miami   |                               | State<br>FL                                | Zip Code (+4 optional)<br>33135 |
| County<br>(if Florida address) Miami-Dade   | Country L                     | Inited States                              |                                 |
| CONTACT INFO  | RMATION                       |  |                                 |
| Contact Name<br>Scott Savin   | Title<br>COO                  |  |                                 |
| Primary Phone Number  | Fax Numb 305.631.4            |  |                                 |
| Primary E-Mail Address  | Cell Phone                    | Number                                     |                                 |
| PHYSICAL LOCATION OF PA   | RI-MUTUEL                     | FACILITY                                   |                                 |
| Street Address<br>401 NW 38th   |                               |  |                                 |
| City<br>Miami   |                               | State<br>FL                                | Zip Code (+4 optional)<br>33126 |
| If there is a lease agreement to operate live performances at and of the lease agreement containing the following information:  (1) The name of the applicant and the lessor;  (2) The address of the applicant and the lessor;  (3) The type of permit held by both the applicant and the lessor;  (4) The exact location where the applicant is currently permitted to (5) The exact location where the lessor is currently permitted to (6) The exact location where the applicant intends to conduct pari | o conduct pa<br>onduct pari-r | ıri-mutuel performar<br>nutuel performance | nces;<br>s; and                 |

\*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, 654; and Sections 409.2577, 409.2598, and 559.79, Florida Statutes. 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.

| A PS PS UNIT OF S A S   |   |
|---|---|
| ADDITIONAL | INFORMATION   |
| permit has not been recalled.   | f the Circuit Court or other authorized County Official certifying that the   |
| facility? If changed, state fully. If none, state "No change." Use a  | s, or directors; or a change in ownership or location of the pari-mutuel dditional pages, if necessary.                                   |
| No Change   |   |
| Is the applicant incorporated? Yes  No If yes, under the la   | aws of which state? Florida Limited Partnership   |
| Please list all officers and directors of the applicant using Form DB   |   |
| <ul> <li>Officers and Directors. If corporation, list name of corporation an</li> </ul>   | rners of the entire stock of the applicant using Form DBPR PMW-3190 at stockholders; if partnership, list partners.                       |
| Please list the stockholders of record of the applicant using Form D  | DBPR PMW-3190 – Officers and Directors.   |
| beneficial owner using Form DBPR PMW-3190 – Officers and Dire   |   |
| Have any persons listed on Form DBPR PMW-3190 – Officers and crime, or pled guilty or nolo contendere to any criminal charges (other list the individual(s) name, license number and title:   | Directors ever been convicted of or had adjudication withheld for any her than minor traffic violations) in any state or county? Yes   No |
|   |   |
|   |   |
| OPERATING SEA   | SON INFORMATION   |
| The applicant desires to conduct a racing/jai alai meet for the 20 2  | 3 - 20 24 season during the following   |
| period(s). Please follow instructions on calendars attached to permi Opening Date(s):   | Closing Date(s):  |
| July 1, 2023<br>Number of Dark Days:  | June 30, 2024   |
| 0   | Number of Live Days:  |
| Performances  |   |
| Number of Evening Performances  Number of Matinee Performances  |   |
| Number of Charity/Scholarship Performances  |   |
| Total Number of Performances  |   |
| Number of races/games during evening performances:  | Number of races/games during matinee performances.  |
| Starting time:  | Starting time:  |
| For greyhound tracks only:  | <b>運 </b>   |
| Do you intend to hold an additional charity day for the greyhound ad If yes, please indicate the date when the "Greyhound Adopt-a-Pet D   | doption program? Yes  No  No  Oay" will be held:  |
|   |   |
| 0   | ATLY  |
|   | ATH   |
| I swear or affirm that the information provided in this application is trinformation on this application could subject the applicant to crimina Scott Savin  COO  | rue and complete. I understand that knowingly providing false I penalties relating to perjury or other offenses.                          |
| Name (Please Print)  Title (Please Print)   | Signature Date  |
| State of Florida<br>County of   |   |
| Scott Savin , who   | is personally known to me copy deed the following as identification:  |
| Maria Viney   | Notary Public - State of Florida Commission # HH 208729   |
| Notary/Public My Commission Expires:  | or n. My Comm. Expires Jan 29, 2026  Bonded through National Notary Assn.   |



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No Filing History

# Fictitious Name Detail

# **Fictitious Name**

MAGIC CITY CASINO

### **Filing Information**

Registration Number G21000030714

Status

ACTIVE

Filed Date

03/04/2021

**Expiration Date** 

12/31/2026

**Current Owners** 

1

County

MIAMI-DADE

NONE

Total Pages

1

Events Filed

FEI/EIN Number

# Mailing Address

401 NW 38TH COURT MIAMI, FL 33126

## **Owner Information**

WEST FLAGLER ASSOCIATES, LTD. 401 NW 38TH COURT

MIAMI, FL 33126

FEI/EIN Number:

**Document Number: A00686** 

## **Document Images**

03/04/2021 -- Fictitious Name Filing

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# Fictitious Name Detail

# **Fictitious Name**

FLAGLER DOG TRACK

# Filing Information

Registration Number G21000030740

Status

**ACTIVE** 

Filed Date

03/04/2021

**Expiration Date** 

12/31/2026

Current Owners

12

County

MIAMI-DADE

Total Pages

1

Events Filed

NONE

FEI/EIN Number

#### Mailing Address

401 NW 38TH COURT MIAMI, FL 33126

# Owner Information

WEST FLAGLER ASSOCIATES, LTD. 401 NW 38TH COURT

MIAMI, FL 33125 FEI/EIN Number

Document Number: A00686

# **Document Images**

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# Fictitious Name Detail

# **Fictitious Name**

FLAGLER DOGS & POKER

# Filing Information

Registration Number G21000030738

Status

ACTIVE

Filed Date

03/04/2021

**Expiration Date** 

12/31/2026

**Current Owners** 

County

MIAMI-DADE

**Total Pages** 

**Events Filed FEI/EIN Number** 

NONE

# **Mailing Address**

401 NW 38TH COURT MIAMI, FL 33126

# **Owner Information**

WEST FLAGLER ASSOCIATES, LTD. 401 NW 38TH COURT MIAMI, FL 33126

FEI/EIN Number
Document Number: A00686

# **Document Images**

03/04/2021 -- Fictitious Name Filing

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# DBPR PMW-3190 - Officers and Directors



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION OF PARI-MUTUEL WAGERING

WWW.myfloridalicense.com

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

| ORGANIZAT   | TION NAME    |
|---|--------------|
| Name of Organization West Flagler Associates, Ltd.                | Permit # 155 |
| D/B/A or Trade Name<br>Flagler Dog Track and/or Magic City Casino | 193          |
| Taglet Dog Track and/or Magic City Casino                         |              |

|  | LIMITED LIABILITY CORPORATION QUESTIONS  |
|--|--|
|  | limited liability corporation (LLC), is the corporation member managed or manager neck your Articles of Incorporation for this information.  Manager Managed |
|  |  |

Please list below all Officers, Directors, Managers, and/or Shareholders with 5 percent or more interest in the business: Attach additional sheets as necessary.

|  | MANAGEMEN | IT INFORMATION          |            |               |
|--|-----------|-------------------------|------------|---------------|
| Last Name<br>West Flagler Associates, Ltd., A Florida Li | Firef     | Mido                    |            | Suffix        |
| Office Held License #                                    |           | Percentage of Ownership |            | nip           |
| Street Address or P.O. Box                               | RESIDEN   | CE ADDRESS              |            |               |
|  | 401 NW    | 38th Court              |            |               |
| City<br>Mami   |           | State<br>FL             | Zip Code ( | (+4 optional) |
| County<br>lif Florida address) <b>Miami-Da</b>           | ade       | Country USA             | 190.00     |               |

|   | MANAGEMEN                               | T INFORMATIC | N                       |             |              |
|---|---|--------------|-------------------------|-------------|--------------|
| Last Name<br>Savin                                | First<br>Scott                          |              | iddle                   | Title       | Suffix       |
| Office Held<br>C.E.O. & General Manager           | License #<br>184061                     |              | Percentage of Ownership |             | р            |
|   | RESIDEN                                 | CE ADDRESS   |                         |             |              |
| Street Address or P.O. Box                        |   |              |                         |             |              |
|   |   |              |                         |             |              |
| 19500 Turnberry Way                               | v. Apt. 27DE                            |              |                         |             |              |
|   | //· · · · · · · · · · · · · · · · · · · | 01.1         |                         |             |              |
| City  |   |              |                         | Zin Code /4 |              |
|   |   | State        |                         | 21p Code (1 | 4 optional)  |
| City Aventura  County (if Florida address) Miami- | D 1                                     | Country      |                         | 33180-2539  | ·4 optional) |



License

Fed Tax #

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

Expires On 06/30/2023

File # 1093

Name SAVIN, SCOTT C

Extended To

License # 184061

Rank SCPL - Slot/Cardroom/Parl-Mutuel Indiv

Entity # 184061

Renewed On 04/14/2020

Address

Lic Status Current

Street # 901

Street BRICKELL BAY BLVD #1408

Line 2

Line 3

City MIAMI

State FL

Zip 33131

Routing

|  | MANAGEN             | MENT INFORM | IATION |               |           |      |
|--|---------------------|-------------|--------|---------------|-----------|------|
| Last Name<br>Havenick                  | First<br>Barbara    |             | Middle | Title         | 8 S       | 1    |
| Office Held<br>President               | License #<br>349848 |             |        | age of Owners | ship      |      |
| Street Address or P.O. 369 Leucadendra | Вох                 | ENCE ADDRE  | SS     |               | 20        | -3   |
| City<br>Coral Gables                   |                     | F           | State  | Zip Code      | (+4 optio | nat) |
| County<br>(if Florida address) Mia     | ami-Dade            | Country     | USA    | 33136         | -         | CA   |

|                               | MANAGE               | MENT INFOR           | MATION |              | 1000              |  |
|-------------------------------|----------------------|----------------------|--------|--------------|-------------------|--|
| Last Name<br>Havenick         | First<br>Isadore     |                      | Middle | Title        | Suffix            |  |
| Office Held<br>Vice President | License #<br>1415366 | License # Percentage |        |              | tage of Ownership |  |
| Street Address or P.O.        | Box                  | ENCE ADDR            | ESS    |              |                   |  |
| 615 Melaleuca L               | ane                  |                      |        |              |                   |  |
| City                          |                      |                      | State  | Zip Code (+4 | l optional)       |  |
| Miami County                  |                      |                      | FI     | 33137        |                   |  |

|   | MANAGEME                          | NT INFORM | ATION  |            | J. Commercial |
|---|-----------------------------------|-----------|--------|------------|---------------|
| Last Name<br>Havenick                     | First<br>Alexander                |           | Middle | Title      | Suffix        |
| Office Held<br>Vice President & Secretary | License # Percentage of Ownership |           |        | nip        |               |
| Street Address or P.O. Box                | RESIDE                            | NCE ADDRE | SS     |            |               |
| 5840 SW 96 Street                         |                                   |           |        |            |               |
| City<br>Miami                             |                                   | FI        | State  | Zip Code ( | +4 optional)  |
| County<br>(if Florida address) Miami-     | -Dade                             | Country   | USA    | 33156      |               |

|   |  | OATH   |   |
|---|--|--|---|
| I swear or affirm that the information on this application Scott Savin  Name (Please Print)   | ormation provided in this application could subject the applicant to communication $\frac{\text{C.O.O.}}{\text{Title (Please Print)}}$ | on is true and complete. Funderstand criminal penalties relating to perjury or Signature | that knowingly providing false other offenses.  12-29-33 Date |
| State of Florida, County of V A M - Sworn to (or affirmed) and si County of V A M - Sworn to (or affirmed) and si County of V A M - Sworn to (or affirmed) and si County of V A M - Notan Public My Commission Expires: | Dade ubscribed before me this 29   | day of   |   |

License

Fed Tax #

Lic Type 1055 - Slot/Cardroom/Parl-Mutuel Indiv Combo

File # 1092

Name HAVENICK, BARBARA J

Expires On 06/30/2023 Extended To

License # 349848

Rank SCPL - Slot/Cardroom/Pari-Mutuel Indiv

Renewed On 05/14/2020

Entity # 349848

Lic Status Current

Address

Street # 401

Street NW 38TH COURT

Line 2

Line 3

City MIAMI

State FL

Zip 33126

Routing

License

Fed Tax#

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

Expires On 06/30/2023

File # 1094

Name HAVENICK, ISADORE H

Extended To

License # 1415366

Rank SCPL - Slot/Cardroom/Pari-Mutuel Indiv

Renewed On 05/14/2020

Entity # 1415366 Lic Status Current

Address

Street # 401

Street NW 38TH COURT

Line 2

Line 3

City MIAMI

State FL

Zip 33126

Routing

License

Fed Tax #

Lic Type 1055 - Slot/Cardroom/Parl-Mutuel Indiv

Expires On 06/30/2023

File # 1095

Name HAVENICK, ALEXANDER H

Extended To

License # 7654515

Rank SCPL - Slot/Cardroom/Pari-Mutuel Indiv

Renewed On 05/13/2020

Entity # 7654515

Lic Status Current

Address

Street # 401

Street NW 38TH COURT

Line 2

Line 3

City MIAMI

State FL

Zip 33126

Routing

# WEST FLAGLER ASSOCIATES LTD. PARTNER LIST

Total distribution-09/15/22

| General | partners |
|---------|----------|
|         |          |

| Southwest Florida Enterprises, Inc.  | 3.00%          |
|--|----------------|
| Hecht Investments, LTD.  | 1.00%          |
| BHH, Inc. (Havenick 2018 Grandchildrens Trust)                                 | 2.00%          |
| ,  |                |
|  | 6.00%          |
| Limited partners   |                |
| Southwest Florida Enterprises, Inc.  | 51.700%        |
| Hecht Investments, LTD.  | 6.991%         |
| Hecht Investments, Inc.  | 8.750%         |
| Southwest Florida Enterprises, Inc.  |                |
| Barbara Havenick Testamentary Trust(Barbara Havenick Trustee UW Isadore Hecht) | 1.750%         |
| Havenick 2018 Grandchildrens' Trust  | 2.250%         |
| Irrevocable Trust dated January 29, 2004                                       | 2.712%         |
| Alan Amdur Revocable Trust   | 5.688%         |
| Marc Amdur Revocable Trust   | 1.333%         |
| Adam Amdur Revocable Trust   | 1.333%         |
| IHA,Inc. (Isabelle Amdur Revocable Trust)                                      | 1.333%         |
| Isabelle Amdur Revocable Trust   | 2.000%         |
|  | 4.759%         |
| SEP S STK TRST GST TR IA Family Trust  | 1.250%         |
| The Isabelle Corporation (Isabelle Amdur)                                      | <u>2.150%</u>  |
|  | <u>94.000%</u> |
|  | 100.00%        |
|  |                |

100.00%

# SOUTHWEST FLORIDA ENTERPRISES, INC OWNERSHIP SCHEDULE

Updated June 2022
Direct

|   | Ownership   |
|---|---|
| Owner's Name  | Percentage of<br>Shares Owned   |
| Trust FBO Barbara Havenick dated 1/29/04 Barbara Havenick Testamentary Trust Havenick 2018 Grandchildren's Trust Isabelle Amdur Residuary Trust Isabelle Amdur Revocable Trust AMA Long Term Trust FBO Alan Amdur AMA Long Term Trust FBO Marc Amdur AMA Long Term Trust FBO Adam Amdur Other Minority Shareholders | 54.21%<br>3.34%<br>24.08%<br>2.36%<br>2.99%<br>3.22%<br>3.22%<br>3.22%<br>3.36% |
|   | 100.00%   |

From:
Julie Noonan <jnoonan@wflagler.com>
Sent:
Thursday, March 2, 2023 11:20 AM
Pouncey, Jamie; Jelks, La'Kesha

Subject: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

Categories: Permitholder App

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Please be advised that Joan Scheiner is no longer a trustee for the FBO Barbara Havenick Dated 1/29/04 or Havenick 2018 Grandchildren's Trust.

She has been replaced with Scott Savin (licensed).

Thank you.

Julie

From:

Julie Noonan <jnoonan@magiccitycasino.com>

Sent:

Monday, February 13, 2023 5:18 PM

To:

Jelks, La'Kesha

Subject:

Re: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

Categories:

Permitholder App

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha,

# She has no interest in the trusts - She simply functions as a Trustee.

# Julie

# Get Outlook for iOS

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Monday, February 13, 2023 1:24 PM

To: Julie Noonan < jnoonan@magiccitycasino.com>

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

Julie,

Does Joan Scheiner have more than 10% interest in the Trust FBO Barbara Havenick Dated 1/29/04 trust or Havenick 2018 Grandchildren's Trust?

Best.

# La'Kesha Jelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

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The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure. LARGER VIEW

From:

Julie Noonan <inoonan@magiccitycasino.com>

Sent:

Friday, February 3, 2023 10:16 AM

To:

Jelks. La'Kesha

Cc:

ssavin@wflagler.com; gferrari@wflagler.com

Subject:

RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha,

The trustees for both Trusts are Barbara Havenick and Joan Scheiner.

Please let me know if you need anything else.

Have a great weekend!

Julie

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, February 3, 2023 9:32 AM

To: Cindy Fra- Naples <cfra@naplesfortmyersdogs.com>; Juan Fra <jfra@magiccitycasino.com>; Julie Noonan

<jnoonan@magiccitycasino.com>

Subject: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

Greetings,

The item(s) listed below require submission and/or correction before the processing of <u>Bonita Springs Poker Room's</u> application can be completed:

- ♣ Specify who the trustees are for Trust FBO Barbara Havenick Dated 1/29/04 54.21%
- Specify who the trustees are for Havenick 2018 Grandchildren's Trust 24.08%

If you have any questions regarding the deficiencies, please contact me at your earliest convenience.

Best,

La'Kesha Gelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

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From:

Julie Noonan < jnoonan@magiccitycasino.com>

Sent:

Friday, February 3, 2023 3:36 PM

To:

Jelks, La'Kesha

Subject:

RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

**Categories:** 

Permitholder App

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha.

I was reading it this way? It seems to me to imply it only relates to trustees who have access to back of house parimutuels operations?

... or to any other person or entity in one of the following categories... Professional occupational licenses: professional persons with access to the backside of a racetrack or players' quarters in jai alai such as... trustees... or any other professional-level person who might have access to...

From: Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, February 3, 2023 2:51 PM

To: Julie Noonan < jnoonan@magiccitycasino.com>

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

As a trustee, she's still required to have a license. However, I will ask our Operations and OCG departments.

From: Julie Noonan [mailto:jnoonan@magiccitycasino.com]

Sent: Friday, February 3, 2023 12:32 PM

To: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha,

Joan doesn't have access to any of those indicated areas.

Julie

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, February 3, 2023 12:07 PM

To: Julie Noonan < jnoonan@magiccitycasino.com>

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

#### I believe Joan needs a license to be a trustee of a trust...

**550.1052.** (2)(a) The following licenses shall be issued to persons or entities with access to the backside, racing animals, jai alai players' room, jockeys' room, drivers' room, totalisator room, the mutuels, or money room, or to persons who, by virtue of the position they hold, might be granted access to these areas or to any other person or entity in one of the following categories and with fees not to exceed the following amounts for any 12-month period:

- 1. Business licenses: any business such as a vendor, contractual concessionaire, business owning racing animals, trust or estate, totalisator company, stable name, or other fictitious name: \$50.
- 2. Professional occupational licenses: professional persons with access to the backside of a racetrack or players' quarters in jai alai such as trainers, officials, veterinarians, doctors, nurses, EMT's, jockeys and apprentices, drivers, jai alai players, owners, trustees, or any management or officer or director or shareholder or any other professional-level person who might have access to the jockeys' room, the drivers' room, the backside, racing animals, or managers or supervisors requiring access to mutuels machines, the money room, or totalisator equipment: \$40.

From: Julie Noonan [mailto:jnoonan@magiccitycasino.com]

Sent: Friday, February 3, 2023 11:39 AM

To: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Subject: Re: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha I don't believe she does.

#### Get Outlook for iOS

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, February 3, 2023 10:45 AM

To: Julie Noonan < inoonan@magiccitycasino.com>

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

Before I take this back to Jamie, does Joan have a PMW license?

From: Julie Noonan [mailto:jnoonan@magiccitycasino.com]

Sent: Friday, February 3, 2023 10:16 AM

**To:** Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov> **Cc:** ssavin@wflagler.com; gferrari@wflagler.com

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha,

The trustees for both Trusts are Barbara Havenick and Joan Scheiner.

Please let me know if you need anything else.

Have a great weekend!

Julie

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, February 3, 2023 9:32 AM

To: Cindy Fra- Naples < cfra@naplesfortmyersdogs.com >; Juan Fra < ifra@magiccitycasino.com >; Julie Noonan

<inoonan@magiccitycasino.com>

Subject: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

Greetings,

The item(s) listed below require submission and/or correction before the processing of <u>Bonita Springs Poker Room's</u> application can be completed:

Specify who the trustees are for Trust FBO Barbara Havenick Dated 1/29/04 54.21% Specify who the trustees are for Havenick 2018 Grandchildren's Trust 24.08%

If you have any questions regarding the deficiencies, please contact me at your earliest convenience.

Best,

La'Kesha Gelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

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From:

Julie Noonan <jnoonan@wflagler.com>

Sent:

Thursday, January 26, 2023 2:06 PM

To: Cc: Jelks, La'Kesha; I Zamora; Juan Fra; Scott Gloria Ferrari

Subject:

Re: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

Attachments:

WFA Clerk of Courts.pdf

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha,

Attached is the certificate we included in the application.

We definitely intend to accept wagers. We will continue to Simulcast.

Can you please confirm if this email will suffice to resolve the discrepancies? Or let me know if you need anything else.

Thanks very much!

Julie

From: Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov>

Sent: Thursday, January 26, 2023 2:00 PM

To: | Zamora <izamora@magiccitycasino.com>; Juan Fra <jfra@magiccitycasino.com>; Julie Noonan

<jnoonan@wflagler.com>; Scott <ssavin@magiccitycasino.com>

Subject: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

## Greetings,

The items listed below requires submission and/or correction before the processing of <u>West Flagler Associates</u>, <u>Ltd. (GHND155)'s</u> application can be completed:

- Clerk Certificate (proof that the permitholder continues to possess the qualifications prescribed, and that the permit has not been disapproved at a later election, pursuant to Florida Statute Section 550.01215(2)
- Does the permitholder intend to accept wagers on intertrack or simulcast events, pursuant to Florida Statute 550.01215(1)(a)1.

If you have any questions regarding the deficiencies, please contact me at your earliest convenience.

Best,

# La'Kesha Gelks



La'Kesha Jelks
Operations Review Specialist
[FGCC.FL.GOV]Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

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# Certificate CLERK OF THE CIRCUIT COURT

as Clerk of

# The Board of County Commissioners

I, HARVEY RUVIN, being the Clerk of the Circuit Court in and for Miami-Dade County, Florida, and as such being Clerk of the Board of County Commissioners of said County, do hereby certify that there has been no election in said County resulting in a recall of the para-mutual permit now held by *West Flagler Associates*, *Ltd.*, since the date of its issuance.

WITNESS my Hand and Official Seal as Clerk aforesaid this 1st day of December, A.D. 2022.

(OF CALSE)



( )

Deputy Clerk, Clerk of the Board

# **CONTINUATION CERTIFICATE**

The NGM Insurance Company (hereinafter called the Surety) hereby continues in force its Bond No. in the sum of Fifty Thousand Dollars and 00/100 (\$50,000.00) Dollars, on behalf of WEST FLAGLER ASSOCIATES, LTD. in favor of GOVERNOR OF THE STATE OF FLORIDA subject to all the conditions and terms thereof through 19th Day of December, 2023 at location of risk.

This Continuation is executed upon the express condition that the Surety's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

IN WITNESS WHEREOF, the Surety has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its corporate seal to be hereto affixed this 13th Day of October, 2022.

NGM Insurance Company

Surety

BY:

John W. Charlton Attorney-in-Fact

2023 JAN - 3 PM 2: 0



#### POWER OF ATTORNEY

06-03082191

KNOW ALL MEN BY THESE PRESENTS: That NGM Insurance Company, a Florida corporation having its principal office in the City of Jacksonville, State of Florida, pursuant to Article IV, Section 2 of the By-Laws of said Company, to wit:

"Article IV, Section 2. The board of directors, the president, any vice president, secretary, or the treasurer shall have the power and authority to appoint attorneys-in-fact and to authorize them to execute on behalf of the company and affix the seal of the company thereto, bonds, recognizances, contracts of indemnity or writings obligatory in the nature of a bond, recognizance or conditional undertaking and to remove any such attorneys-in-fact at any time and revoke the power and authority given to them."

does hereby make, constitute and appoint D W Matson III, John W Charlton -

its true and lawful Attorneys-in-fact, to make, execute, seal and deliver for and on its behalf, and as its act and deed, bonds, undertakings, recognizances, contracts of indemnity, or other writings obligatory in nature of a bond subject to the following limitation:

1. No one bond to exceed Ten Million Dollars (\$10,000,000.00)

and to bind NGM Insurance Company thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of NGM Insurance Company; the acts of said Attorney are hereby ratified and confirmed.

This power of attorney is signed and sealed by facsimile under and by the authority of the following resolution adopted by the Directors of NGM Insurance Company at a meeting duly called and held on the 2nd day of December 1977.

Voted: That the signature of any officer authorized by the By-Laws and the company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof; such signature and seal, when so used being hereby adopted by the company as the original signature of such office and the original seal of the company, to be valid and binding upon the company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, NGM Insurance Company has caused these presents to be signed by its Vice President, General Counsel and Secretary and its corporate seal to be hereto affixed this 7th day of January, 2020.

NGM INSURANCE COMPANY By:

Kimbuly K. Law
Kimberly K. Law

Vice President,

General Counsel and Secretary

State of Florida, County of Duval.

On this 7th day of January, 2020, before the subscriber a Notary Public of State of Florida in and for the County of Duval duly commissioned and qualified, came Kimberly K. Law of NGM Insurance Company, to me personally known to be the officer described herein, and who executed the preceding instrument, and she acknowledged the execution of same, and being by me fully sworn, deposed and said that she is an officer of said Company, aforesaid: that the seal affixed to the preceding instrument is the corporate seal of said Company, and the said corporate seal and her signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Company; that Article IV, Section 2 of the By-Laws of said Company is now in force.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Jacksonville, Florida this 7th day of January,

2020.

Notary Public State of Findes
Like K Pernton
By Commission GG 928597
Expires 12/17/20/2

I, Nancy Giordano-Ramos, Vice President of NGM Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by said Company which is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company at Jacksonville, Florida this

13th day of October, 2022

WARNING: Any unauthorized reproduction or alteration of this document is prohibited.

TO CONFIRM VALIDITY of the attached bond please call 1-800-225-5646.

TO SUBMIT A CLAIM: Send all correspondence to 55 West Street, Keene, NH 03431 Attn: Bond Claims-



#### DBPR PMW-3080 - Permitholder Calendar



# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION OF PARI-MUTUEL WAGERING www.myfloridalicense.com

|      | PERMITHOLDER INFORMATION  | ON       |     |  |
|------|---|----------|-----|--|
| Name | West Flagler Associates, Ltd. dba Magic City Casino (Cardroom Calendar) | Permit # | 155 |  |

#### INSTRUCTIONS

Submit this form in conjunction with the form DBPR PMW-3060 – Permitholder Application for License and Operating Dates.

Please do not overlook the cardroom section and the required application oath on page 4.

Please fill in appropriate year, and date below and on the following pages. Using the letter code below, write the type of performance in each box. Fill in the total number of performances for each month.

#### **LETTER CODES**

M = Matinee

E = Evening

C = Charity

S = Scholarship

Example

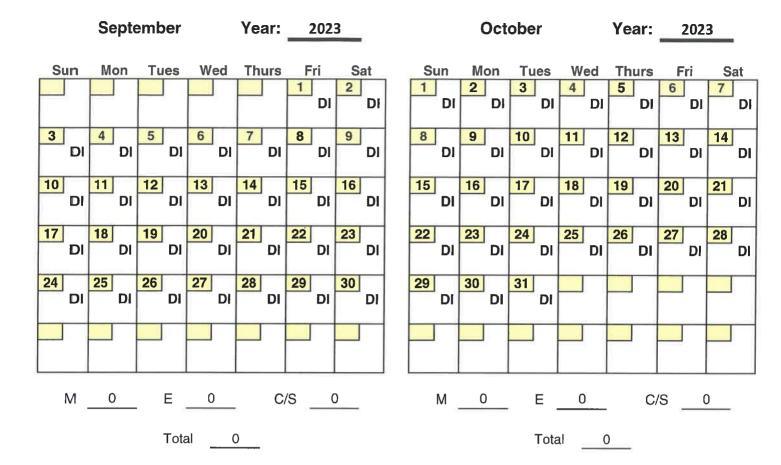
| 1 | 2 | 3  | 4  | 5  | 6  | 7  |
|---|---|----|----|----|----|----|
|   |   | M  | M  | S  | C  | C  |
|   | E | E  |    | M  | E  | E  |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|   | M |    |    |    |    |    |
|   |   |    |    |    |    |    |

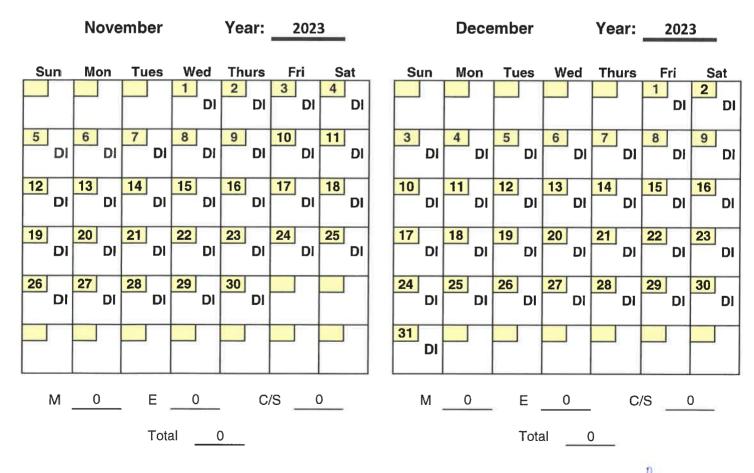
|    |    |    | Jı         | uly  |      |    |    | Ye | ar: |    | 202  | 3  |    |    |    |    | Auç | gus | t    |    |    | Yea | ar: |     | 2023   | 3  |    |
|----|----|----|------------|------|------|----|----|----|-----|----|------|----|----|----|----|----|-----|-----|------|----|----|-----|-----|-----|--------|----|----|
| Sı | ın | М  | on         | - Tu | ies  | W  | ed | Th | urs | F  | ri 💂 | S  | at | Sı | un | M  | on  | Tu  | ies  | W  | eđ | The | urs | F   | ri     | S  | at |
|    |    |    |            |      |      |    |    |    |     |    |      | 1  | DI |    |    |    |     | 1   | DI   | 2  | DI | 3   | DI  | 4   | DI     | 5  | DI |
| 2  |    | 3  |            | 4    |      | 5  |    | 6  |     | 7  |      | 8  |    | 6  |    | 7  |     | 8   |      | 9  |    | 10  |     | 11  |        | 12 |    |
|    | Di |    | Di         |      | DI   |    | DI |    | DI  |    | Di   |    | DI |    | DI |    | DI  |     | DI   |    | DI |     | DI  |     | DI     |    | DI |
| 9  |    | 10 | (1)        | 11   |      | 12 |    | 13 |     | 14 |      | 15 |    | 13 |    | 14 |     | 15  |      | 16 |    | 17  |     | 18  |        | 19 |    |
|    | DI |    | DI         |      | DI   |    | DI |    | DI  |    | DI   |    | DI |    | DI |    | DI  |     | DI   |    | DI |     | DI  |     | DI     |    | DI |
| 16 |    | 17 | <b>D</b> 1 | 18   |      | 19 | ы  | 20 | Б.  | 21 | Di   | 22 |    | 20 | Б. | 21 |     | 22  |      | 23 |    | 24  |     | 25  |        | 26 |    |
|    | DI |    | DI         |      | DI   |    | DI |    | DI  |    | Di   | _  | DI |    | DI |    | Di  |     | DI   |    | DI |     | DI  |     | DI     |    | Di |
| 23 |    | 24 |            | 25   |      | 26 |    | 27 | ĺ   | 28 |      | 29 |    | 27 |    | 28 |     | 29  |      | 30 |    | 31  |     |     | $\neg$ |    |    |
|    | DI |    | DI         |      | DI   |    | Di |    | DI  |    | DI   |    | DI |    | DI |    | DI  |     | DI   |    | DI |     | DI  |     |        |    |    |
| 30 | ь. | 31 | Б.         |      |      |    |    |    |     |    |      |    |    |    |    |    |     |     |      |    |    |     |     |     |        |    |    |
|    | DI |    | DI         |      |      |    |    |    |     |    |      |    |    |    |    |    |     |     |      |    |    |     |     |     |        |    |    |
|    | M  | C  | )          |      | E    | C  | )  |    | C   | /S | (    | )  |    |    | Μ. | C  | )   |     | E,   | C  | )  | 65  | C/  | s _ | 0      | )  |    |
|    |    |    |            |      | Tota | al | (  | )  |     |    |      |    |    |    |    |    |     |     | Tota | al | (  | )   |     |     |        |    |    |

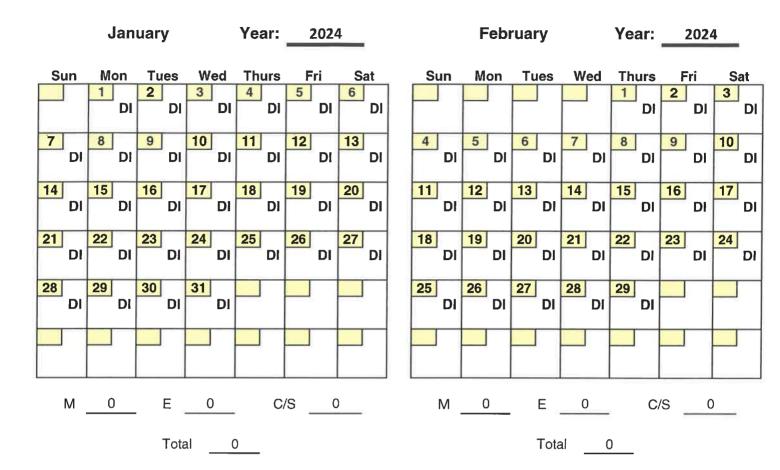
DBPR PMW-3080, Effective 2016 December 13, Rule 61D-4.004, F.A.C.

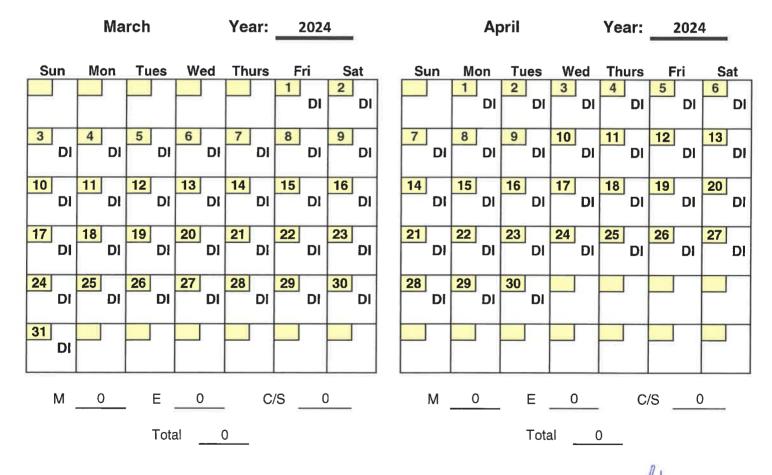
Page 1 of 4

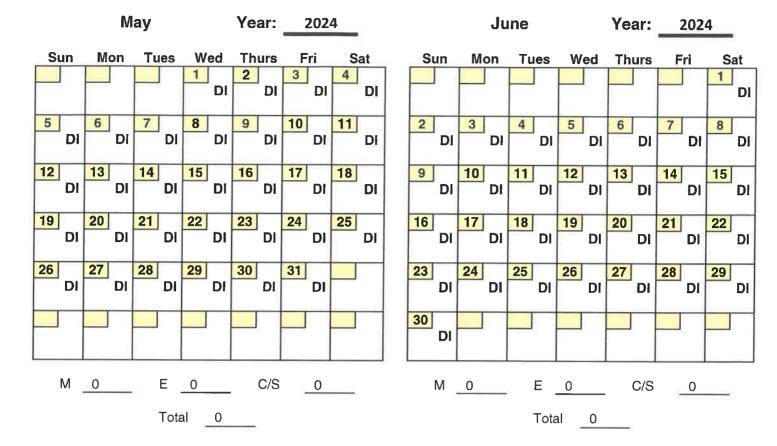
Initials:











|             |        | CAR     | DROOM OPERATORS       | ONLY     |        |          |
|-------------|--------|---------|-----------------------|----------|--------|----------|
|             |        | Hou     | irs of Cardroom Opera | ations   |        |          |
| Sunday      | Monday | Tuesday | Wednesday             | Thursday | Friday | Saturday |
| 10AM        | 10AM   | 10AM    | 10AM                  | 10AM     | 10AM   | 10AM     |
| 2AM         | 2AM    | 2AM     | 2AM                   | 2AM      | 4AM    | 4AM      |
| Year Round? | ✓ Yes  | ☐ No    | If No, Dates:         |          | -      | •        |

| Year Round?  | es No If N   | lo, Dates:  |  |
|--|--|---|--|
|  |  |   |  |
|  |  | OATH A A  |  |
| I swear or affirm that the inform<br>application could subject the ap<br>Scott Savin | nation provided in this application<br>oplicant to criminal penalties relat<br>COO | is true and complete. I understand that knowi   | ngly providing false information on this |
| Name (Please Print)  | Title (Please Print)   | Signature   | Date                                     |
| State of Floridan ami-<br>County of Mami-<br>Sworn to (or affirmed) and subs         | 1 () 2 ()  | y of <u>December</u> , 20 <u>22</u> ,<br>who is <u>personally known to</u> me or produces the   | e following as identification:           |
| Notary Public My Commission Expires:   | rani   | GLORIA FERRARI Notary Public - State of Florida Commission # HH 208729 My Comm. Expires Jan 29, 2026 Screet through National Notary Assn. | PH 2: 01                                 |

# Portal Department of Business & Professional Regulation

#### State of Florida

# Department of Business and Professional Regulation Chronology Report

Case #:

2023004888

Incident date: 01/03/2023

Status: 10 - Initial Review

Lic Type:

1001

Disposition:

Case Type:

Complaint

Responsible: ljelks - JELKS, LA'KESHA

Complainant:

WEST FLAGLER ASSOCIATES, LTD

401 NORTHWEST 38TH COURT, MIAMI, FL 33126

Respondent:

FGCC, PARI-MUTUEL WAGERING

2601 BLAIR STONE ROAD, TALLAHASSEE, FL 32399

Summary:

2023/2024 OPERATING RENEWAL APPLICATION Magic City Casino (GHND155)

Chronology:

| Effective Date | Туре | Lic Type | Code   | Description     | Responsible Party | Respondent |
|----------------|------|----------|--------|-----------------|-------------------|------------|
| 01/26/2023     | R    |          | ljelks | JELKS, LA'KESHA | ljelks            |            |
| 01/26/2023     | S    | 1001     | 10     | Initial Review  | ljelks            |            |

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

License Number: CR155
Permit Type: GHND
Permit County: Miami-Dade

# LICENSE TO OPERATE A CARDROOM

For:

# West Flagler Associates, Ltd.

D/B/A Flagler Dog Track and/or Magic City Casino

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

401 Northwest 38<sup>th</sup> Court Miami, FL 33126 Miami-Dade County

Valid From: <u>July 1, 2023</u> Expires On: <u>June 30, 2024</u> Licensed to Operate: 25 Tables

Issued and dated, this \_\_\_\_\_ day of March, 2023.

Louis Tourston D

Louis Trombetta, 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.

DBPR PMW-3160 – Permitholder Application for Annual License to Operate a Cardroom 2:01



# STATE OF FLORIDA FLORIDA GAMING DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION SSION DIVISION OF PARI-MUTUEL WAGERING

www.myfloridalicense.com

#### INSTRUCTIONS

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

| ORGANIZATIO                                  | N INFO  | RMATION           |  |
|--|---------|-------------------|--|
| Federal Employer ID Numbe                    |         |                   |  |
| Permitholder's Legal Name: West Flagler Asso | ciates, | Ltd. #15          | 55   |
| Doing Business As (D/B/A) Name: Magic City C | asino   |                   |  |
| MAILING                                      |         |                   | - 2 5 N S S S S S S  |
| Seet Address or P.O. Box: PO Box 350940      |         |                   |  |
| PO Box 350940                                |         |                   |  |
| <sup>City:</sup> Miami                       |         | State:FL          | Zip Code (+4 optional):<br>33135-0940  |
| County (if Florida address):<br>Miami-Dade   | Country | <sup>y:</sup> USA |  |
| CONTACT I                                    | NFORM   | ATION             | 15.75 (6.5 70) 10,75   |
| Contact Name: Scott Savin                    |         |                   |  |
| Primary Phone Number: Primary E-Mail A       | ddress: |                   |  |
| PHYSICA                                      | L ADDR  | ESS               | TO THE STATE OF TH |
| Seet Address: 401 NW 38th Court              |         |                   |  |
|  |         |                   |  |
| <sup>©ity:</sup> Miami                       |         | State:<br>FL      | Zip Code (+4 optional):<br>33126   |
| <sup>©ounty:</sup> Miami-Dade                |         |                   |  |

| ADDITIONAL               | CONTACT INFORMATION (OPTIONAL) |  |
|--------------------------|--------------------------------|--|
| Alternate Phone Number   | Fax Number:                    |  |
| Alternate E-Mail Address |                                |  |

| CARDROOM INFORMATION  |
|---|
| Physical Location of Cardroom: Magic City Casino, first floor, northwest side   |
|   |
| What is the maximum number of card tables you intend to operate during the license period?                                  |
| A check or money order made payable to DBPR for the table fees (\$1,000 per table) must be submitted with this application. |
| Name of cardroom manager or cardroom management company:  |
| Cardroom manager or cardroom management company license number: 1506369   |
| Type of participation fee charged to players: Rake - Ante □ Seat Charge □ Both ■  |

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 DBPR 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 garning 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 12-29-22  |

FLORIDA DA PH 22 O

License

Fed Tax #

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

Name ZAMORA, ILIANA IRENE

Expires On 06/30/2025

File # 1344 License # 1506369

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

Extended To

Entity # 1506369

Lic Status Current

Renewed On 04/14/2022

Address

Street # 9220

Street SW 43RD ST

Line 2

Line 3

City MIAMI

State FL

Zip 33165

Routing

# DBPR PMW-3220 – List of Cardroom Business Occupational Licensees Providing Products and Services to a Cardroom





Federal Employer ID Number

# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REQUEATIONA GAMING DIVISION OF PARI-MUTUEL WAGERING CONTROL COMMISSION

www.myfloridalicense.com

# **INSTRUCTIONS**

This form is to be submitted to the division annually in conjunction with Form DBPR PMW-3160. List all of the Cardroom Vendors with which the Cardroom Operator will be conducting business during the next state fiscal year.

CARDROOM OPERATOR

Name: West Flagler Associates, Ltd., dba Magic City Casino

| OCCUPATIONAL LICENSEES WHO P   | ROVIDE PRODUCTS AND              | SERVICES TO CARDROOM            |  |  |
|--------------------------------|----------------------------------|---------------------------------|--|--|
| Name                           | License Number                   | Type of Product or Service      |  |  |
| Shed Capital, Inc.             | 11244547                         | cardroom supplies               |  |  |
| Royal Gaming Products          | 7238779                          | cardroom supplies and furniture |  |  |
| The United States Playing Card | 1512744                          | cardroom supplies               |  |  |
| Scientific Games               | 7805891                          | cardroom supplies               |  |  |
| OCCUPATIONAL LICENSEES WHO N   | O LONGER PROVIDE PRO<br>CARDROOM | DUCTS AND SERVICES TO           |  |  |
| Name                           | License Number                   | Type of Product or Service      |  |  |
|                                |                                  |                                 |  |  |
|                                |                                  |                                 |  |  |
|                                |                                  |                                 |  |  |
|                                |                                  |                                 |  |  |
|                                |                                  |                                 |  |  |

| agree to ablde by and obey all rules and regulations of the Division of Pari-Mutuel Wagering and the State of Florida. | e laws o |
|--|----------|
| Signature of Applicant or Applicant's Representative   |          |
| Date _ 12 - 29 - 22  |          |

ATTEST STATEMENT

I hereby certify that every statement contained herein is true and correct and that understand any misstatement or omission in this application may result in denial or revocation of my pari-mutuel license.

License

Fed Tax #

Lic Type 1010 - Cardroom Business Occupational Expires On 06/30/2025

File # 174

Name SHED CAPITAL INC

Extended To

Rank CBUS - Cardroom Business Occupational

License # 11244547

Renewed On 09/27/2022

Entity # 11244547

Lic Status Current

Address

Street # 2

Street CRANBERRY RD

Line 2 UNIT B5

Line 3

City PARSIPPANY

State NJ

Zip 07054

Routing

License

Fed Tax #

Lic Type 1010 - Cardroom Business Occupational

Expires On 06/30/2023

File # 59

Name BUNNIE STRAUB INC

Extended To

License # 7238779

Rank CBUS - Cardroom Business Occupational

Renewed On 05/22/2020

Entity # 7238779 Lic Status Current

**Address** 

Street #

Street PO BOX 207

Line 2

Line 3

City BOCA RATON

State FL

Zip 33429

Routing

**DBA Name** 

DBA ROYAL GAMING PRODUCTS

License

Fed Tax #

Lic Type 1010 - Cardroom Business Occupational

Expires On 06/30/2024

File # 12

Name THE UNITED STATES PLAYING CARD COMPANY

Extended To

License # 1512744

Rank CBUS - Cardroom Business Occupational

Renewed On 07/02/2021

Entity # 1512744

Lic Status Current

Address

Street # 300

Street GAP WAY

Line 2 Line 3

City ERLANGER

State KY

Zip 41018

Routing

License

Fed Tax #

Lic Type 1050 - Slot Machine Business

Expires On 06/30/2024

File#9

Name SG GAMING INC

Extended To

License # 7805891

Rank SBUS - Slot Machine Bus Occupational License

Entity # 7805891

Renewed On 06/22/2012

Address

Street # 6601

Street SOUTH BERMUDA ROAD

Line 2

Line 3

City LAS VEGAS

State NV

Zip 89119

Routing

Lic Status Current

DBA Name

DBA SCIENTIFIC GAMES

# DBPR PMW-3220 – List of Cardroom Business Occupational Licensees Providing Products and VED Services to a Cardroom

2023 JAN -3 PM 2: 01



Federal Employer ID Number

# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGUERITO NAMING DIVISION OF PARI-MUTUEL WAGERING COMMISSION

www.myfloridalicense.com

# INSTRUCTIONS

This form is to be submitted to the division annually in conjunction with Form DBPR PMW-3160. List all of the Cardroom Vendors with which the Cardroom Operator will be conducting business during the next state fiscal year.

**CARDROOM OPERATOR** 

Name: West Flagler Associates, Ltd. dba Magic City Casino

| OCCUPATIONAL LICENSEES WHO PI | ROVIDE PRODUCTS AND S             | SERVICES TO CARDROOM       |
|-------------------------------|-----------------------------------|----------------------------|
| Name                          | License Number                    | Type of Product or Service |
| AGS, LLC                      | 8281949                           | cardroom supplies          |
| Leamark, Inc.                 | 9766943                           | cardroom supplies          |
| Galaxy Gaming, Inc.           | 11507733                          | cardroom supplies          |
| Nevada Gaming Chip            | 12001243                          | cardroom supplies          |
| OCCUPATIONAL LICENSEES WHO NO | O LONGER PROVIDE PROI<br>CARDROOM | DUCTS AND SERVICES TO      |
| Name                          | License Number                    | Type of Product or Service |
|                               |                                   |                            |
|                               |                                   |                            |
|                               |                                   |                            |
|                               |                                   |                            |
|                               |                                   |                            |

| I | the State of Florida.                                |        |
|---|--|--------|
|   | Signature of Applicant or Applicant's Representative | West . |
|   | Date_ 729-22   |        |

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

License

Fed Tax #

Lic Type 1058 - Slot Combo Business

Expires On 06/30/2023

File # 45

Name AGS, LLC

Extended To

License # 8281949

Rank SCBL - Slot Combo Business License

Renewed On 06/08/2020

Entity # 8281949

Lic Status Current

Address

Street # 5475

Street SOUTH DECATUR BLVD SUITE 100

Line 2

Line 3

City LAS VEGAS

State NV

Zip 89118

Routing

License

Fed Tax #

Lic Type 1010 - Cardroom Business Occupational

Expires On 06/30/2023

File # 124

124 Name LEAMARK INC.

Extended To

License # 9766943

Rank CBUS - Cardroom Business Occupational

Renewed On 08/07/2020

Entity # 9766943 Lic Status Current

Address

Street # 689

Street OLD CLINTON RD

Line 2

Line 3

City WESTBROOK

State CT

Zip 06498

Routing

License

Fed Tax #

Lic Type 1050 - Slot Machine Business

Expires On 06/30/2023

File # 273

Name GALAXY GAMING INC

Extended To

License # 11507733

Rank License SBUS - Slot Machine Bus Occupational

Renewed On

Entity # 11507733

Lic Status Current

Address

Street # 6767

Street SPENCER STREET

Line 2 C/O COMPLIANCE

Line 3

City LAS VEGAS

State NV

Zip 89119

Routing

License

Fed Tax #

Lic Type 1010 - Cardroom Business Occupational Expires On 06/30/2024

File # 205

Name **NEVADA GAMING CHIP** 

Extended To

License # 12001243

Rank CBUS - Cardroom Business Occupational

Entity # 12001243

Lic Status Current

Renewed On 12/28/2021

Address

Street # 1916

Street EAST CHARLESTON BLVD

Line 2

Line 3

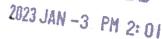
City LAS VEGAS

State NV

Zip 89104

Routing

# DBPR PMW-3220 -- List of Cardroom Business Occupational Licensees Providing Products and





Federal Employer ID Number

# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REQULATION MING DIVISION OF PARI-MUTUEL WAGERING TROL COMMISSION

www.mvfloridalicense.com

# INSTRUCTIONS

This form is to be submitted to the division annually in conjunction with Form DBPR PMW-3160. List all of the Cardroom Vendors with which the Cardroom Operator will be conducting business during the next state fiscal year.

**CARDROOM OPERATOR** 

Name: West Flagler Associates, Ltd., dba Magic City Casino

| OCCUPATIONAL LICENSEES WHO P  | ROVIDE PRODUCTS AND S             | SERVICES TO CARDROOM       |
|-------------------------------|-----------------------------------|----------------------------|
| Name                          | License Number                    | Type of Product or Service |
| Michael K Peters              | 7525521                           | cardroom supplies          |
| U Wear, Inc.                  | 10549151                          | cardroom supplies          |
|                               |                                   |                            |
|                               |                                   |                            |
| OCCUPATIONAL LICENSEES WHO NO | O LONGER PROVIDE PROI<br>CARDROOM | OUCTS AND SERVICES TO      |
| Name                          | License Number                    | Type of Product or Service |
|                               |                                   |                            |
|                               |                                   |                            |
|                               |                                   |                            |
|                               |                                   |                            |
|                               |                                   |                            |
|                               |                                   |                            |

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 Parj-Mutue/Wagering and the laws of

Signature of Applicant or Applicant's Representative \_\_\_\_

the State of Florida.

License

Fed Tax #

Lic Type 1010 - Cardroom Business Occupational

Expires On 06/30/2023

File # 73

Name MICHAEL K PETERS

Extended To

License # 7525521

Rank CBUS - Cardroom Business Occupational

Entity # 7525521

Renewed On 07/15/2020

Address

Street # 64

Street SE SAILFISH LANE

Lic Status Current

Line 2

Line 3

City STUART

State FL

Zip 34996

Routing

License

Fed Tax #

Lic Type 1010 - Cardroom Business Occupational

Expires On 06/30/2023

File # 150

Name U WEAR, INC.

Extended To

License # 10549151

Rank CBUS - Cardroom Business Occupational

Entity # 10549151

Lic Status Current

Renewed On 07/29/2020

Address

Street # 3320

Street LEONIS BOULEVARD

Line 2

Line 3

City VERNON

State CA

Zip 90058

Routing

 Date
 Invoicé Number
 Comment
 Amount
 Discount Amoun
 Net Amount

 12/26/2022
 12262022
 Poker Tables Fee
 25,000.00
 0.00
 25,000.00

RECEIVED 2023 JAN -3 PM 2: 01

FLORIDA GAMING CONTROL COMMISSION

Check: 029698

12/26/2022

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGILIATION

Check Total:

25,000.00

WEST FLAGLER ASSOCIATES LTD.

P.O. BOX 350940 MIAMI, FL 33135-0940 029698

\*TWENTY-FIVE THOUSAND AND XX / 100

12/26/2022

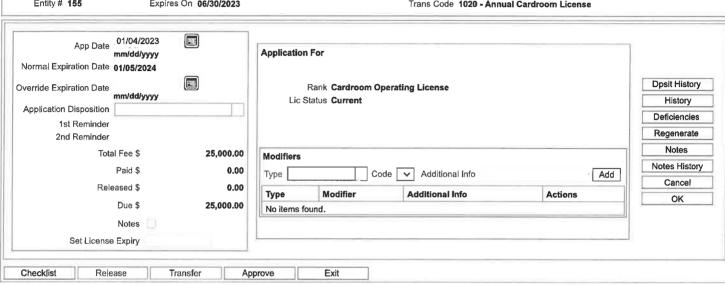
\*\*\*\*\*\*\*25,000.00\*

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATI Division Pari-Mutuel Wagering 2601 BLAIR STONE ROAD Tallahassee, FL 32399-1035



# VR Home > Application Search > Transaction Check List > Transaction Header

Fed Tax # Name WEST FLAGLER ASSOCIATES, LTD Lic Type 1002 - Cardroom License
File # 38 Rank Cardroom Operating License App # 2185 Trans Class I - Initial
License # 155 Lic Status Current Status Open Sec Class S - Standard
Entity # 155 Expires On 06/30/2023 Trans Code 1020 - Annual Cardroom License



▲ Get Adobe Reader.

# State of Florida



# Department of Business and Professional Regulation Cash Listing Report

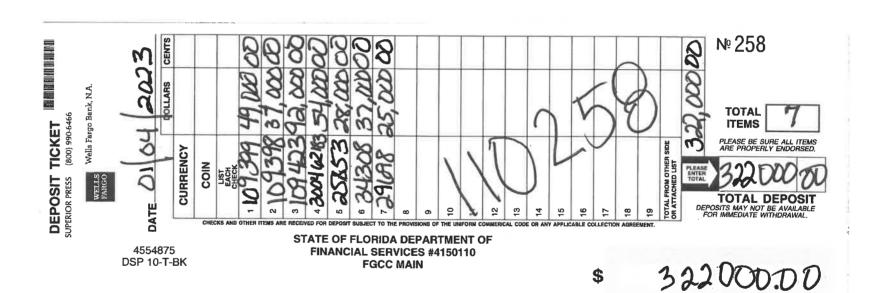
Client: 100 - Division of Pari-Mutuel Wagering

Origin: TLH Centra Fiscal Year: 2022

 Batch #:
 22013436
 Total \$ Entered:
 \$ 322,000.00
 Deposit #:
 110258
 Deposit Date:
 2023-01-04

 # Receipt:
 7
 Receipts Entered:
 7
 Total:
 \$ 322,000.00
 Status:
 Deposited

| Receipt # | DLN | Received     | Disp   | Pmt       | Note Unassigne | d Prof | Remitted By / Beneficiary                       | File # | License # | Assigned                |
|-----------|-----|--------------|--------|-----------|----------------|--------|---|--------|-----------|-------------------------|
| 220098741 |     | \$ 49,000.00 | DEP    | СНК       | \$ 0.          | 10     |   |        |           |                         |
|           |     |              |        |           |                | 1002   | BESTBET ST. AUGUSTINE, INC.                     | 41     | 157       | \$ 0.00                 |
|           |     |              |        |           |                |        | JACKSONVILLE<br>GREYHOUND RACING, INC.          |        |           | \$ 49,000.00            |
| 220098751 |     | \$ 37,000.00 | DEP    | CHK       | \$ 0.          | 10     |   |        |           |                         |
|           |     |              |        |           |                | 1002   | BESTBET ORANGE PARK<br>KENNEL, INC.             | 49     | 148       | \$ 0.00                 |
|           |     |              |        |           |                |        | JACKSONVILLE<br>GREYHOUND RACING, INC.          |        |           | \$ 37,000.00            |
| 220098758 |     | \$ 92,000.00 | DEP    | CHK       | \$ 0.          | 0      |   |        |           |                         |
|           |     |              |        |           |                | 1002   | BESTBET JACKSONVILLE, INC.                      | 55     | 145       | \$ 0.00                 |
|           |     |              |        |           |                |        | JACKSONVILLE<br>GREYHOUND RACING, INC.          |        |           | \$ 92,000.00            |
| 220098765 |     | \$ 54,000.00 | DEP    | CHK       | \$ 0.          | 0      |   |        |           |                         |
|           |     |              |        |           |                | 1002   | PPI, INC.<br>CAESARS ENTERPRISE<br>SERVICES LLC | 39     | 430       | \$ 0.00<br>\$ 54,000.00 |
| 220098773 |     | \$ 28,000.00 | DEP    | CHK       | \$ 0.          | 0      | -   |        |           |                         |
|           |     |              |        |           |                | 1002   | SOUTH FLORIDA RACING ASSOCIATION, LLC           | 59     | 544       | \$ 28,000.00            |
| 220098775 |     | \$ 37,000.00 | DEP    | CHK       | \$ 0.          | 0      |   |        |           |                         |
|           |     |              |        |           |                | 1002   | BONITA-FORT MYERS<br>CORPORATION                | 28     | 142       | \$ 0.00                 |
|           |     |              |        |           |                |        | SOUTHWEST FLORIDA ENTERPRISES, INC.             |        |           | \$ 37,000.00            |
| 220098781 |     | \$ 25,000.00 | DEP    | CHK       | \$ 0.          | 0      |   |        |           |                         |
|           |     |              |        |           |                | 1002   | WEST FLAGLER<br>ASSOCIATES, LTD                 | 38     | 155       | \$ 25,000.00            |
| Total:    |     |              | \$ 322 | ,000.000, | \$ 0.0         | 0      |   |        |           | \$ 322,000.00           |
|           |     |              |        |           |                |        |   |        |           |                         |





# The following games are offered:

# \$2 - 4 Limit Texas Hold'em

Small Blind \$1 Big Blind \$2

4 Total Betting rounds: pre-flop, flop, turn and river Betting limits \$2 pre-flop and flop \$4 turn and river 3 Raise maximum per betting round

# \$3 - 6 Limit Texas Hold'em

Small Blind \$1 Big Blind \$3

4 Total Betting rounds: pre-flop, flop, turn and river Betting limits \$3 pre-flop and flop \$6 turn and river 3 Raise maximum per betting round

# \$5 – 10 Limit Texas Hold'em

Small Blind \$2 Big Blind \$5

4 Total Betting rounds: pre-flop, flop, turn and river Betting limits \$5 pre-flop and flop \$10 turn and river 3 Raise maximum per betting round

# \$1 - 2 No Limit Texas Hold'em

Small Blind \$1 Big Blind \$2

4 Total Betting rounds: pre-flop, flop, turn and river \$2 minimum bet and no maximum for all rounds

# \$2 - 5 No Limit Texas Hold'em

Small Blind \$2 Big Blind \$5

4 Total Betting rounds: pre-flop, flop, turn and river \$5 minimum bet and no maximum for all rounds

# \$5 – 5 No Limit Texas Hold'em

Small Blind \$5 Big Blind \$5

4 Total Betting rounds: pre-flop, flop, turn and river \$5 minimum bet and no maximum for all rounds

# \$10 – 20 No Limit Texas Hold'em

Small Blind \$10 Big Blind \$20

4 Total Betting rounds: pre-flop, flop, turn and river \$20 minimum bet and no maximum for all rounds

# \$1 - \$5 Spread Limit Seven Card Stud

5 Betting rounds: after 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> & 7<sup>th</sup> cards are dealt Betting limits: Player may bet any amount between \$1 and \$5 on all rounds

# \$4 -8 Omaha -Hi Lo

Small Blind \$2 Big Blind \$4

4 Total Betting rounds: pre-flop, flop, turn and river Betting limits \$4 pre-flop and flop \$8 turn and river 3 Raise maximum per betting round

# \$1 -2 Pot Limit Omaha (High Only)

Small Blind \$1 Big Blind \$2

4 Total Betting rounds: pre-flop, flop, turn and river \$2 minimum bet and pot limit maximum for all rounds

# \$5 -10 Pot Limit Omaha (High Only)

Small Blind \$2 Big Blind \$5

4 Total Betting rounds: pre-flop, flop, turn and river \$10 minimum bet and pot limit maximum for all rounds

# **Three Card Poker**

Minimum bet \$5 Maximum bet \$500

# **Ultimate Texas Hold'em**

Minimum bet \$5 Maximum bet \$300

Pineapple
Limits TBD
Crazy Pineapple
Limits TBD

# **High Card Flush**

Minimum bet \$5 Maximum bet \$500

# **Face Up Fortune Pai Gow**

Minimum bet \$5 Maximum bet \$500

Big O

Limits TBD

# Jackpot Hold'em

Minimum bet \$5 Maximum bet \$200

# **DJ Wild Poker**

Minimum bet \$5 Maximum bet \$500

# **CALI LOW BALL**

Minimum bet \$5 Maximum bet \$500

# **CHASE THE FLUSH**

Minimum bet \$5 Maximum bet \$500

# **ONE CARD Poker**

Minimum bet \$5 Maximum bet \$500

# **TWO CARD Poker**

Minimum bet \$5 Maximum bet \$500

# **FORTUNE PAI GOW Poker**

Minimum bet \$5 Maximum bet \$500

# State of Florida

# **Department of Business and Professional Regulation Chronology Report**

Case #:

2023004891

Incident date: 01/03/2023

Status: 10 - Initial Review

Lic Type:

1002

Disposition:

Case Type:

Complaint

Responsible: ljelks - JELKS, LA'KESHA

Complainant:

WEST FLAGLER ASSOCIATES, LTD

401 NORTHWEST 38TH COURT, MIAMI, FL 33126

Respondent:

FGCC, PARI-MUTUEL WAGERING

2601 BLAIR STONE ROAD, TALLAHASSEE, FL 32399

Summary:

2023/2024 CARDROOM RENEWAL APPLICATION Magic City Casino (GHND155)

Chronology:

| Effective Date | Туре | Lic Type | Code   | Description     | Responsible Party | Respondent |
|----------------|------|----------|--------|-----------------|-------------------|------------|
| 01/26/2023     | R    |          | ljelks | JELKS, LA'KESHA | ljelks            |            |
| 01/26/2023     | S    | 1002     | 10     | Initial Review  | ljelks            |            |

# 9. Discussion of License Application for Jai Alai Permitholders

#### MEMORANDUM

To: The Florida Gaming Control Commission

From: Division of Pari-Mutuel Wagering

Re: West Flagler Associates, Ltd., d/b/a Magic City Jai Alai, Magic City Poker and

Jai-Alai, Magic City Casino Jai-Alai, and/or Magic City Casino (JLAI283); 2023-

005129: Pari-Mutuel Operating License Renewal

Date: March 8, 2023

# Executive Summary

An existing permitholder submitted an application to renew its pari-mutuel wagering operating license. The Commission can approve this request by way of a conditional final order.

# Background

West Flagler Associates, Ltd., d/b/a Magic City Jai Alai, Magic City Poker and Jai-Alai, Magic City Casino Jai-Alai, and/or Magic City Casino ("Magic City Jai Alai") possesses a valid jai alai permit, numbered 283. Magic City Jai Alai also possesses a pari-mutuel wagering operating license, issued for the 2022-2023 Fiscal Year. For the coming 2023-2024 Fiscal Year, Magic City Jai Alai seeks permission to operate 22 live performances at a leased facility but does not plan on having any card tables.

# Analysis

Every year, each permitholder must apply to renew its licenses.<sup>1</sup> "The commission shall confirm, prior to the issuance of an operating license, that each permitholder has submitted proof with their annual application for a license, in such a form as the commission may require, that the permitholder continues to possess the qualifications prescribed by chapter 550, and that the permit has not been disapproved by voters in an election."<sup>2</sup> A permitholder seeking an operating license must indicate whether it intends to "accept wagers on intertrack or simulcast events."<sup>3</sup> Additionally, while pari-mutuel wagering activity may occur at leased facilities,<sup>4</sup> a permitholder may only lease its facilities to "any other holder of a same class" <sup>5</sup> of permit. Magic City Jai Alai has satisfied these and other requirements<sup>6</sup> for renewed licensure.

<sup>&</sup>lt;sup>1</sup> § 550.01215(1), Fla. Stat.

<sup>&</sup>lt;sup>2</sup> § 16.712(7), Fla. Stat.; see also § 550.01215(2), Fla. Stat.

<sup>&</sup>lt;sup>3</sup> § 550.01215(1)(a)1., Fla. Stat.

<sup>&</sup>lt;sup>4</sup> § 550.054(3)(e), Fla. Stat.

<sup>&</sup>lt;sup>5</sup> § 550.475, Fla. Stat.

<sup>&</sup>lt;sup>6</sup> See, e.g. § 550.01215(1)(d), Fla. Stat. ("[O]ther than a permitholder issued a permit pursuant to s. 550.3345, a parimutuel permitholder may not be issued an operating license for the conduct of parimutuel wagering, slot machine gaming, or the operation of a cardroom if the permitholder did not hold an operating license for the conduct of parimutuel wagering for fiscal year 2020-2021.").

# Recommendation

Given the Commission's ongoing review of Gretna Racing, LLC's acquisition of West Flagler Associates, Ltd.'s pari-mutuel wagering permit, labeled GHND155, and pari-mutuel wagering operating license, and slot machine gaming license, labeled SM155, and cardroom operating license, labeled CR155, and other assets, including jai alai facilities located at 401 NW 38<sup>th</sup> Ct, Miami, FL 33126, the Florida Gaming Control Commission can issue a conditional final order approving West Flagler Associates, Ltd., d/b/a Magic City Jai Alai, Magic City Poker and Jai-Alai, Magic City Casino Jai-Alai, and/or Magic City Casino's request to renew its operating license for Fiscal Year 2023-2024.<sup>7</sup>

<sup>&</sup>lt;sup>7</sup> If the Commission ultimately issues a Final Order approving Gretna Racing, LLC's acquisition of West Flagler Associates, Ltd.'s pari-mutuel wagering permit, labeled GHND155, and pari-mutuel wagering operating license, and slot machine gaming license, labeled SM155, and cardroom operating license, labeled CR155, and other assets, including jai alai facilities located at 401 NW 38th Ct, Miami, FL 33126, the Commission can enter a Final Order approving Magic City Jai Alai's application to renew its pari-mutuel wagering operating license.

STATE OF FLORIDA FLORIDA GAMING CONTROL COMMISSION DIVISION OF PARI-MUTUEL WAGERING License Number: 283
Permit Type: JLAI

Permit County: Miami-Dade

# LICENSE TO CONDUCT PARI-MUTUEL WAGERING

For:

# West Flagler Associates, Ltd.

D/B/A Magic City Jai-Alai, Magic City Poker and Jai-Alai, Magic City Casino Jai-Alai and/or Magic City Casino

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

401 Northwest 38<sup>th</sup> Court Miami, FL 33126 Miami-Dade County

Valid From: <u>July 1, 2023</u> Expires On: June 30, 2024

Permitholder does intend to accept wagers on intertrack or simulcast events.

Issued and dated, this \_\_\_\_\_ day of March, 2023.

3v

Louis Trombetta, Executive Director Florida Gaming Control Commission



This license, and attached schedule of live performances, is issued in accordance with the Florida Pari-Mutuel Wagering Act and the rules promulgated thereunder. This license shall be operated at the location of a pari-mutuel permit and is subject to any and all laws of the State of Florida.

# Magic City Jai Alai 2023/2024 Calendar

(Per License #283) Page 2 of 2

|             |          |              |            |              |      |                |           | (Pe    | r Licens     | e #283 | ) Page 2         | of 2 |                |           |           |               |       |                |      |         |
|-------------|----------|--------------|------------|--------------|------|----------------|-----------|--------|--------------|--------|------------------|------|----------------|-----------|-----------|---------------|-------|----------------|------|---------|
|             |          | Jl           | JLY 20     | 23           |      |                |           |        |              | BUST   |                  |      |                |           |           |               |       | R 2023         |      |         |
| Sun.        | Mon.     | Tues.        | Wed.       | Thurs.       | Fri. | Sat.           | Sun.      | Mon.   | Tues.        | Wed.   | Thurs.           | Fri. | Sat.           | Sun.      | Mon.      | Tues.         | Wed.  | Thurs.         | Fri. | Sat.    |
| 2           | 3        | 4            | 5          | 6            | 7    | 8              | 6         | 7      | 8            | 9      | 10               | 11   | 12             | 3         | 4         | 5             | 6     | 7              | 8    | 9       |
| ĤIJ         |          |              |            |              |      |                |           |        | 15           | 16     | 17               | 18   | 19             | 10        | 11        | 12            | 13    | 14             | 15   | 16      |
| 9           | 10       | 11           | 12         | 13           | 14   | 15             | 13        | 14     | 15           | 10     | 1                |      |                | 100       |           |               |       |                |      |         |
| 16          | 17       | 18           | 19         | 20           | 21   | 22             | 20        | 21     | 22           | 23     | 24               | 25   | 26             | 17        | 18        | 19            | 20    | 21             | 22   | 23      |
| 23          | 24       | 25           | 26         | 27           | 28   | 29             | 27        | 28     | 29           | 30     | 31               |      |                | 24        | 25        | 26            | 27    | 28             | 29   | 30      |
| 30          | 31       |              |            |              |      |                |           |        |              |        |                  |      |                |           |           |               |       |                |      |         |
|             |          |              |            |              |      |                |           |        |              |        |                  |      |                |           |           |               |       |                |      |         |
|             |          | 0<br>Matinee | •          | 0<br>Evening | •    | C/S Perf.      |           |        | Matinee      |        | 0<br>Evening     |      | 0<br>C/S Perf. |           |           | 0<br>Matinee  |       | 0<br>Evening   |      | C/S Per |
|             |          | ОСТ          | OBER       | 2023         |      |                |           |        | NOVE         |        | R 2023           |      |                |           |           |               |       | R 2023         |      |         |
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| 15          | 16       | 17           | 18         | 19           | 20   | 21             | 12        | 13     | 14           | 15     | 16               | 17   | 18             | 10        | 11        | 12            | 13    | 14             | 15   | 16      |
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| 29          | 30       | 31           |            |              |      |                | 26        | 27     | 28           | 29     | 30               |      |                | 24        | 25        | 26            | 27    | 28             | 29   | 30      |
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| 14          | 15       | 16           | 17         | 18           | 19   | 20             | 11        | 12     | 13           | 14     | 15               | 16   | 17             | 10<br>Mat | 11        | 12            | 13    | 14             | 15   | 16      |
| 21          | 22       | 23           | 24         | 25           | 26   | 27             | Mat<br>18 | Mat 19 | Mat<br>20    | 21     | 22               | 23   | 24             | 17        | Mat<br>18 | Mat<br>19     | 20    | 21             | 22   | 23      |
|             |          |              |            |              |      |                | Mat 25    | Mat 26 | Mat<br>27    | 28     | 29               |      |                | Mat 24    | Mat<br>25 | Mat<br>26     | 27    | 28             | 29   | 30      |
| 28          | 29       | 30           | 31         |              |      |                | Mat       | Mat    | Mat          | 20     | LS               |      |                | Mat       | Mat       | Mat           |       | 20             |      |         |
|             |          |              |            |              |      |                |           |        |              |        |                  |      |                | 31<br>Mat |           |               |       |                |      |         |
|             |          | 0<br>Matinee |            | 0<br>Evening |      | 0<br>C/S Perf. |           |        | 9<br>Matinee |        | 0<br>Evening     |      | 0<br>C/S Perf. |           |           | 13<br>Matinee |       | 0<br>Evening   |      | C/S Pe  |
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| 7           | 8        | 9            | 10         | -11          | 12   | 13             | 5         | 6      | 7            | 8      | 9                | 10   | 11             | 2         | 3         | 4             | 5     | 6              | 7    | 8       |
| 14          | 15       | 16           | 17         | 18           | 19   | 20             | 12        | 13     | 14           | 15     | 16               | 17   | 18             | 9         | 10        | 11            | 12    | 13             | 14   | 15      |
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| 21          | 22       | 23           | 24         | 25           | 26   | 27             | 19        | 20     | 21           | 22     | 23               | 24   | 25             | 16        | 17        | 18            | 19    | 20             | 21   |         |
| 28          | 29       | 30           |            |              |      |                | 26        | 27     | 28           | 29     | 30               | 31   |                | 23        | 24        | 25            | 26    | 27             | 28   | 29      |
|             |          |              |            |              |      |                |           |        |              |        |                  |      |                | 30        |           |               |       |                |      |         |
|             |          | 0<br>Matinee |            | 0<br>Evening |      | 0<br>C/S Perf. |           |        | 0<br>Matinee |        | 0<br>Evening     |      | 0<br>C/S Perf. |           |           | 0<br>Matinee  |       | 0<br>Evening   |      | C/S Per |
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# WEST FLAGLER ASSOCIATES, LTD.

RECEIVED 2023 JAN -3 PM 2: 04

P.O. BOX 350940 DMIAMI DFLORIDA 33135-0940 (305) 649-3000

CONTROL COMMISSION

December 29, 2022

Louis Trombetta, Director Division of Pari-Mutuel Wagering Florida Department of Business and Professional Regulation 2601 Blair Stone Road Tallahassee, FL 32399-1027

Re: West Flagler Associates, Ltd.'s (Permit No. 283) Application for 2023/2024 License and

Operating Dates

Director Trombetta:

Please find enclosed West Flagler Associates, Ltd.'s (Permit No. 283) Application for License and Operating Dates for the 2023/2024 year. This Application is being submitted in compliance with section 550.01215(1)(b)1, Florida Statutes, which states:

A greyhound permitholder may not conduct live racing. A jai-alai permitholder, harness horse racing permitholder, or quarter horse racing permitholder may elect not to conduct live racing or games. A thoroughbred permitholder must conduct live racing. A greyhound permitholder, jai alai permitholder, harness horse racing permitholder, or quarter horse racing permitholder that does not conduct live racing or games retains its permit; is a pari-mutuel facility as defined in s. 550.002(23); if such permitholder has been issued a slot machine license, the facility where such permit is located remains an eligible facility as defined in s. 551.102(4), continues to be eligible for a slot machine license pursuant to s. 551.104(3), and is exempt from ss. 551.104(4)(c) and (10) and 551.114(2); is eligible, but not required, to be a guest track and, if the permitholder is a harness horse racing permitholder, to be a host track for purposes of intertrack wagering and simulcasting pursuant to ss. 550.3551, 550.615, 550.625, and 550.6305; and remains eligible for a cardroom license.

Thus, given that West Flagler Associates is a jai-alai permitholder, it has elected to conduct live performances during the 2023/2024 year.

All renewal applications and documentation required to ensure West Flagler Associates can continue conducting these activities are enclosed.

Thank you for your consideration and please let me know if you have any questions or need any additional information.

Sincerely,

Scott Savin COO

Enclosure

# Jelks, La'Kesha

From:

Pouncey, Jamie

Sent:

Wednesday, March 1, 2023 4:32 PM

To:

horozco@magiccitycasino.com; Juan Fra (jfra@magiccitycasino.com); Julie Noonan

(jnoonan@wflagler.com); lsaquicoray@magiccitycasino.com; Scott Savin

(ssavin@magiccitycasino.com)

Cc:

Jelks, La'Kesha

Subject:

Permit 283 - West Flagler Associates, Ltd, d/b/a Magic City Jai Alai

The following item remains deficient and must be resolved before processing of your application can be completed:

Form 3060, Permitholder Application for License and Operating Dates, is completed to identify the
physical location of West Flagler Associates, Ltd. d/b/a Magic City Jai-Alai as 401 Northwest 38<sup>th</sup> Court,
Miami, Florida 33126. However, the Commission is aware that the ownership of the physical location of
Magic City Jai-Alai is changing.

In that regard, please explain how Magic City Jai-Alai intends to conduct live jai-alai performances at 401 Northwest 38<sup>th</sup> Court, Miami, Florida, 33126, during the 2023 fiscal year

If your deficient item is not received by the Division within 3 days from the date of this email, your application may be denied.



# Jamie Pouncey Program Administrator

Florida Gaming Control Commission
Division of Pari-Mutuel Wagering
850.717.1073 Office 850.488.0550 FAX 850.556.7301 Cell

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# Jelks, La'Kesha

From:

Julie Noonan <jnoonan@wflagler.com>

Sent:

Friday, January 27, 2023 1:39 PM

To:

Jelks, La'Kesha; I Zamora; Juan Fra; Scott Savin

Cc:

Gloria Ferrari

Subject:

Re: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Confirming yes we will accept wagers and continue to simulcast for our Jai Alai permits.

## Julie

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, January 27, 2023 1:10 PM

To: Julie Noonan < jnoonan@wflagler.com>; I Zamora < izamora@magiccitycasino.com>; Juan Fra

<jfra@magiccitycasino.com>; Scott <ssavin@magiccitycasino.com>

Cc: Gloria Ferrari <gferrari@wflagler.com>

Subject: RE: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

Greetings,

Does the statement below apply to 280, 283, and 286 (I have to ask, I cannot assume).

"We will continue to Simulcast."

Best,

# La'Kesha Gelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

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La'Kesha Jelks Operations Review Specialist [FGCC.FL.GOV]Florida Gaming Control Commission Pari-Mutuel Wagering

Phone: (850) 717-1095

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# Jelks, La'Kesha

From: Julie Noonan <inoonan@wflagler.com> Sent:

Friday, January 27, 2023 1:39 PM

To:

Jelks, La'Kesha

Subject:

Re: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

oh perfect! Thank you La'Kesha we'll be sure to include it in our future cover letters.

Julie

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, January 27, 2023 1:36 PM To: Julie Noonan < inoonan@wflagler.com>

Subject: RE: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

Julie,

It currently is not on a form. We ask that this information be included in the cover letter to satisfy the statute requirement.

# 550.01215 License application; periods of operation; license fees; bond.—

- (1) Each permitholder shall annually, during the period between December 15 and January 4, file in writing with the commission its application for an operating license for a pari-mutuel facility for the conduct of parimutuel wagering during the next state fiscal year, including intertrack and simulcast race wagering. Each application for live performances must specify the number, dates, and starting times of all live performances that the permitholder intends to conduct. It must also specify which performances will be conducted as charity or scholarship performances.
  - Each application for an operating license also must include:
- For each permitholder, whether the permitholder intends to accept wagers on intertrack or simulcast events.

Best,

La'Kesha Jelks



La'Kesha Jelks Operations Review Specialist Florida Gaming Control Commission Pari-Mutuel Wagering

Phone: (850) 717-1095



La'Kesha Jelks Operations Review Specialist [FGCC.FL.GOV]Florida Gaming Control Commission Pari-Mutuel Wagering

Phone: (850) 717-1095

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From: Julie Noonan [mailto:jnoonan@wflagler.com]

Sent: Thursday, January 26, 2023 2:06 PM

To: Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov>; I Zamora <izamora@magiccitycasino.com>; Juan Fra

<jfra@magiccitycasino.com>; Scott <ssavin@magiccitycasino.com>

Cc: Gloria Ferrari <gferrari@wflagler.com>

Subject: Re: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha,

Attached is the certificate we included in the application.

We definitely intend to accept wagers. We will continue to Simulcast.

Can you please confirm if this email will suffice to resolve the discrepancies? Or let me know if you need anything else.

Thanks very much!

Julie

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Thursday, January 26, 2023 2:00 PM

To: | Zamora < izamora@magiccitycasino.com >; Juan Fra < ifra@magiccitycasino.com >; Julie Noonan

<jnoonan@wflagler.com>; Scott <ssavin@magiccitycasino.com>

Subject: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

Greetings,

# DBPR PMW-3060 - Permitholder Application for License and Operating Dates

RECEIVED



#### 2023 JAN -3 PM 2: 04 STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION **DIVISION OF PARI-MUTUEL WAGERING**

www.mvfloridalicense.com

FLORIDA GAMING CONTROL COMMISSION

# INSTRUCTIONS

This form is to be submitted in conjunction with Form DBPR PMW-3080 - Permitholder Calendar and Form DBPR PMW-3190 - Officers and Directors.

Check the box that designates the purpose of this form filing:

Application for Annual License and Operating Dates

Application for Amendment to Annual License and Operating Dates

| PERMITHOLDER INFORMATION   |                  |                |                                      |  |  |  |  |
|--|------------------|----------------|--------------------------------------|--|--|--|--|
| Permitholder Name Permit West Flagler Associates, Ltd.   | <sup>#</sup> 283 | FEID# or SSN * |                                      |  |  |  |  |
| Doing Business As (D/B/A)<br>Magic City Jai-Alai   |                  | 1              |                                      |  |  |  |  |
| MAILING ADD  | RESS             |                |                                      |  |  |  |  |
| Street Address or P.O. Box<br>PO Box 350940  |                  |                |                                      |  |  |  |  |
| City<br>Miami  |                  | State<br>FL    | Zip Code (+4 optional)<br>33135-0940 |  |  |  |  |
| County<br>(if Florida address) Miami-Dade  | Country U        | ISA            |                                      |  |  |  |  |
| CONTACT INFOR  | RMATION          |                |                                      |  |  |  |  |
| Contact Name   | Title            |                |                                      |  |  |  |  |
| Scott Savin  | C00              |                |                                      |  |  |  |  |
| Primary Phone Number   | Fax Number       |                |                                      |  |  |  |  |
| Primary E-Mail Address   | Cell Phone       | Number         |                                      |  |  |  |  |
| PHYSICAL LOCATION OF PA  | RI-MUTUEL        | FACILITY       |                                      |  |  |  |  |
| Street Address 401 NW 38th Court   |                  |                |                                      |  |  |  |  |
| City<br>Miami  |                  | State<br>FL    | Zip Code (+4 optional)<br>33126      |  |  |  |  |
| If there is a lease agreement to operate live performances at another pari-mutuel facility, the applicant shall attach a copy of the lease agreement containing the following information:  (1) The name of the applicant and the lessor;  (2) The address of the applicant and the lessor;  (3) The type of permit held by both the applicant and the lessor;  (4) The exact location where the applicant is currently permitted to conduct pari-mutuel performances;  (5) The exact location where the lessor is currently permitted to conduct pari-mutuel performances; and  (6) The exact location where the applicant intends to conduct pari-mutuel performances pursuant to the lease agreement. |                  |                |                                      |  |  |  |  |

Page 1 of 2

<sup>\*</sup>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, 654; and Sections 409.2577, 409.2598, and 559.79, Florida Statutes. 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.

| ADDITIONAL  | **********   |
|---|--|
|   | INFORMATION  |
| Since the submission of your last application, has a permit recall/ca   |  |
| Yes \( \text{\text{\$\sigma}} \) No \( \text{\$\mathbb{\text{\$\sigma}} if no, please attach a certificate from the Clerk of permit has not been recalled.  | the Circuit Court or other authorized County Official certifying that the  |
|   | s, or directors; or a change in ownership or location of the pari-mutuel   |
| facility? If changed, state fully. If none, state "No change." Use ac   |  |
| No Change   | antonal pages, it reseases, .  |
|   |  |
| 3-30  | ws of which state? Florida Limited Partnership   |
| Please list all officers and directors of the applicant using Form DBI  |  |
| Please document persons who are the bona fide and beneficial owlunders and Directors. If corporation, list name of corporation and Please list the stockholders of record of the applicant using Form D |  |
| Please list the stockholders of record of the applicant using Form D  | BPR PMVV-5 190 - Officers and Directors.   |
| Please list the stockholders of the applicant who are subject to a vo<br>beneficial owner using Form DBPR PMW-3190 – Officers and Direct  |  |
|   | Directors ever been convicted of or had adjudication withheld for any  |
| crime, or pled guilty or nolo contendere to any criminal charges (oth   | ner than minor traffic violations) in any state or county? Yes 🗆 No 🔳  |
| If yes, list the individual(s) name, license number and title:  |  |
|   |  |
|   |  |
|   |  |
| OPERATING SEA   | SON INFORMATION  |
| The applicant desires to conduct a racing/jai alai meet for the 20 <sup>23</sup>  | - 20 <sup>24</sup> season during the following   |
| period(s). Please follow instructions on calendars attached to permi  |  |
| Opening Date(s):  |  |
| July 1, 2023  | June 30, 2024  |
| Number of Dark Days:  | Number of Live Days:   |
| Training 5. 2 a 2 a., 5.  | Number of Live Days:   |
| Performances  | prints of the second of the se |
| Number of Evening Performances  |  |
| Number of Matinee Performances 22   |  |
| Number of Charity/Scholarship Performances  Total Number of Performances  22  |  |
| Total Number of Performances  | Si e   |
| Number of races/games during evening performances:  | Number of races/games during matinee performances 8 to 10  |
|   |  |
| Starting time:  | Starting time:   |
| For greyhound tracks only:  | Indian and Var D. Ma D.  |
| Do you intend to hold an additional charity day for the greyhound at<br>If yes, please indicate the date when the "Greyhound Adopt-a-Pet D  |  |
| If yes, please indicate the date when the Oreyhodild Adopt-a-i of L   | will be field.   |
|   |  |
|   | ATH A  |
| 0   | АІП  |
| I swear or affirm that the information provided in this application is to   | rue and complete. Lunderstand that knowingly providing false   |
| information on this application could subject the applicant to crimina  |  |
| Scott Savin C.O.O.  | 12-29-22   |
| Name (Please Print)  Title (Please Print)   | Signature Date   |
| Maine (Flease Filit)  | Signature Date   |
| State of Florida,   |  |
| State of Florida, County of Midale  | N = 12 = 32  |
| Sworn to (or affirmed) and subscribed before me this 2 day of   | December, 20 dg  |
| Scott Savin , who   | is personally known to me or produced the following as identification:   |
|   | to personally this are the or produced the remaining are real-   |
| Ala   | GLORIA FERRARI   |
| Mung Junens   | Notary Public - State of Florida   |
| Notary Public   | Commission # HH 208729 My Comm. Expires Jan 29, 2026   |
| My Commission Expires:  | Bonded through National Notary Assn.   |



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# Fictitious Name Detail

# **Fictitious Name**

MAGIC CITY JAI ALA!

#### Filing Information

Registration Number G18000071821

**Status** 

**ACTIVE** 

Filed Date

06/27/2018

**Expiration Date** 

12/31/2023

**Current Owners** 

County

MIAMI-DADE

**Total Pages** 

**Events Filed** 

NONE

**FEI/EIN Number** 

NONE

# **Mailing Address**

401 NW 38TH CT MIAMI, FL 33145 US

## **Owner Information**

WEST FLAGLER ASSOCIATES, LTD 401 NW 38TH COURT

MIAMI, FL 33126 FEI/EIN Number:

**Document Number: A00686** 

# **Document Images**

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# **Fictitious Name Detail**

#### **Fictitious Name**

MAGIC CITY POKER AND JAI-ALAI

# Filing Information

Registration Number G11000035619

Status

**ACTIVE** 

Otutus

04/11/2011

Filed Date

04/11/2011

**Expiration Date** 

12/31/2026

**Current Owners** 

2

County

MIAMI-DADE

**Total Pages** 

3

Events Filed FEI/EIN Number

2 NONE

# **Mailing Address**

401 NW 38TH CT

ATTN: CHEIF FINANCIAL OFFICER

MIAMI, FL 33126

# **Owner Information**

BKCLP 2, LTD P.O. BOX 220650

HOLLYWOOD, FL 33022

FEI/EIN Number:

Document Number: A97000001734

WEST FLAGLER ASSOCIATES, LTD. 401 NW 38TH CT

MIAMI, FL 33126

FEI/EIN Number:

**Document Number: A00686** 

#### **Document Images**

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# **Fictitious Name Detail**

# **Fictitious Name**

MAGIC CITY CASINO JAI-ALAI

## Filing Information

Registration Number G11000035615

Status

**ACTIVE** 

Filed Date

04/11/2011

**Expiration Date** 

12/31/2026

**Current Owners** 

2

County

MIAMI-DADE

**Total Pages** 

3

**Events Filed** 

2

**FEI/EIN Number** 

# **Mailing Address**

401 NW 38TH COURT ATTN: CHEIF FINANCIAL OFFICER MIAMI, FL 33126

# Owner Information

BKCLP 2, LTD. P.O. BOX 220650

HOLLYWOOD, FL 33022 FEI/EIN Number:

Document Number: A97000001734 WEST FLAGLER ASSOCIATES, LTD.

401 NW 38TH COURT

MIAMI, FL 33126

**FEI/EIN Number:** 

**Document Number: A00686** 

#### **Document Images**

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08/02/2016 -- Fictitious Name Renewal Filing

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# **Fictitious Name Detail**

### **Fictitious Name**

MAGIC CITY CASINO

# **Filing Information**

Registration Number G21000030714

Status

**ACTIVE** 

**Filed Date** 

03/04/2021

**Expiration Date** 

12/31/2026

**Current Owners** County

MIAMI-DADE

**Total Pages** 

1

**Events Filed** 

NONE

FEI/EIN Number

# **Mailing Address**

401 NW 38TH COURT MIAMI, FL 33126

#### **Owner Information**

WEST FLAGLER ASSOCIATES, LTD. 401 NW 38TH COURT

MIAMI, FL 33126

FEI/EIN Number:

**Document Number: A00686** 

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# **AGREEMENT**

This agreement (the "Agreement") is made and entered into as of this 6<sup>th</sup> day of March, 2023 (the "Effective Date"), by and between West Flagler Associates LTD ("WFA") and Hecht Investments Limited (HIL) (hereinafter, the "Parties").

# RECITALS

WHEREAS, WFA is the holder of a jai alai pari-mutuel wagering permit (the "Magic City Permit") for the conduct of jai alai performances, at the permitted facility located at 401 NW 38th Court, Miami Florida 33126; and

WHEREAS, HIL is the holder of a commercial lease under an Agreement with Gretna Racing LLC dated March 6, 2023, for the facility located at 401 NW 38th Court, Miami Florida; and

WHEREAS, section 550.054, Florida Statutes, provides for a valid pari-mutuel Permitholder to lease premises for the conduct of any jai alai games; and

WHEREAS, WFA is desirous of leasing a portion of the HIL Facility for the conduct of its live jai alai performances at its permitted location during the 2023-2024 fiscal year, and HIL is willing to lease a portion of the HIL Facility to WFA, under the terms and conditions set forth below.

# TERMS OF THE AGREEMENT

NOW, THEREFORE, in consideration of mutual promises contained herein and other good and valuable consideration, the sufficiency of which is hereby acknowledged, the Parties agree as follows:

1. The foregoing recitals are true and correct.

- 2. Subject to Division's approval of WFA annual pari-mutuel wagering license application, HIL shall lease to WFA the portion of the HIL Facility required for the conduct of live jai alai performances (the "Jai Alai Premises") commencing 12:01 a.m. on July 1, 2023 (the "Commencement Date") until 11:59 p.m., June 30, 2024 (the "Termination Date").
- 3. The period beginning at the Commencement Data and ending at the Termination Date shall be known as the "Lease Term."
- 4. WFA shall manage and operate the Jai Alai Premises during the Term. The Parties agree that the Commissions are not a part of the Performance Fee. WFA will employ all of the personnel necessary to provide the Management Services, at WFA's cost. WFA will also pay the costs of operating the HIL Facility during the Lease Term. It is the intent of the Parties and this Agreement that, except for the Performance Fees, this Agreement be revenue and expense neutral to HIL. WFA shall provide Management Services during the Lease Term. Without limiting the foregoing, the Parties recognize and agree that WFA's obligation to provide Management Services, during the Lease Term are subject to rules of the Division and to force majeure. HIL shall under no circumstances, including its own negligence and/or the negligence of its agents or employees, have any liability to WFA in the event that live performances cannot be conducted for all or any portion of the Lease Term. WFA's use of the premises shall comply with all applicable laws. This Agreement is subordinate to the Lease between Gretna Racing LLC and HIL dated March 6, 2023, and any termination of the Lease shall terminate this Agreement. Should the HIL insurance coverage required under the Lease with Gretna Racing LLC not include WFA as an additional insured, then WFA is required to maintain the same insurance coverage required of HIL under the HIL lease with Gretna Racing LLC.
  - 5. WFA shall be responsible for all reporting requirements required by the Division.

- 6. All purses paid on live jai alai performances conducted pursuant to the WFA Permit during the Lease Term shall be paid at rates no less than the purse rates applicable to the WFA Permit in compliance with Florida law.
- 7. Nothing herein shall be interpreted to make any person or entity a third party beneficiary of this Agreement, and the only parties who have any rights or responsibilities in connection with it are HIL and WFA.
- 8. The Parties agree to reasonably cooperate with the other party as may be necessary to effectuate the matters referred to herein or contemplated hereby.
- 9. WFA shall and hereby does indemnify and hold HIL harmless from and against any and all claims, damages, losses, costs and expenses (including but not limited to reasonable attorney's fees, at all levels) arising out of or in connection with any of the following: (i) any claim or demand by the Division or any other State or Federal agency for payment of taxes or fees in connection with the live jai alai performances conducted by WFA at the permitted Jai Alai Premises. (ii) any claim or demand by any agent, employee, vendor, service provider, equipment lessor or other person or entity, to the extent arising out of the relationship between such claimant and WFA.
- 10. This Agreement may be terminated by either party, at any time, upon ten (10) business days written notice to the other, in the event that: (i) either party is notified by the Division (or any other agency of the State of Florida) that (X) conducting jai alai games under the WFA Permit at the Premises is not permitted under applicable law, or (Y) either party must pay fees or taxes or expenses not contemplated by this Agreement and which render the intent (including the financial implications) of this Agreement materially unobtainable; or (ii) in the reasonable opinion of either party, continuing to operate under this Agreement threatens the ability of such party to

continue to enjoy the benefits of its permits and licenses with the State of Florida, or any agency thereof.

- 11. In the event of any litigation arising out of this Agreement, the prevailing party shall be entitled to be reimbursed for its costs, including reasonable attorneys' fees. Venue for any action arising out of or in connection with this Agreement shall be exclusively in the state courts of Dade County, Florida, and each party consents to such jurisdiction. Any notice required to be given to either party shall be in writing, and provided by hand delivery, or by recognized overnight carrier (such as Federal Express), or by e-mail or facsimile (with a copy to follow by hand or overnight carrier), at the address, e-mail address, and/or fax number set forth below each party's signature, with a copy to each party's counsel (also identified below such party's signature). Notice shall be deemed given upon receipt, when delivered by hand, or electronically, and the first business day after delivery to the recognized overnight carrier, with cost of delivery prepaid.
- 12. This Agreement shall be construed, governed by, and interpreted, and the legal relations between the Parties hereto shall be determined, in accordance with the substantive laws of the State of Florida. The Parties agree that they have each contributed to the preparation of this Agreement, and that it shall not be construed more strongly against one party than the other.
- 13. This Agreement constitutes the sole and entire Agreement between the Parties concerning this subject matter and supersedes all other agreements between the Parties whether written or oral relating to the subject matter hereof. There are no covenants, assurances, or representations, either express or implied, other than those expressly stated herein. No modification, rescission, or waiver of this Agreement, or any provision thereof, shall be binding on any party unless evidenced by an instrument in writing duly signed by such party.

- 14. Each party is solely responsible for its own costs in connection with the preparation and execution of this Agreement, and with respect to all costs incurred by it (including but not limited to professional fees) in connection with the transaction contemplated by this Agreement and the live jai alai performances conducted at the Jai Alai Premises, except as specifically set forth to the contrary herein. WFA shall have no obligation to hire or engage any employee, agent, vendor, service provider, equipment lessor or other person or entity currently working for or providing services or equipment to EJA for the live jai alai performances at the Jai Alai Premises, and EJA is and shall remain responsible for payment to its employees, agents, vendors, service providers, equipment lessors and similar persons and entities.
- 15. Each party to this Agreement agrees: (i) that it will consult with the other concerning any proposed press release or public announcement pertaining to the running of the live jai alai performances at the Jai Alai Premises, and shall not issue any press release or public announcement without the prior consent of the other party; and (ii) that it will keep the specific terms of this Agreement confidential; provided, however, that nothing herein shall restrict any public announcement or other disclosure which a party deems in good faith to be required to be made by law (in which case such party shall advise the other party prior to making the disclosure).
- 16. This Agreement shall be binding upon and inure solely to the benefit of each party to it, and nothing in this Agreement, express or implied, is intended to or shall confer upon any other person or persons any rights, benefits or remedies of any nature whatsoever under or by reason of this Agreement. The benefits of this Agreement are personal and may not be assigned by either party to any person or entity, without the express prior written consent of the other party, which may be withheld in such other party's sole discretion. Any attempt to assign such benefits, or this Agreement itself, in violation of this provision, shall be deemed void ab initio.

17. This Agreement may be executed in several counterparts, each of which shall constitute an original, but all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF, WFA and HIL have caused this Agreement to be executed, effective as of the day and year first above written.

SIGNATURE PAGE FOLLOWS:\

Hecht Investments Limited

By:

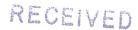
With a copy of notices sent

to: [insert our info]

West Flagler Associates LTD

With a copy of notices sent to:

[insert our info]





# STATE OF FLORIDA 2023 JAN -3 PM 2: 05 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING FLORIDA 241111

www.myfloridalicense.com

FLORIDA GAMING CONTROL COMMISSION

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

| ORGA  | ANIZATION NAME |
|---|----------------|
| Name of Organization<br>West Flagler Associates, Ltd. | Permit # 283   |
| D/B/A or Trade Name<br>Magic City Jai-Alai            |                |

| 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 ☐ Manager Managed ☐   |

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 M           |         |       | ddle     | Title               | Suffix        |
| West Flagler Associates, Ltd., A Florida Lim | lited Partnership |         |       |          |                     |               |
| Office Held                                  | License #         |         |       | Percenta | ge of Ownersh       | nip           |
|  |                   |         |       | 100%     |                     |               |
| RESIDENCE ADDRESS                            |                   |         |       |          |                     |               |
| Street Address or P.O. Box                   |                   |         |       |          |                     |               |
| P.O. Box 350940                              |                   |         |       |          |                     |               |
| City<br>Miami                                |                   | ;<br>F  | State | ,        | Zip Code (<br>33135 | (+4 optional) |
| County<br>(if Florida address) Miami-Da      | ade               | Country | US    | Α        | ·                   |               |

| MANAGEMENT INFORMATION                  |           |        |                  |                     |               |
|---|-----------|--------|------------------|---------------------|---------------|
| Last Name                               | First     |        | Middle           | Title               | Suffix        |
| Savin                                   | Scott     |        | · · · · · ·      |                     |               |
| Office Held                             | License # |        |                  | entage of Ownersh   | nip           |
| COO                                     | 184061    |        | 0%               |                     |               |
|   | RESIDENC  | E ADDR | ESS              |                     |               |
| Street Address or P.O. Box              |           |        |                  |                     |               |
| 901 Brickell Key Drive Apt. 1408        |           |        |                  |                     |               |
| City<br>Miami                           |           |        | State<br>FL      | Zip Code (<br>33131 | (+4 optional) |
| County<br>(if Florida address) Miami-Da | ade       | Countr | <sup>y</sup> USA |                     |               |



License

Lic Type Combo 1055 - Slot/Cardroom/Pari-Mutuel Indiv Fed Tax #

Expires On 06/30/2023

File # 1093

Name SAVIN, SCOTT C

Extended To

License # 184061

Rank SCPL - Slot/Cardroom/Parl-Mutuel Indiv Combo

Entity # 184061

Lic Status Current

Renewed On 04/14/2020

**Address** 

Street # 901

Street BRICKELL BAY BLVD #1408

Line 2

Line 3

City MIAMI

State FL

Zip 33131

Routing

| MANAGEMENT INFORMATION                 |                  |        |       |            |  |  |
|--|------------------|--------|-------|------------|--|--|
| Last Name<br>Havenick                  | First<br>Barbara |        |       | ddle<br>1. | Title  | Suffix   |
| Office Held<br>Presdent                | License # 349848 |        |       | Percenta   | ge of Ownership  | 71 6   |
| RESIDENCE ADDRESS 55 5                 |                  |        |       |            |  |  |
| Street Address or P.O. Box             |                  |        |       |            | 50   | and the second s |
| 369 Leucadendra Dr.                    |                  |        |       |            |  |  |
| City<br>Coral Gables                   |                  |        | State |            | Zip Code (1)   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| County<br>(if Florida address) Miami-D | ade              | Countr | y US  | Α          | Constant of the constant of th | - S  |

|   | MANAGEME          | NT INFOR            | MATION           |                   |               |
|---|-------------------|---------------------|------------------|-------------------|---------------|
| Last Name<br>Havenick                     | First<br>Isadore  |                     | Middle<br>H.     | Title             | Suffix        |
| Office Held<br>Vice President             | License # 1415366 | Percentage of Owner |                  | age of Ownersl    | hip           |
|   | RESIDEN           | ICE ADDR            | RESS             |                   |               |
| Street Address or P.O.                    | Вох               |                     |                  |                   |               |
| 615 Melaleuca La                          | ane               |                     |                  |                   |               |
| City<br><sub>Miami</sub>                  |                   |                     | State<br>FL      | Zip Code<br>33137 | (+4 optional) |
| County<br>(if Florida address) Miami-Dade |                   | Counti              | <sup>y</sup> USA |                   |               |

| MANAGEMENT INFORMATION                    |                    |          |                   |                |                    |
|---|--------------------|----------|-------------------|----------------|--------------------|
| Last Name<br>Havenick                     | First<br>Alexander |          | Midd<br>H.        | lle Title      | e Suffix           |
| Office Held<br>Vice President & Secretary | License # 7654515  |          | Р                 | ercentage of O | wnership           |
|   | RESIDEN            | NCE ADDF | RESS              |                |                    |
| Street Address or P.O. Box                |                    |          |                   |                |                    |
| 5840 SW 96 St.                            |                    |          |                   |                |                    |
| City<br>Miami                             |                    |          | State             | Zip<br>33156   | Code (+4 optional) |
| County<br>(if Florida address) Miami      | -Dade              | Count    | <sup>ry</sup> USA |                |                    |

|  |                      | OATH                                |   |  |  |
|--|----------------------|-------------------------------------|---|--|--|
|  |                      | on is true and complete. Lunderstan | r other offenses  |  |  |
| Scott Savin  | C.O.O.               | - Hoste                             | 12-29-22  |  |  |
| Name (Please Print)  | Title (Please Print) | Signature                           | Date  |  |  |
| State of Florida, County of Mam - Date Sworn to (or affirmed) and subscribed before me this 29 day of Sworn to me or produced the following as identification:  GLORIA FERRARI |                      |                                     |   |  |  |
| Notary Public<br>My Commission Expires:  | Gren'                | Commiss<br>OF ROMY Comm. E          | lic - State of Florida<br>sion # HH 208729<br>Expires Jan 29, 2026<br>National Notary Assn. |  |  |

License

Lic Type 1055 - Slot/Cardroom/Pari-Mutuel Indiv Combo Fed Tax #

Expires On 06/30/2023

File # 1092 Name HAVENICK, BARBARA J Extended To

Rank Combo SCPL - Slot/Cardroom/Parl-Mutuel Indiv License # 349848

Entity # 349848 Lic Status Current Renewed On 05/14/2020

Address

Street # 401 Street NW 38TH COURT

Line 2 Line 3

> City MIAMI State FL Zip 33126

> > Routing

License

Lic Type Combo 1055 - Slot/Cardroom/Pari-Mutuel Indiv Fed Tax # Expires On 06/30/2023

Name HAVENICK, ISADORE H Extended To

License # 1415366 Renewed On 05/14/2020

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

Lic Status Current

Entity # 1415366

Address

Street # 401 Street NW 38TH COURT

Line 2 Line 3

File # 1094

City MIAMI State FL Zip 33126

Routing

License

Lic Type 1055 - Slot/Cardroom/Pari-Mutuel Indiv Combo Fed Tax # Expires On 06/30/2023

File # 1095 Name HAVENICK, ALEXANDER H Extended To

Rank Combo License # 7654515 Renewed On 05/13/2020

Entity # 7654515 Lic Status Current

Address

Street # 401 Street NW 38TH COURT

Line 2 Line 3

> City MIAMI State FL Zip 33126

> > Routing

# WEST FLAGLER ASSOCIATES LTD. PARTNER LIST

Total distribution-09/15/22

| General partners   |               |
|--|---------------|
| Southwest Florida Enterprises, Inc.  | 3.00%         |
| Hecht Investments, LTD.  | 1.00%         |
| BHH, Inc. (Havenick 2018 Grandchildrens Trust)                                 | 2.00%         |
|  | <u>6.00%</u>  |
|  |               |
| Limited partners   |               |
| Southwest Florida Enterprises, Inc.  | 51.700%       |
| Hecht investments, LTD.  | 6.991%        |
| Hecht Investments, Inc.  | 8.750%        |
| Southwest Florida Enterprises, Inc.  | 1.750%        |
| Barbara Havenick Testamentary Trust(Barbara Havenick Trustee UW Isadore Hecht) | 2.250%        |
| Havenick 2018 Grandchildrens' Trust  | 2.712%        |
| Irrevocable Trust dated January 29, 2004                                       | 5.688%        |
| Alan Amdur Revocable Trust   | 1.333%        |
| Marc Amdur Revocable Trust   | 1.333%        |
| Adam Amdur Revocable Trust   | 1.333%        |
| IHA,Inc. (Isabelle Amdur Revocable Trust)                                      | 2.000%        |
| isabelle Amdur Revocable Trust   | 4.759%        |
| SEP S STK TRST GST TR IA Family Trust  | 1.250%        |
| The Isabelle Corporation (Isabelle Amdur)                                      | <u>2.150%</u> |
|  |               |

94.000% 100.00% 100.00%

## SOUTHWEST FLORIDA ENTERPRISES, INC OWNERSHIP SCHEDULE

Updated June 2022 Direct

|  | Ownership                     |
|--|-------------------------------|
| Owner's Name                             | Percentage of<br>Shares Owned |
|  |                               |
| Trust FBO Barbara Havenick dated 1/29/04 | 54.21%                        |
| Barbara Havenick Testamentary Trust      | 3.34%                         |
| Havenick 2018 Grandchildren's Trust      | 24.08%                        |
| Isabelle Amdur Residuary Trust           | 2.36%                         |
| Isabelle Amdur Revocable Trust           | 2.99%                         |
| AMA Long Term Trust FBO Alan Amdur       | 3.22%                         |
| AMA Long Term Trust FBO Marc Amdur       | 3.22%                         |
| AMA Long Term Trust FBO Adam Amdur       | 3.22%                         |
| Other Minority Shareholders              | 3.36%                         |
|  | 100.00%                       |

From: Sent: Julie Noonan <jnoonan@wflagler.com> Thursday, March 2, 2023 11:20 AM

To:

Pouncey, Jamie; Jelks, La'Kesha

Subject:

Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

**Categories:** 

Permitholder App

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Please be advised that Joan Scheiner is no longer a trustee for the FBO Barbara Havenick Dated 1/29/04 or Havenick 2018 Grandchildren's Trust.

She has been replaced with Scott Savin (licensed). #184001 Ex. 6 36 2423

Thank you.

Julie

From:

Julie Noonan < jnoonan@magiccitycasino.com>

Sent:

Monday, February 13, 2023 5:18 PM

To:

Jelks, La'Kesha

**Subject:** 

Re: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

**Categories:** 

Permitholder App

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha,

# She has no interest in the trusts - She simply functions as a Trustee.

### Julie

### Get Outlook for iOS

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Monday, February 13, 2023 1:24 PM

To: Julie Noonan < jnoonan@magiccitycasino.com>

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

Julie,

Does Joan Scheiner have more than 10% interest in the Trust FBO Barbara Havenick Dated 1/29/04 trust or Havenick 2018 Grandchildren's Trust?

Best,

La'Kesha Jelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

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The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure. LARGER VIEW

From:

Julie Noonan < jnoonan@magiccitycasino.com>

Sent:

Friday, February 3, 2023 10:16 AM

To:

Jelks, La'Kesha

Cc:

ssavin@wflagler.com; gferrari@wflagler.com

**Subject:** 

RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha,

The trustees for both Trusts are Barbara Havenick and Joan Scheiner.

Please let me know if you need anything else.

Have a great weekend!

Julie

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, February 3, 2023 9:32 AM

To: Cindy Fra- Naples <cfra@naplesfortmyersdogs.com>; Juan Fra <jfra@magiccitycasino.com>; Julie Noonan

<inoonan@magiccitycasino.com>

Subject: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

Greetings,

The item(s) listed below require submission and/or correction before the processing of <u>Bonita Springs Poker</u> Room's application can be completed:

- ♣ Specify who the trustees are for Trust FBO Barbara Havenick Dated 1/29/04 54.21%
- Specify who the trustees are for Havenick 2018 Grandchildren's Trust 24.08%

If you have any questions regarding the deficiencies, please contact me at your earliest convenience.

Best,

La'Kesha Jelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

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From: Julie Noonan < jnoonan@magiccitycasino.com>

Sent: Friday, February 3, 2023 3:36 PM

To: Jelks, La'Kesha

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

Categories: Permitholder App

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha,

I was reading it this way? It seems to me to imply it only relates to trustees who have access to back of house parimutuels operations?

... or to any other person or entity in one of the following categories... Professional occupational licenses: professional persons with access to the backside of a racetrack or players' quarters in jai alai such as... trustees... or any other professional-level person who might have access to...

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, February 3, 2023 2:51 PM

To: Julie Noonan < jnoonan@magiccitycasino.com>

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

As a trustee, she's still required to have a license. However, I will ask our Operations and OCG departments.

From: Julie Noonan [mailto:jnoonan@magiccitycasino.com]

Sent: Friday, February 3, 2023 12:32 PM

To: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha,

Joan doesn't have access to any of those indicated areas.

Julie

From: Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, February 3, 2023 12:07 PM

To: Julie Noonan < inoonan@magiccitycasino.com>

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

#### I believe Joan needs a license to be a trustee of a trust...

550.1052. (2)(a) The following licenses shall be issued to persons or entities with access to the backside, racing animals, jai alai players' room, jockeys' room, drivers' room, totalisator room, the mutuels, or money room, or to persons who, by virtue of the position they hold, might be granted access to these areas or to any other person or entity in one of the following categories and with fees not to exceed the following amounts for any 12-month period:

- 1. Business licenses: any business such as a vendor, contractual concessionaire, business owning racing animals, trust or estate, totalisator company, stable name, or other fictitious name: \$50.
- 2. Professional occupational licenses: professional persons with access to the backside of a racetrack or players' quarters in jai alai such as trainers, officials, veterinarians, doctors, nurses, EMT's, jockeys and apprentices, drivers, jai alai players, owners, trustees, or any management or officer or director or shareholder or any other professional-level person who might have access to the jockeys' room, the drivers' room, the backside, racing animals, or managers or supervisors requiring access to mutuels machines, the money room, or totalisator equipment: \$40.

From: Julie Noonan [mailto:jnoonan@magiccitycasino.com]

Sent: Friday, February 3, 2023 11:39 AM

To: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Subject: Re: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha I don't believe she does.

#### Get Outlook for iOS

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, February 3, 2023 10:45 AM

To: Julie Noonan < inoonan@magiccitycasino.com >

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

Before I take this back to Jamie, does Joan have a PMW license?

From: Julie Noonan [mailto:]noonan@magiccitycasino.com]

Sent: Friday, February 3, 2023 10:16 AM

To: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>
Cc: ssavin@wflagler.com; gferrari@wflagler.com

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha,

The trustees for both Trusts are Barbara Havenick and Joan Scheiner.

Please let me know if you need anything else.

Have a great weekend!

Julie

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, February 3, 2023 9:32 AM

To: Cindy Fra- Naples < cfra@naplesfortmyersdogs.com >; Juan Fra < ifra@magiccitycasino.com >; Julie Noonan

<inoonan@magiccitycasino.com>

Subject: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

Greetings,

The item(s) listed below require submission and/or correction before the processing of <u>Bonita Springs Poker Room's</u> application can be completed:

Specify who the trustees are for Trust FBO Barbara Havenick Dated 1/29/04 54.21% Specify who the trustees are for Havenick 2018 Grandchildren's Trust 24.08%

If you have any questions regarding the deficiencies, please contact me at your earliest convenience.

Best,

La'Kesha Gelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

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3.00

1.00

2.00

51.70

6.991

8.75

1.75

2.25

2.712

5.688

1.333

1.333

1.333

2.000

4.759

1.250

2.150

100.00



Department of State / Division of Corporations / Search Records / Search by Officer/Registered Agent Name /

## **Detail by Officer/Registered Agent Name**

Florida Limited Partnership HECHT INVESTMENTS, LTD.

**Filing Information** 

**Document Number** 

A17898

FEI/EIN Number

**Date Filed** 

09/21/1984

State

FL

Status

ACTIVE

Last Event

LP AMENDMENT

**Event Date Filed** 

04/11/2008

**Event Effective Date** 

NONE

**Principal Address** 

401 NW 38TH COURT

MIAMI, FL 33126

**Mailing Address** 

P O BOX 350940

MIAMI, FL 33135

Changed: 03/07/2007

Registered Agent Name & Address

HAVENICK, ALEXANDER

401 NW 38TH CT

MIAMI, FL 33126

Name Changed: 01/04/2011

Address Changed: 01/04/2011

General Partner Detail

Name & Address

Document Number M31339

HECHT INVESTMENTS, INC.

401 NW 38TH CT.

MIAMI, FL

### **Annual Reports**

 Report Year
 Filed Date

 2020
 02/12/2020

 2021
 02/22/2021

 2022
 03/28/2022

### Document Images

| 03/28/2022 ANNUAL REPORT       | View image in PDF format |
|--------------------------------|--------------------------|
| 02/22/2021 ANNUAL REPORT       | View image in PDF format |
| 02/12/2020 - ANNUAL REPORT     | View image in PDF format |
| 02/21/2019 ANNUAL REPORT       | View image in PDF format |
| 01/31/2018 ANNUAL REPORT       | View image in PDF format |
| 03/27/2017 - ANNUAL REPORT     | View image in PDF format |
| 03/21/2016 ANNUAL REPORT       | View image in PDF format |
| 03/23/2015 - ANNUAL REPORT     | View image in PDF format |
| 04/01/2014 ANNUAL REPORT       | View image in PDF format |
| 01/29/2013 ANNUAL REPORT       | View image in PDF format |
| 01/04/2012 ANNUAL REPORT       | View image in PDF format |
| 01/04/2011 ANNUAL REPORT       | View image in PDF format |
| 01/09/2010 ANNUAL REPORT       | View image in PDF format |
| 07/10/2009 - Reg. Agent Change | View image in PDF format |
| 03/16/2009 ANNUAL REPORT       | View Image in PDF format |
| 04/11/2008 LP Amendment        | View image in PDF format |
| 02/26/2008 ANNUAL REPORT       | View image in PDF format |
| 08/15/2007 - Reg. Agent Change | View image in PDF format |
| 03/07/2007 - ANNUAL REPORT     | View image in PDF format |
| 04/07/2006 ANNUAL REPORT       | View image in PDF format |
| 01/26/2006 LP Amendment        | View image in PDF format |
| 01/24/2006* LP Amendment       | View image in PDF format |
| 04/26/2005 - ANNUAL REPORT     | View image in PDF format |
| 04/22/2004 - ANNUAL REPORT     | View image in PDF format |
| 02/07/2003 - ANNUAL REPORT     | View image in PDF format |
| 02/06/2002 ANNUAL REPORT       | View image in PDF format |
| 02/02/2001 ANNUAL REPORT       | View image in PDF format |
| 01/12/2000 ANNUAL REPORT       | View image in PDF format |
| 12/24/1998 ANNUAL REPORT       | View image in PDF format |
| 12/29/1997 ANNUAL REPORT       | View image in PDF format |
| 01/27/1997 ANNUAL REPORT       | View Image in PDF format |
| hom                            |                          |



Department of State / Division of Corporations / Search Records / Search by Officer/Registered Agent Name /

## **Detail by Officer/Registered Agent Name**

Florida Limited Partnership
WEST FLAGLER ASSOCIATES, LTD.

Filing Information

**Document Number** 

A00686

**FEI/EIN Number** 

Date Filed

07/23/1963

State

FL

**Status** 

**ACTIVE** 

**Last Event** 

LP AMENDMENT

**Event Date Filed** 

01/19/2017

**Event Effective Date** 

NONE

Principal Address

401 N.W. 38TH CT. MIAMI, FL 33126

Changed: 04/03/1985

**Mailing Address** 

P.O. BOX 350940 MIAMI, FL 33135

Changed: 01/14/2010

Registered Agent Name & Address

HAVENICK, ALEXANDER

401 NW 38TH CT MIAMI, FL 33126

Name Changed: 01/04/2011

Address Changed: 01/04/2011

General Partner Detail

Name & Address

Document Number 345274

SW FL ENTERPRISES INC.

401 NW 38TH COURT MIAMI, FL 33126

Document Number M61293

BHH, INC. 401 NW 38TH COURT MIAMI, FL 33126

Document Number A17898

HECHT INVESTMENTS, LTD. 401 NW 38TH COURT MIAMI, FL 33126

### **Annual Reports**

| Report Year | Filed Date |
|-------------|------------|
| 2020        | 02/12/2020 |
| 2021        | 02/22/2021 |
| 2022        | 03/28/2022 |

### **Document Images**

| 03/28/2022 ANNUAL REPORT       | View image in PDF format |
|--------------------------------|--------------------------|
| 02/22/2021 ANNUAL REPORT       | View image in PDF format |
| 02/12/2020 - ANNUAL REPORT     | View image in PDF format |
| 02/22/2019 ANNUAL REPORT       | View Image in PDF format |
| 01/31/2018 - ANNUAL REPORT     | View image in PDF format |
| 03/27/2017 ANNUAL REPORT       | View image in PDF format |
| 01/19/2017 - LP Amendment      | View image in PDF format |
| 03/21/2016 - ANNUAL REPORT     | View image in PDF format |
| 03/23/2015 - ANNUAL REPORT     | View image in PDF format |
| 04/01/2014 ANNUAL REPORT       | View image in PDF format |
| 01/28/2013 - ANNUAL REPORT     | View image in PDF format |
| 01/04/2012 ANNUAL REPORT       | View image in PDF format |
| 01/04/2011 ANNUAL REPORT       | View image in PDF format |
| 01/14/2010 - ANNUAL REPORT     | View image in PDF format |
| 04/02/2009 - ANNUAL REPORT     | View image in PDF format |
| 04/29/2008 ANNUAL REPORT       | View image in PDF format |
| 08/15/2007 - Reg. Agent Change | View image in PDF format |
| 02/16/2007 ANNUAL REPORT       | View image in PDF format |
| 06/30/2006 - ANNUAL REPORT     | View image in PDF format |
| 01/27/2006 Amendment           | View image in PDF format |
| 01/26/2006 LP Amendment        | View image in PDF format |
| 01/24/2006 - LP Amendment      | View image in PDF format |
| 09/06/2005 - Amendment         | View image in PDF format |
| 01/04/2005 ANNUAL REPORT       | View image in PDF format |
| 03/10/2004 ANNUAL REPORT       | View image in PDF format |
|                                |                          |

| 05/14/2003 ANNUAL REPORT   | View image in PDF format |
|----------------------------|--------------------------|
| 02/21/2002 ANNUAL REPORT   | View image in PDF format |
| 02/02/2001 - ANNUAL REPORT | View Image in PDF format |
| 02/04/2000 ANNUAL REPORT   | View image in PDF format |
| 01/19/1999 - ANNUAL REPORT | View image in PDF format |
| 10/27/1997 - ANNUAL REPORT | View image in PDF format |
| 10/31/1996 ANNUAL REPORT   | View image in PDF format |

that produce of some or

## Certificate

# **CLERK OF THE CIRCUIT COURT**

as Clerk of

## **The Board of County Commissioners**

I, HARVEY RUVIN, being the Clerk of the Circuit Court in and for Miami-Dade County, Florida, and as such being Clerk of the Board of County Commissioners of said County, do hereby certify that there has been no election in said County resulting in a recall of the para-mutual permit now held by *West Flagler Associates*, *Ltd.*, since the date of its issuance.

WITNESS my Hand and Official Seal as Clerk aforesaid this 1st day of December, A.D. 2022.

(OFFICIAL SEAL)



6

Deputy Clerk, Clerk of the Board

### **CONTINUATION CERTIFICATE**

The NGM Insurance Company (hereinafter called the Surety) hereby continues in force its Bond No. in the sum of Fifty Thousand Dollars and 00/100 (\$50,000.00) Dollars, on behalf of WEST FLAGLER ASSOCIATES, LTD dba MAGIC CITY JAI ALAI (PERMIT 283) in favor of GOVERNOR OF THE STATE OF FLORIDA subject to all the conditions and terms thereof through 18th Day of December, 2023 at location of risk.

This Continuation is executed upon the express condition that the Surety's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

IN WITNESS WHEREOF, the Surety has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its corporate seal to be hereto affixed this <u>13th Day of October</u>, 2022.

NGM Insurance Company
Surety

BY:

John W. Charlton Attorney-in-Fact

FLORIDA GAMING



### POWER OF ATTORNEY

06-03082189

KNOW ALL MEN BY THESE PRESENTS: That NGM Insurance Company, a Florida corporation having its principal office in the City of Jacksonville, State of Florida, pursuant to Article IV, Section 2 of the By-Laws of said Company, to wit:

"Article IV, Section 2. The board of directors, the president, any vice president, secretary, or the treasurer shall have the power and authority to appoint attorneys-in-fact and to authorize them to execute on behalf of the company and affix the seal of the company thereto, bonds, recognizances, contracts of indemnity or writings obligatory in the nature of a bond, recognizance or conditional undertaking and to remove any such attorneys-in-fact at any time and revoke the power and authority given to them. "

does hereby make, constitute and appoint D W Matson III, John W Charlton --

its true and lawful Attorneys-in-fact, to make, execute, seal and deliver for and on its behalf, and as its act and deed, bonds, undertakings, recognizances, contracts of indemnity, or other writings obligatory in nature of a bond subject to the following limitation:

1. No one bond to exceed Ten Million Dollars (\$10,000,000.00)

and to bind NGM Insurance Company thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of NGM Insurance Company, the acts of said Attorney are hereby ratified and confirmed.

This power of attorney is signed and sealed by facsimile under and by the authority of the following resolution adopted by the Directors of NGM Insurance Company at a meeting duly called and held on the 2nd day of December 1977.

Voted. That the signature of any officer authorized by the By-Laws and the company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof; such signature and seal, when so used being hereby adopted by the company as the original signature of such office and the original seal of the company, to be valid and binding upon the company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, NGM Insurance Company has caused these presents to be signed by its Vice President, General Counsel and Secretary and its corporate seal to be hereto affixed this 7th day of January, 2020.

NGM INSURANCE COMPANY By:

Kimbuly K. Law
Kimberly K. Law Vice President,

Lipa K. Pente

General Counsel and Secretary

State of Florida. County of Duval.

On this 7th day of January, 2020, before the subscriber a Notary Public of State of Florida in and for the County of Duval duly commissioned and qualified, came Kimberly K. Law of NGM Insurance Company, to me personally known to be the officer described herein, and who executed the preceding instrument, and she acknowledged the execution of same, and being by me fully sworn, deposed and said that she is an officer of said Company, aforesaid: that the seal affixed to the preceding instrument is the corporate seal of saic Company, and the said corporate seal and her signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Company; that Article IV, Section 2 of the By-Laws of said Company is now in force.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Jacksonville, Florida this 7th day of January,

2020.

I, Nancy Giordano-Ramos, Vice President of NGM Insurance Company, do hereby certify that the above and foregoing is a true and

correct copy of a Power of Attorney executed by said Company which is still in full force and effect. IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company at Jacksonville, Florida this

13th day of October, 2022.

WARNING: Any unauthorized reproduction or alteration of this document is prohibited. TO CONFIRM VALIDITY of the attached bond please call 1-800-225-5646.

TO SUBMIT A CLAIM: Send all correspondence to 55 West Street, Keene, NH 03431 Attn. Bond Claims.





### STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION JAN -3 PM 2: 04 **DIVISION OF PARI-MUTUEL WAGERING**

www.myfloridalicense.com

PERMITHOLDER INFORMATION

RECEIVED

FLORIDA GAMING CONTROL COMMISSION

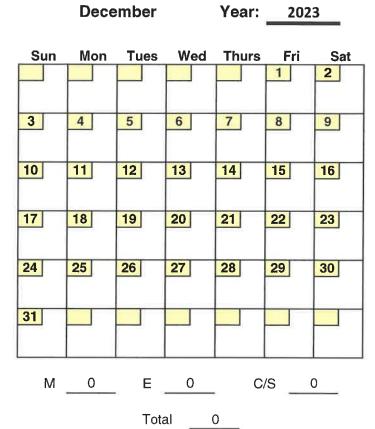
| Name   | West Fl   | agler Ass  | ociates, l | _td. D/B/A | Magic ( | City Jai Alai | i           | Pe       | Permit # 283 |            |             |          |         |  |  |
|--|-----------|------------|------------|------------|---------|---------------|-------------|----------|--------------|------------|-------------|----------|---------|--|--|
|  |           | 9,15       | 368        | The late   | - 3 8 6 | INSTR         | UCTIONS     | - 5      | S Less III.  | Q = 11.79  | 21 00 25 15 |          |         |  |  |
| Submit<br>Dates.   | this forn | n in conju | ınction v  | vith the f | orm DB  | PR PMW-       | 3060 – Perr | mitholde | r Applica    | tion for L | icense a    | ind Ope  | rating  |  |  |
| Please   |           |            |            |            |         |               |             |          |              |            |             |          |         |  |  |
| Nest Flagler Associates, Ltd. Drib/A Magic City Jai Alai   283 |           |            |            |            |         |               |             |          |              |            |             |          |         |  |  |
| M =  | - Matine  | )          |            | E =        | Evenin  |               | R CODES     | C = Ch   | narity       |            | S           | S = Scho | larship |  |  |
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|  | Example   |            |            |            |         |               |             |          | M            |            | S           | C        | С       |  |  |
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|     | Sept | ember |      | Year: | 202 | 23  |    |     | Oct | ober |     |
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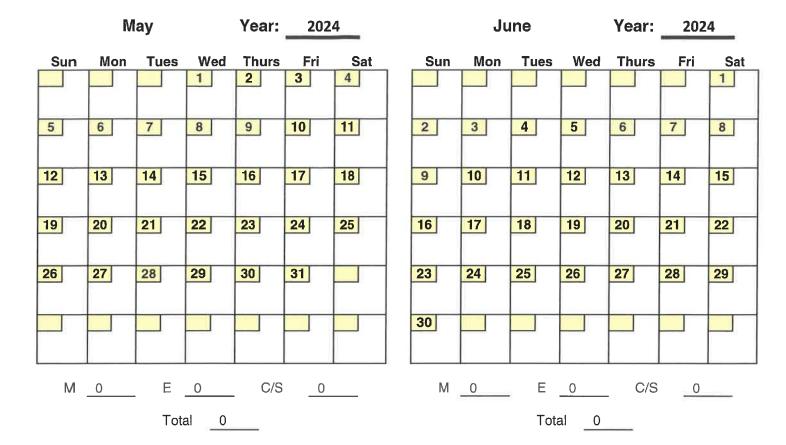
Year: 2023

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|---------|---------|---------|-------------|-------|-----|-----|---|-----|-----|------|-----|-------|-----|-----|
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| 10<br>M | 11 M    | 12<br>M | 13          | 14    | 15  | 16  |   | 14  | 15  | 16   | 17  | 18    | 19  | 20  |
| 17<br>M | 18<br>M | 19<br>M | 20          | 21    | 22  | 23  |   | 21  | 22  | 23   | 24  | 25    | 26  | 27  |
| 24<br>M | 25<br>M | 26<br>M | 27          | 28    | 29  | 30  |   | 28  | 29  | 30   |     |       |     |     |
| 31<br>M |         |         |             |       |     |     |   |     |     |      |     |       |     |     |
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|             |                              | CARD    | ROOM OPERATORS | SONLY    |        |          |  |  |  |  |  |  |  |  |  |
|-------------|------------------------------|---------|----------------|----------|--------|----------|--|--|--|--|--|--|--|--|--|
|             | Hours of Cardroom Operations |         |                |          |        |          |  |  |  |  |  |  |  |  |  |
| Sunday      | Monday                       | Tuesday | Wednesday      | Thursday | Friday | Saturday |  |  |  |  |  |  |  |  |  |
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| _           | _                            |         | _              | _        |        | _        |  |  |  |  |  |  |  |  |  |
| Year Round? | Yes                          | ☐ No    | If No, Dates:  |          |        |          |  |  |  |  |  |  |  |  |  |

|  |                                    | OATH  | E SYLEULERS A                          |
|--|------------------------------------|---|--|
| application could subject the applica- | ant to criminal penalties relating | true and complete. I understand that knowing<br>to perjury or other offenses.   | ly providing false information on this |
| Scott Savin                            | COO                                | Heller  | 12-29-22                               |
| Name (Please Print)                    | Title (Please Print)               | Signature   | Date                                   |
| State of Florida County of             | _                                  | GLORIA FERRARI Notary Public - State of Florida Commission # HH 208729 My Comm. Expires Jan 29, 2026 Bonded through National Notary Assn. | ollowing as identification:            |

# OF Department of Business & Professional Regulation

#### State of Florida

# Department of Business and Professional Regulation Chronology Report

Case #:

2023005129

Incident date: 01/03/2023

Status: 10 - Initial Review

Lic Type:

1001

Disposition:

Case Type:

Complaint

Responsible: ljelks - JELKS, LA'KESHA

Complainant:

WEST FLAGLER ASSOCIATES, LTD.

PO BOX 350940, MIAMI, FL 33135

Respondent:

FGCC, PARI-MUTUEL WAGERING

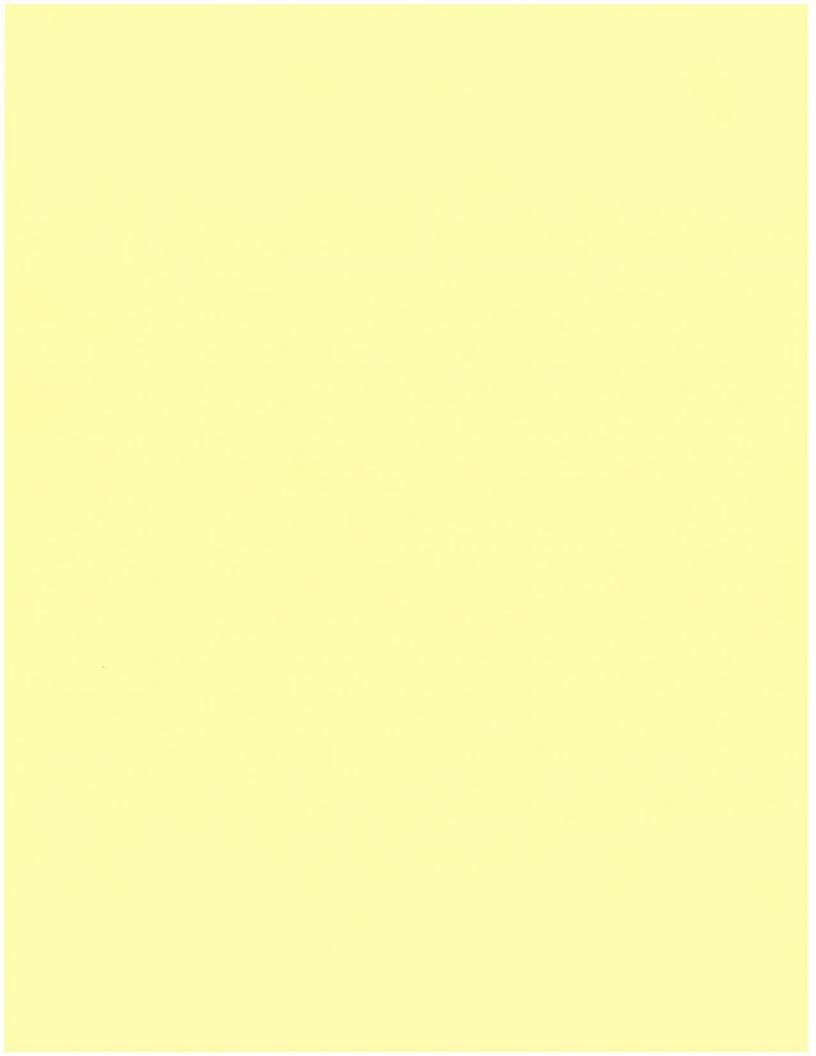
2601 BLAIR STONE ROAD, TALLAHASSEE, FL 32399

Summary:

2023/2024 OPERATING RENEWAL APPLICATION Magic City Jai-Alai (JLAI283)

Chronology:

| Effective Date | Туре | Lic Type | Code   | Description     | Responsible Party | Respondent |
|----------------|------|----------|--------|-----------------|-------------------|------------|
| 01/27/2023     | R    |          | ljelks | JELKS, LA'KESHA | ljelks            |            |
| 01/27/2023     | s    | 1001     | 10     | Initial Review  | ljelks            |            |



#### MEMORANDUM

To: The Florida Gaming Control Commission

From: Division of Pari-Mutuel Wagering

Re: West Flagler Associates, Ltd., d/b/a Summer Jai-Alai (JLAI280); 2023-004894:

Pari-Mutuel Operating License Renewal

Date: March 8, 2023

### Executive Summary

An existing permitholder submitted an application to renew its pari-mutuel wagering operating license. The Commission can approve this request.

### Background

West Flagler Associates, Ltd., d/b/a Summer Jai-Alai ("Summer Jai Alai") possesses a valid jai alai permit, numbered 280. Summer Jai Alai also possesses a pari-mutuel wagering operating license, issued for the 2022-2023 Fiscal Year. For the coming 2023-2024 Fiscal Year, Summer Jai Alai seeks permission to operate 26 live performances at a leased facility but does not plan on having any card tables.

### Analysis

Every year, each permitholder must apply to renew its licenses. <sup>1</sup> "The commission shall confirm, prior to the issuance of an operating license, that each permitholder has submitted proof with their annual application for a license, in such a form as the commission may require, that the permitholder continues to possess the qualifications prescribed by chapter 550, and that the permit has not been disapproved by voters in an election." A permitholder seeking an operating license must indicate whether it intends to "accept wagers on intertrack or simulcast events." Additionally, while pari-mutuel wagering activity may occur at leased facilities, <sup>4</sup> a permitholder may only lease its facilities to "any other holder of a same class" <sup>5</sup> of permit. Summer Jai Alai has satisfied these and other requirements <sup>6</sup> for renewed licensure.

<sup>&</sup>lt;sup>1</sup> § 550.01215(1), Fla. Stat.

<sup>&</sup>lt;sup>2</sup> § 16.712(7), Fla. Stat.; see also § 550.01215(2), Fla. Stat.

<sup>&</sup>lt;sup>3</sup> § 550.01215(1)(a)1., Fla. Stat.

<sup>&</sup>lt;sup>4</sup> § 550.054(3)(e), Fla. Stat.

<sup>&</sup>lt;sup>5</sup> § 550.475, Fla. Stat.

<sup>&</sup>lt;sup>6</sup> See, e.g. § 550.01215(1)(d), Fla. Stat. ("[O]ther than a permitholder issued a permit pursuant to s. 550.3345, a parimutuel permitholder may not be issued an operating license for the conduct of parimutuel wagering, slot machine gaming, or the operation of a cardroom if the permitholder did not hold an operating license for the conduct of parimutuel wagering for fiscal year 2020-2021.").

### Recommendation

The Florida Gaming Control Commission can approve West Flagler Associates, Ltd., d/b/a Summer Jai-Alai's request to renew its operating license for Fiscal Year 2023-2024.

STATE OF FLORIDA FLORIDA GAMING CONTROL COMMISSION DIVISION OF PARI-MUTUEL WAGERING License Number: 280 Permit Type: JLAI

Permit County: Miami-Dade

# LICENSE TO CONDUCT PARI-MUTUEL WAGERING

For:

## West Flagler Associates, Ltd.

D/B/A Summer Jai-Alai

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

3500 Northwest 37<sup>th</sup> Avenue Miami, FL 33142 Miami-Dade County

Valid From: <u>July 1, 2023</u> Expires On: June 30, 2024

Permitholder does intend to accept wagers on intertrack or simulcast events.

Issued and dated, this \_\_\_\_\_ day of March, 2023.

By

Louis Trombetta, Executive Director Florida Gaming Control Commission



This license, and attached schedule of live performances, is issued in accordance with the Florida Pari-Mutuel Wagering Act and the rules promulgated thereunder. This license shall be operated at the location of a pari-mutuel permit and is subject to any and all laws of the State of Florida.

### West Flagler Summer Jai-Alai 2023/2024 Calendar

(Per License #280) Page 2 of 2

| -          |                  |                   |        | _            | _         |                |           |           | _            | e #280)      |               |      |                |        |        |              |        |                  |       |     |
|------------|------------------|-------------------|--------|--------------|-----------|----------------|-----------|-----------|--------------|--------------|---------------|------|----------------|--------|--------|--------------|--------|------------------|-------|-----|
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| 16         | 17               | 18                | 19     | 20           | 21        | 22             | 20        | 21        | 22           | 23           | 24            | 25   | 26             | 17     | 18     | 19           | 20     | 21               | 22    | -2  |
| 23         | 24               | 25                | 26     | 27           | 28        | 29             | 27        | 28        | 29           | 30           | 31            |      | 112124         | 24     | 25     | 26           | 27     | 28               | 29    |     |
|            |                  |                   |        |              |           |                |           |           |              |              |               |      |                |        | 11 1 6 | ing i        |        |                  |       |     |
| 30         | 31               |                   |        |              |           |                |           |           |              |              |               |      |                |        |        |              |        |                  |       |     |
|            |                  | 0<br>Matinee      |        | 0<br>Evening |           | 0<br>C/S Perf. |           |           | 0<br>Matinee |              | 0<br>Evening  |      | 0<br>C/S Perf. |        |        | 0<br>Matinee |        | 0<br>Evening     |       | C/S |
|            |                  |                   | OBER   |              | -         |                |           |           | NOVE         | MREE         | R 2023        |      |                |        |        | DECE         | MRE    | R 2023           |       |     |
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| 15         | 16               | 17                | 18     | 19           | 20        | 21             | 12        | 13        | 14           | 15           | 16            | 17   | 18             | 9      | 10     | 11           | 12     | 13               | 14    |     |
| 22         | 23               | 24                | 25     | 26           | 27        | 28             | 19        | 20        | 21           | 22           | 23            | 24   | 25             | 16     | 17     | 18           | 19     | 20               | 21    |     |
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| 29         | 30               | 31                |        |              |           |                | 26        | 27        | 28           | 29           | 30            |      |                | 23     | 24     | 25           | 26     | 27               | 28    |     |
|            |                  |                   |        |              |           |                |           |           |              |              |               |      |                | 30     | 31     | -            |        |                  |       |     |
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|            | 9 ·              | JAN               | UARY   | 2024         |           |                |           |           | FEBF         | UARY         | 2024          | 1    |                |        |        | MA           | RCH 2  | 024              |       |     |
| Sun.       | Mon.             | Tues.             | Wed.   | Thurs.       | Fri.      | Sat.           | Sun.      | Mon.      | Tues.        | Wed.         | Thurs.        | Fri. | Sat.           | Sun.   | Mon.   | Tues.        | Wed.   | Thurs.           | Fri.  | S   |
|            |                  |                   | 9      | 10           | -11       | 12             | 3         | 4         | 5            | 6            | 7             | 8    | 9              | 3      | 4      | 5            | 6      | 7                | 8     |     |
| 6          | 7                | 8                 | 9      | 10           | 11        | 12             |           |           |              |              |               |      |                |        |        |              |        |                  |       |     |
| 13         | 14               | 15                | 16     | 17           | 18        | 19             | 10        | 11        | 12           | 13           | .14           | 15   | 16             | 10     | 11     | 12           | 13     | 14               | 15    |     |
| 20         | 21               | 22                | 23     | 24           | 25        | 26             | 17        | 18        | 19           | 20           | 21            | 22   | 23             | 17     | 18     | 19           | 20     | 21               | 22    |     |
| 27         | 28               | 29                | 30     | 31           |           |                | 24        | 25        | 26           | 27           | 28            | 29   |                | 24     | 25     | 26           | 27     | 28               | 29    |     |
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|            |                  |                   |        |              |           |                |           |           |              |              |               |      |                | 31     |        |              |        |                  |       |     |
|            |                  | 0<br>Matinee      | 1      | 0<br>Evening |           | 0<br>C/S Perf. |           |           | 0<br>Matinee |              | 0<br>Evening  |      | 0<br>C/S Perf. |        |        | 0<br>Matinee |        | 0<br>Evening     |       | C/S |
|            |                  |                   | RIL 20 |              | Par I     | Cut            | Sun.      | Mon.      | M<br>Tues.   | AY 20        | 24<br>Thurs.  | Fri. | Sat.           | Sun.   | Mon.   |              | NE 20  | 24<br>Thurs.     | Fri.  | s   |
| iun.       | Mon.<br>1<br>Mat | Tues.<br>2<br>Mat | Wed.   | Thurs.       | Fri.<br>5 | Sat.           | - Juli.   | wion.     | raes.        | 1            | 2             | 3    | 4              | oun.   | mon.   | Tacs.        | . reu. |                  | . 111 |     |
| 7          | 8                | 9                 | 10     | 11           | 12        | 13             | 5         | 6         | .7.          | 8            | 9             | 10   | 11             | 2      | 3      | 4            | 5      | 6                | 7     |     |
| /lat       | Mat              | Mat               | 24     | 40           | 45        | 20             | Mat       | Mat       | Mat          | 15           | 16            | 17   | 18             | 9      | 10     | 11           | 12     | 13               | 14    |     |
| 14<br>/lat | 15<br>Mat        | 16<br>Mat         | 17     | 18           | 19        | 20             | 12<br>Mat | 13<br>Mat | 14<br>Mat    | 18           | 10            | 11   | 10             | gwine. | 10     |              | 14     | 13               |       |     |
| 21<br>Vlat | 22<br>Mat        | 23<br>Mat         | 24     | 25           | 26        | 27             | 19<br>Mat | 20<br>Mat | 21<br>Mat    | 22           | 23            | 24   | 25             | 16     | 17     | 18           | 19     | 20               | 21    |     |
| 28         | 29               | 30                |        |              |           |                | 26        | 27        | 28           | 29           | 30            | 31   |                | 23     | 24     | 25           | 26     | 27               | 28    |     |
| Vlat       | Mat              | Mat               |        |              |           |                | Mat       | Mat       | Mat          |              |               | 1    |                | 30     |        |              |        |                  |       |     |
|            |                  |                   |        |              |           | 0              |           |           | 12           |              | 0             | y.   |                |        |        | . 0          |        | 0                |       |     |
|            |                  | 4.4               |        |              |           |                |           |           | 12           |              | J             |      |                |        |        |              |        |                  |       |     |
|            |                  | 14<br>Matinee     | •      | 0<br>Evening |           | C/S Perf.      |           |           | Matinee      |              | Evening       |      | 0<br>C/S Perf. |        |        | Matinee      |        | Evening          |       | C/S |

Initial Date

### Jelks, La'Kesha

From:

Julie Noonan <jnoonan@wflagler.com>

Sent:

Friday, January 27, 2023 1:39 PM

To:

Jelks, La'Kesha; I Zamora; Juan Fra; Scott Savin

Cc:

Gloria Ferrari

**Subject:** 

Re: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Confirming yes we will accept wagers and continue to simulcast for our Jai Alai permits.

Julie

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, January 27, 2023 1:10 PM

To: Julie Noonan < jnoonan@wflagler.com>; I Zamora < izamora@magicqitycasino.com>; Juan Fra

<ifra@magiccitycasino.com>; Scott <ssavin@magiccitycasino.com>

Cc: Gloria Ferrari <gferrari@wflagler.com>

Subject: RE: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

Greetings,

Does the statement below apply to 280, 283, and 286 (I have to ask, I cannot assume).

"We will continue to Simulcast."

Best,

La'Kesha Jelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

The information contained in this transmission is intended solely for the use of the person(s) named herein. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply e-mail and destroy all copies of the original message.

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From: Julie Noonan [mailto:jnoonan@wflagler.com]

Sent: Thursday, January 26, 2023 2:06 PM

To: Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov>; I Zamora <izamora@magiccitycasino.com>; Juan Fra

<jfra@magiccitycasino.com>; Scott <ssavin@magiccitycasino.com>

Cc: Gloria Ferrari <gferrari@wflagler.com>

Subject: Re: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

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Hi La'Kesha,

Attached is the certificate we included in the application.

We definitely intend to accept wagers. We will continue to Simulcast.

Can you please confirm if this email will suffice to resolve the discrepancies? Or let me know if you need anything else.

Thanks very much!

Julie

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Thursday, January 26, 2023 2:00 PM

To: I Zamora < izamora@magiccitycasino.com >; Juan Fra < ifra@magiccitycasino.com >; Julie Noonan

<inoonan@wflagler.com>; Scott <ssavin@magiccitycasino.com>

Subject: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

Greetings,

The items listed below requires submission and/or correction before the processing of West Flagler Associates, Ltd. (GHND155)'s application can be completed:

- Clerk Certificate (proof that the permitholder continues to possess the qualifications prescribed, and that the permit has not been disapproved at a later election, pursuant to Florida Statute Section 550.01215(2)
- ♣ Does the permitholder intend to accept wagers on intertrack or simulcast events, pursuant to Florida Statute 550.01215(1)(a)1.

If you have any questions regarding the deficiencies, please contact me at your earliest convenience.

Best,

La'Kesha Jelks



La'Kesha Jelks Operations Review Specialist [FGCC.FL.GOV]Florida Gaming Control Commission Pari-Mutuel Wagering Phone: (850) 717-1095

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## Jelks, La'Kesha

From:

Julie Noonan < jnoonan@wflagler.com>

Sent:

Friday, January 27, 2023 1:39 PM

To:

Jelks, La'Kesha

Subject:

Re: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

oh perfect! Thank you La'Kesha we'll be sure to include it in our future cover letters.

Julie

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

**Sent:** Friday, January 27, 2023 1:36 PM **To:** Julie Noonan jnoonan@wflagler.com>

Subject: RE: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

Julie,

It currently is not on a form. We ask that this information **be included** in the cover letter to satisfy the statute requirement.

### 550.01215 License application; periods of operation; license fees; bond.—

- (1) Each permitholder shall annually, during the period between December 15 and January 4, file in writing with the commission its application for an operating license for a pari-mutuel facility for the conduct of parimutuel wagering during the next state fiscal year, including intertrack and simulcast race wagering. Each application for live performances must specify the number, dates, and starting times of all live performances that the permitholder intends to conduct. It must also specify which performances will be conducted as charity or scholarship performances.
  - (a) Each application for an operating license also must include:
- 1. For each permitholder, whether the permitholder intends to accept wagers on intertrack or simulcast events.

Best,

La'Kesha Jelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

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From: Julie Noonan [mailto:jnoonan@wflagler.com]

Sent: Friday, January 27, 2023 1:29 PM

To: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Subject: Re: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha,

Is this a spot on a form that we have been missing? Sorry we are trying to understand what we can do to prevent you from having discrepancies in the future.

Thank you!

Julie

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, January 27, 2023 1:10 PM

To: Julie Noonan <<u>inoonan@wflagler.com</u>>; I Zamora <<u>izamora@magiccitycasino.com</u>>; Juan Fra

<ifra@magiccitycasino.com>; Scott <ssavin@magiccitycasino.com>

Cc: Gloria Ferrari < gferrari@wflagler.com>

Subject: RE: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

Greetings,

Does the statement below apply to 280, 283, and 286 (I have to ask, I cannot assume).

"We will continue to Simulcast."

Best,

La'Kesha Jelks



La'Kesha Jelks
Operations Review Specialist
[FGCC.FL.GOV]Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

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Sent: Thursday, January 26, 2023 2:06 PM

To: Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov>; I Zamora <<u>izamora@magiccitycasino.com</u>>; Juan Fra

< ifra@magiccitycasino.com>; Scott < ssavin@magiccitycasino.com>

Cc: Gloria Ferrari < gferrari@wflagler.com>

Subject: Re: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

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Hi La'Kesha,

Attached is the certificate we included in the application.

We definitely intend to accept wagers. We will continue to Simulcast.

Can you please confirm if this email will suffice to resolve the discrepancies? Or let me know if you need anything else.

Thanks very much!

Julie

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Thursday, January 26, 2023 2:00 PM

To: I Zamora < izamora@magiccitycasino.com >; Juan Fra < ifra@magiccitycasino.com >; Julie Noonan

<inoonan@wflagler.com>; Scott <ssavin@magiccitycasino.com>

Subject: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

Greetings.

The items listed below requires submission and/or correction before the processing of West Flagler Associates. Ltd. (GHND155)'s application can be completed:

- Clerk Certificate (proof that the permitholder continues to possess the qualifications prescribed, and that the permit has not been disapproved at a later election, pursuant to Florida Statute Section 550.01215(2)
- ♣ Does the permitholder intend to accept wagers on intertrack or simulcast events, pursuant to Florida Statute 550.01215(1)(a)1.

If you have any questions regarding the deficiencies, please contact me at your earliest convenience.

Best,

La'Kesha Gelks



La'Kesha Jelks
Operations Review Specialist
[FGCC.FL.GOV]Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

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# WEST FLAGLER ASSOCIATES, LTD.

RECEIVED

2023 JAN -3 PM 2: 05

P.O. BOX 350940 
MIAMI 
FLORIDA 33135-0940 
(305) 649-3000

CONTROL COMMISSION

December 29, 2022

Louis Trombetta, Director Division of Pari-Mutuel Wagering Florida Department of Business and Professional Regulation 2601 Blair Stone Road Tallahassee, FL 32399-1027

Re: Summer Jai Alai Partnership's Application for 2023/2024 License and Operating Dates

Director Trombetta:

Please find enclosed Summer Jai Alai Partnership's [Permit #280] Application for License and Operating Dates for the 2023/2024 year. This Application is being submitted in compliance with section 550.01215(1)(b)1, Florida Statutes, which states:

A greyhound permitholder may not conduct live racing. A jai-alai permitholder, harness horse racing permitholder, or quarter horse racing permitholder may elect not to conduct live racing or games. A thoroughbred permitholder must conduct live racing. A greyhound permitholder, jai alai permitholder, harness horse racing permitholder, or quarter horse racing permitholder that does not conduct live racing or games retains its permit; is a parimutuel facility as defined in s. 550.002(23); if such permitholder has been issued a slot machine license, the facility where such permit is located remains an eligible facility as defined in s. 551.102(4), continues to be eligible for a slot machine license pursuant to s. 551.104(3), and is exempt from ss. 551.104(4)(c) and (10) and 551.114(2); is eligible, but not required, to be a guest track and, if the permitholder is a harness horse racing permitholder, to be a host track for purposes of intertrack wagering and simulcasting pursuant to ss. 550.3551, 550.615, 550.625, and 550.6305; and remains eligible for a cardroom license.

Thus, given that Summer Jai Alai Partnership is a jai-alai permitholder, it has elected to conduct live performances during the 2023/2024 year.

All renewal applications and documentation required to ensure Summer Jai Alai Partnership can continue conducting these activities are enclosed.

Thank you for your consideration and please let me know if you have any questions or need any additional information.

Sincerely,

Scott Savin

Enclosure

# DBPR PMW-3060 – Permitholder Application for License and Operating Dates

RECEIVED



# STATE OF FLORIDA 2023 JAN -3 PM 2: 05 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DIVISION OF PARI-MUTUEL WAGERING www.myfloridalicense.com

CONTROL COMMISSION

INSTRUCTIONS

This form is to be submitted in conjunction with Form DBPR PMW-3080 – Permitholder Calendar and Form DBPR PMW-3190 – Officers and Directors.

Check the box that designates the purpose of this form filing:

Application for Annual License and Operating Dates

Application for Amendment to Annual License and Operating Dates

| PERMITHOLDER IN   | FORMATIO                      |  |                                      |  |  |
|---|-------------------------------|--|--------------------------------------|--|--|
| Permitholder Name Permit West Flagler Associates, Ltd.  | <sup>1</sup> # 280            | FEID# or SSN *                             |                                      |  |  |
| Doing Business As (D/B/A)<br>Summer Jai-Alai Partnership  |                               | ·.   |                                      |  |  |
| MAILING ADD   | RESS                          |  |                                      |  |  |
| Street Address or P.O. Box<br>PO Box 350940   |                               |  |                                      |  |  |
| City<br>Miami   |                               | State<br>FL                                | Zip Code (+4 optional)<br>33135-0940 |  |  |
| County<br>(if Florida address) Miami-Dade   | Country L                     | JSA  |                                      |  |  |
| CONTACT INFORMATION   |                               |  |                                      |  |  |
| Contact Name  | Title                         |  |                                      |  |  |
| Scott Savin   | COO                           |  |                                      |  |  |
| Primary Phone Number  | Fax Numb                      | er   |                                      |  |  |
| Primary E-Mail Address  | Cell Phone                    | Number                                     |                                      |  |  |
| PHYSICAL LOCATION OF PA   | RI-MUTUEL                     | FACILITY                                   |                                      |  |  |
| Street Address<br>3500 NW 37th Ave.   |                               |  |                                      |  |  |
| City  |                               | State                                      | Zip Code (+4 optional)               |  |  |
| Miami   |                               | FL   | 33142                                |  |  |
| If there is a lease agreement to operate live performances at and of the lease agreement containing the following information:  (1) The name of the applicant and the lessor;  (2) The address of the applicant and the lessor;  (3) The type of permit held by both the applicant and the lessor;  (4) The exact location where the applicant is currently permitted to co.  (5) The exact location where the applicant intends to conduct pari- | o conduct pa<br>onduct pari-r | ari-mutuel performan<br>mutuel performance | nces;<br>s; and                      |  |  |

<sup>\*</sup>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, 654; and Sections 409.2577, 409.2598, and 559.79, Florida Statutes. 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.

|   | INFORMATION  |
|---|--|
|   | ancellation election been held in your county? the Circuit Court or other authorized County Official certifying that the |
| permit has not been recalled.   |  |
|   | s, or directors; or a change in ownership or location of the pari-mutuel   |
| facility? If changed, state fully. If none, state "No change." Use ac   | iditional pages, if necessary.   |
| No Change   |  |
| Is the applicant incorporated? Yes No If yes, under the la  |  |
| Please list all officers and directors of the applicant using Form DBI  |  |
| <ul> <li>Officers and Directors. If corporation, list name of corporation and</li> </ul>  |  |
| Please list the stockholders of record of the applicant using Form D  |  |
| Please list the stockholders of the applicant who are subject to a vo<br>beneficial owner using Form DBPR PMW-3190 – Officers and Direct                            |  |
| Have any persons listed on Form DBPR PMW-3190 – Officers and  | Directors ever been convicted of or had adjudication withheld for any  |
| crime, or pled guilty or nolo contendere to any criminal charges (oth<br>If yes, list the individual(s) name, license number and title:                             | ner than minor traffic violations) in any state or county? Yes 🗖 No 🔳  |
|   |  |
|   |  |
|   |  |
| ODED ATIMO OF A   | CON INFORMATION  |
|   | SON INFORMATION  |
| The applicant desires to conduct a racing/jai alai meet for the 20 23 period(s). Please follow instructions on calendars attached to permi                          |  |
| Opening Date(s):  | Closing Date(s):   |
| July 1, 2023  | June 30, 2024  |
| Number of Dark Days:  | Number of Live Days.   |
| Performances  |  |
| Number of Evening Performances  | 96 P Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z   |
| Number of Matinee Performances 26   |  |
| Number of Charity/Scholarship Performances  Total Number of Performances  26  |  |
| Total Number of Feriolitiances  | <u> </u>   |
| Number of races/games during evening performances:  | Number of races/games during matinee performances: 8 to 10   |
| Starting time:  | Starting time: 1:30PM  |
| For greyhound tracks only:  Do you intend to hold an additional charity day for the greyhound ad If yes, please indicate the date when the "Greyhound Adopt-a-Pet D |  |
|   |  |
|   |  |
| 0.  | ATH  |
| I swear or affirm that the information provided in this application is t  |  |
| information on this application could subject the applicant to crimina  |  |
| Scott Savin C.O.O.  | 12-29-22   |
| Name (Please Print) Title (Please Print)  | Signature Date   |
| State of Florida  |  |
| County of MIGMI-Dade.   | December 22  |
| Sworn to (or affirmed) and subscribed before me this delay of   | December 2023  |
| SWH SAVIN who   | is personally known to me or produced the following as identification:   |
|   | GLORIA FERRARI   |
| Many en la con  | Notary Public - State of Florida   |
| Notan Public  | Commission # HH 208729 My Comm. Expires Jan 29, 2026   |
| My Commission Expires:  | Bonded through National Notary Assn.   |
|   |  |

## Jelks, La'Kesha

From: Pouncey, Jamie

Sent: Thursday, March 2, 2023 11:20 AM

To: Jelks, La'Kesha

**Subject:** FW: Permit 280 - West Flagler Associates, Ltd, d/b/a Summer Jai Alai

Attachments: Summer Jai Alai Agreement 23-24 Rev1.pdf

# Jamie Pouncey Program Administrator

Florida Gaming Control Commission

Division of Pari-Mutuel Wagering

850.717.1073 Office 850.488.0550 FAX 850.556.7301 Cell Important: Confidentiality & Public Records Statement

From: Julie Noonan [mailto:jnoonan@wflagler.com]

Sent: Thursday, March 2, 2023 11:13 AM

To: Pouncey, Jamie < Jamie.Pouncey@fgcc.fl.gov>

**Cc:** Scott Savin <ssavin@wflagler.com>; Gloria Ferrari <gferrari@wflagler.com> **Subject:** RE: Permit 280 - West Flagler Associates, Ltd, d/b/a Summer Jai Alai

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Please find attached the lease agreement for Permit 280 Summer Jai Alai

From: Julie Noonan < inoonan@wflagler.com > Sent: Thursday, March 2, 2023 7:56 AM

To: Pouncey, Jamie < Jamie.Pouncey@fgcc.fl.gov>

**Cc:** Scott Savin < ssavin@wflagler.com >; Gloria Ferrari < gferrari@wflagler.com > **Subject:** Re: Permit 280 - West Flagler Associates, Ltd, d/b/a Summer Jai Alai

Good morning Jamie,

Concerning Permit 280 - West Flagler Associates, Ltd, d/b/a Summer Jai Alai:

This permit will operate pursuant to the lease agreement dated December 21, 2022, submitted with Form 3060. The permitted premises for West Flagler Associates' Magic City Jai Alai facility is 401 NW 38<sup>th</sup> Court, Miami FL, 33126.

The change in ownership does not affect the ability to operate at the premises where the permit is issued.

Please note I have update Scott and Gloria's emails to our @wflagler emails.

If you have any questions, please feel free to contact us. We are happy to explain the situation.

From: Pouncey, Jamie < Jamie.Pouncey@fgcc.fl.gov >

Date: Wednesday, March 1, 2023 at 4:32 PM

To: Gloria Ferrari@magiccitycasino.com) <gferrari@magiccitycasino.com>, Scott Savin

(<u>ssavin@magiccitycasino.com</u>) < <u>ssavin@magiccitycasino.com</u>>, Julie Noonan < <u>inoonan@wflagler.com</u>>

Subject: Permit 280 - West Flagler Associates, Ltd, d/b/a Summer Jai Alai

The following item remains deficient and must be resolved before processing of your application can be completed:

Pursuant to the lease agreement dated December 21, 2022, submitted with Form 3060, Permitholder
Application for License and Operating Dates, West Flagler Associates, Ltd. d/b/a Summer Jai-Alai
Partnership intends to lease from West Flagler Associates, Ltd. a portion of the Magic City Jai-Alai facility
located at 401 Northwest 38th Court, Miami, Florida 33126, to conduct its live jai-alai performances
during the 2023 fiscal year.

However, the Commission is aware that the ownership of the Magic City Jai-Alai facility is changing. In that regard, please explain how Summer Jai-Alai Partnership intends to conduct live jai-alai performances at 401 Northwest 38<sup>th</sup> Court, Miami, Florida, 33126, during the 2023 fiscal year.

If your deficient item is not received by the Division within 3 days from the date of this email, your application may be denied.



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#### **AGREEMENT**

This agreement (the "Agreement") is made and entered into as of this 21st day of December, 2022 (the "Effective Date"). by and between Summer Jai Alai Partnership ("SJA") and West Flagler Associates ("WFA") (hereinafter, the "Parties").

#### RECITALS

WHEREAS, WFA is the holder of a jai alai pari-mutuel wagering permit (the "Magic City Permit") for the conduct of jai alai performances, at the facility located at 401 NW 38<sup>th</sup> Court, Miami, Florida 33126 (the "Magic City Facility"); and

WHEREAS, SJA is the holder of a jai alai pari-mutuel wagering permit (the "SJA Permit") for the conduct of jai alai performances, at 3500 NW 37th Avenue, Miami, Florida 33142 (the "SJA Permitted Location"); and

WHEREAS, section 550.475, Florida Statutes, authorizes the holder of a valid pari-mutuel permit for the conduct of any jai alai games, dog racing, or thoroughbred and standardbred horse racing (the "Pari-mutuel Activity") to lease the facilities of another holder of the same class of pari-mutuel permit when located within a 35-mile radius of each other, and to operate its pari-mutuel activity at the leased facility; and

WHEREAS, Magic City's Permit is of the same class as SJA's Permit, and Magic City's Facility is located within 35 miles of the SJA Permitted Location; and

WHEREAS, SJA is desirous of leasing a portion of the Magic City Facility for the conduct of its live jai alai performances during the 2023-2024 fiscal year, and WFA is willing to lease a portion of the Magic City Facility to SJA, under the terms and conditions set forth below; and

WHEREAS, the Parties have or will duly submit to the Division of Pari-Mutuel Wagering (the "Division") date change requests to effectuate the respective live jai alai performances set forth herein (the "Date Change"),

#### TERMS OF THE AGREEMENT

NOW, THEREFORE, in consideration of mutual promises contained herein and other good and valuable consideration, the sufficiency of which is hereby acknowledged, the Parties agree as follows:

- 1. The foregoing recitals are true and correct.
- Subject to Division's approval of SJA annual pari-mutuel wagering license application, WFA shall lease to SJA
  the portion of the Magic City Facility required for the conduct of live jai alai performances (the "Jai Alai
  Premises") commencing 12:01 a.m. on July 1, 2023 the "Commencement Date") until 11:59 p.m., June 30,
  2024 (the "Termination Date").
- 3. The period beginning at the Commencement Data and ending at the Termination Date shall be known as the "Lease Term."
- 4. SJA shall be entitled to receive all tax credits (the "SJA Tax Credits") provided to it during the Lease Term pursuant to sections 550.09511 (1)(b), 550.09511 (2)(a) 1., and 550.1646 Florida Statutes, (less credits already taken and less the p01 lion of daily license fees required for prizes).
- 5. In consideration for the leasing of the Jai Alai Premises, SJA shall pay to WFA \$1 per live jai alai performance (the "Performance Fee"). SJA shall concurrently pay any and all sales tax on the Performance Fee. SJA shall pay the Performance Fee to WFA within 10 days before the start of each month.
- 6. WFA shall continue to manage and operate the Jai Alai Premises during the Term (the "Management Services"). In consideration for providing Management Services during the Lease Term, WFA shall receive and retain all the commissions from the live jai alai performances conducted pursuant to the SJA Permit (the "Commissions"), except the SJA Tax Credits provided to SJA, as set forth in paragraph 4 above. The Parties agree that the Commissions are not a part of the Performance Fee. WFA will employ all of the personnel necessary to provide the Management Services, at WFA's cost. WFA will also pay the costs of operating the Magic City facility during the Lease Term. It is the intent of the Parties and this Agreement that, except for the Performance Fees, this Agreement be revenue and expense neutral to WFA, and that WFA not pay expenses or receive Commissions in excess of what it would have paid and received had live jai alai performances been conducted during the Lease Term under the Magic City Permit.
- 7. WFA shall be responsible for all reporting requirements required by the Division.
- 8. This Agreement shall be construed, governed by, and interpreted, and the legal relations between the Parties hereto shall be determined, in accordance with the substantive laws of the State of Florida.
- 9. This Agreement may be executed in several counterparts, each of which shall constitute an original, but all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF, WFA and SJA have caused this Agreement to be executed, effective as of the day and year first above written.

# SIGNATURE PAGE FOLLOWS:

| WEST FLAGLER ASSOCIATES     |
|-----------------------------|
| Ву:                         |
|                             |
| SUMMER JAI ALAI PARTNERSHIP |
| By:                         |

#### **AGREEMENT**

This agreement (the "Agreement") is made and entered into as of this 21st day of December, 2022 (the "Effective Date"). by and between Summer Jai Alai Partnership ("SJA") and West Flagler Associates ("WFA") (hereinafter, the "Parties").

#### RECITALS

WHEREAS, WFA is the holder of a jai alai pari-mutuel wagering permit (the "Magic City Permit") for the conduct of jai alai performances, at its facility at 401 NW 38<sup>th</sup> Court, Miami, Florida 33126 (the "Magic City Facility"); and

WHEREAS, SJA is the holder of a jai alai pari-mutuel wagering permit (the "SJA Permit") for the conduct of jai alai performances, at 3500 NW 37th Avenue, Miami, Florida 33142 (the "SJA Permitted Location"); and

WHEREAS, section 550.475, Florida Statutes, authorizes the holder of a valid pari-mutuel permit for the conduct of any jai alai games, dog racing, or thoroughbred and standardbred horse racing (the "Pari-mutuel Activity") to lease the facilities of another holder of the same class of pari-mutuel permit when located within a 35-mile radius of each other, and to operate its pari-mutuel activity at the leased facility; and

WHEREAS, Magic City's Permit is of the same class as SJA's Permit, and Magic City's Facility is located within 35 miles of the SJA Permitted Location; and

WHEREAS, SJA is desirous of leasing a portion of the Magic City Facility for the conduct of its live jai alai performances during the 2023-2024 fiscal year, and WFA is willing to lease a portion of the Magic City Facility to SJA, under the terms and conditions set forth below; and

WHEREAS, the Parties have or will duly submit to the Division of Pari-Mutuel Wagering (the "Division") date change requests to effectuate the respective live jai alai performances set forth herein (the "Date Change"),

•

#### TERMS OF THE AGREEMENT

NOW, THEREFORE, in consideration of mutual promises contained herein and other good and valuable consideration, the sufficiency of which is hereby acknowledged, the Parties agree as follows:

- 1. The foregoing recitals are true and correct.
- Subject to Division's approval of SJA annual pari-mutuel wagering license application, WFA shall lease to SJA
  the portion of the Magic City Facility required for the conduct of live jai alai performances (the "Jai Alai
  Premises") commencing 12:01 a.m. on July 1, 2023 the "Commencement Date") until 11:59 p.m., June 30,
  2024 (the "Termination Date").
- 3. The period beginning at the Commencement Data and ending at the Termination Date shall be known as the "Lease Term."
- 4. SJA shall be entitled to receive all tax credits (the "SJA Tax Credits") provided to it during the Lease Term pursuant to sections 550.09511 (1)(b), 550.09511 (2)(a) 1., and 550.1646 Florida Statutes, (less credits already taken and less the p01 lion of daily license fees required for prizes).
- 5. In consideration for the leasing of the Jai Alai Premises, SJA shall pay to WFA \$1 per live jai alai performance (the "Performance Fee"). SJA shall concurrently pay any and all sales tax on the Performance Fee. SJA shall pay the Performance Fee to WFA within 10 days before the start of each month.
- 6. WFA shall continue to manage and operate the Jai Alai Premises during the Term (the "Management Services"). In consideration for providing Management Services during the Lease Term, WFA shall receive and retain all the commissions from the live jai alai performances conducted pursuant to the SJA Permit (the "Commissions"), except the SJA Tax Credits provided to SJA, as set forth in paragraph 4 above. The Parties agree that the Commissions are not a part of the Performance Fee. WFA will employ all of the personnel necessary to provide the Management Services, at WFA's cost. WFA will also pay the costs of operating the Magic City facility during the Lease Term. It is the intent of the Parties and this Agreement that, except for the Performance Fees, this Agreement be revenue and expense neutral to WFA, and that WFA not pay expenses or receive Commissions in excess of what it would have paid and received had live jai alai performances been conducted during the Lease Term under the Magic City Permit.
- 7. WFA shall be responsible for all reporting requirements required by the Division.
- 8. This Agreement shall be construed, governed by, and interpreted, and the legal relations between the Parties hereto shall be determined, in accordance with the substantive laws of the State of Florida.
- 9. This Agreement may be executed in several counterparts, each of which shall constitute an original, but all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF, WFA and SJA have caused this Agreement to be executed, effective as of the day and year first above written.

# SIGNATURE PAGE FOLLOWS:

| WEST FLA | GLER ASSOCIATES, LLP |  |
|----------|----------------------|--|
| Ву:      | Utt                  |  |
|          | / 10                 |  |

SUMMER JAI ALAI PARTNERSHIP

401 NW 38<sup>th</sup> Court

Miami, FL 33126



Previous on List

Next on List

Return to List

Filing History

# Fictitious Name Detail

#### **Fictitious Name**

SUMMER JAI-ALAI

#### Filing Information

Registration Number G11000035623

Status

**ACTIVE** 

**Filed Date** 

04/11/2011

12/31/2026

**Expiration Date** 

2

**Current Owners** 

MIAMI-DADE

County

3

**Total Pages Events Filed** 

**FEI/EIN Number** 

2 NONE

**Mailing Address** 

401 NW38TH CT ATTN: CHIEF FINANCIAL OFFICER

MIAMI, FL 33135

#### **Owner Information**

BKCLP 2, LTD. P.O. BOX 220650

HOLLYWOOD, FL 33022 FEI/EIN Number:

Document Number: A97000001734 WEST FLAGLER ASSOCIATES, LTD.

401 NW 38TH CT MIAMI, FL 33126

FEI/EIN Number:

Document Number: A00686

#### **Document Images**

04/11/2011 -- Fictitious Name Filing

View image in PDF format

08/06/2021 -- Fictitious Name Renewal Filing

View image in PDF format

08/18/2016 - Fictitious Name Renewal Filing

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Filing History





# STATE OF FLORIDA 2023 JAN -3 PM 2: 06 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING

www.myfloridalicense.com

CONTROL COMMISSION

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

|   | ORGANIZATION NAME |
|---|-------------------|
| Name of Organization<br>West Flagler Associates, Ltd. | Permit # 280      |
| D/B/A or Trade Name<br>Summer Jai-Alai Partnership    |                   |

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 

Manager Managed

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

Attach additional sheets as necessary.

|  | MANAGEMEN | TINFORMATIO | NC       |                     |              |
|--|-----------|-------------|----------|---------------------|--------------|
| Last Name                                    | First     | IV          | liddle   | Title               | Suffix       |
| West Flagler Associates, Ltd., A Florida Lir | ·         |             |          |                     |              |
| Office Held                                  | License # |             | Percenta | age of Ownersh      | ip           |
|  |           |             | 100%     |                     |              |
| RESIDENCE ADDRESS                            |           |             |          |                     |              |
| Street Address or P.O. Box                   |           |             |          |                     |              |
| P.O. Box 350940                              |           |             |          |                     |              |
| City<br>Miami                                |           | State<br>FL | €        | Zip Code (<br>33135 | +4 optional) |
| County<br>(if Florida address) Miami-Da      | ade       | Country US  | SA       |                     |              |

| MANAGEMENT INFORMATION                  |                     |         |             |               |                   |               |
|---|---------------------|---------|-------------|---------------|-------------------|---------------|
| Last Name<br>Savin                      | First<br>Scott      |         | Mid         | dle           | Title             | Suffix        |
| Office Held<br>COO                      | License #<br>184061 |         |             | Percenta<br>% | ge of Ownersh     | hip           |
|   | RESIDEN             | CE ADDF | RESS        |               |                   |               |
| Street Address or P.O. Box              |                     |         |             |               |                   |               |
| 901 Brickell Key Drive A                | pt. 1408            |         |             |               |                   |               |
| City<br>Miami                           |                     |         | State<br>FL |               | Zip Code<br>33131 | (+4 optional) |
| County<br>(if Florida address) Miami-Da | ade                 | Countr  | y USA       | ١             | A)                |               |



License

Lic Type 1055 - Slot/Cardroom/Pari-Mutuel Indiv Combo Fed Tax #

Lic Status Current

Expires On 06/30/2023

File # 1093

Name SAVIN, SCOTT C

Extended To

License # 184061

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

Entity # 184061

Renewed On 04/14/2020

**Address** 

Street # 901

Street BRICKELL BAY BLVD #1408

Line 2

Line 3

City MIAMI

State FL

Zip 33131

Routing

| ALLIN SELUNIE ELLIN TO A SELECTION OF SELECT | MANAGEMEN           | T INFOR | MATIO | N          |             |        |          |
|--|---------------------|---------|-------|------------|-------------|--------|----------|
| Last Name<br>Havenick  | First<br>Barbara    |         |       | ddle<br>⊣. | Title       |        | Suffix   |
| Office Held<br>President   | License #<br>349848 |         |       | Percentag  | e of Owners | hip    | 2023     |
|  | RESIDENC            | CE ADDR | RESS  |            |             | 70     | 300      |
| Street Address or P.O. Box   |                     |         |       |            |             | 28     | -        |
| 369 Leucadendra Dr.  |                     |         |       |            |             | 20     | 70       |
| City<br>Coral Gables   |                     |         | State |            | Zip Code    | (+4 op | otional) |
| County<br>(if Florida address) Miami-Da  | ade                 | Countr  | y US  | A          | 1           | 50     | 90       |

|                                    | MANAGEMEN            | NT INFOR | MATION       |                 |              |
|------------------------------------|----------------------|----------|--------------|-----------------|--------------|
| Last Name<br>Havenick              | First<br>Isadore     |          | Middle<br>H. | Title           | Suffix       |
| Office Held<br>Vice President      | License #<br>1415366 |          | Percen       | tage of Ownersh | nip          |
|                                    | RESIDEN              | ICE ADDR | RESS         |                 |              |
| Street Address or P.O. Bo          | OX                   |          |              |                 |              |
| 615 Melaleuca La                   | ne                   |          |              |                 |              |
| City<br><sup>Miami</sup>           |                      |          | State<br>FL  | Zip Code (      | +4 optional) |
| County<br>(if Florida address) Mia | mi-Dade              | Countr   | y USA        | '               |              |

|   | MANAGEME             | NT INFOR | MATION       |                  |               |
|---|----------------------|----------|--------------|------------------|---------------|
| Last Name<br>Havenick                     | First<br>Alexander   |          | Middle<br>H. | Title            | Suffix        |
| Office Held<br>Vice President & Secretary | License #<br>7654515 |          | Percei       | ntage of Ownersl | hip           |
|   | RESIDEN              | ICE ADDR | RESS         |                  |               |
| Street Address or P.O. Box                | -                    |          |              |                  |               |
| 5840 SW 96 St.                            |                      |          |              |                  |               |
| City<br>Miami                             |                      |          | State        | Zip Code         | (+4 optional) |
| County<br>(if Florida address) Miami-     | -Dade                | Countr   | y USA        |                  |               |

|   |   | OATH   | Trest of the state |
|---|---|--|--|
| I swear or affirm that the ir information on this applica           | formation provided in this application could subject the applicant to c<br>C.O.O. | on is true and complete. Yunderst<br>riminal penalties relating to penur | tand that knowingly providing false y or other offenses.   |
| Name (Please Print)   | Title (Please Print)  | Signature  |  |
| State of Florida,<br>County of Minary<br>Sworn to (or affirmed) and | Date<br>subscribed before me this 29<br>Sayn                                      |  | _, 20_ <u>2_2</u><br>or produced the following as identification:  |
| Notary Public My Commission Expires:                                | Juan  | Notary Publi<br>Commissi<br>My Comm. Ex                                  | RIA FERRARI<br>ic - State of Florida<br>on # HH 208729<br>xpires Jan 29, 2026<br>ational Notary Assn.  |

License

Fed Tax #

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

Expires On 06/30/2023

File # 1092

Name HAVENICK, BARBARA J

Extended To

License # 349848

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

Renewed On 05/14/2020

Entity # 349848

Lic Status Current

Address

Street # 401

Street NW 38TH COURT

Line 2

Line 3

City MIAMI

State FL

Zip 33126

Routing

License

Fed Tax #

Lic Type 1055 - Slot/Cardroom/Parl-Mutuel (ndlv Combo

Expires On 06/30/2023

File # 1094

Name HAVENICK, ISADORE H

Extended To

License # 1415366

Rank SCPL - Slot/Cardroom/Parl-Mutuel Indiv Combo

Renewed On 05/14/2020

Entity # 1415366

Lic Status Current

Address

Street # 401

Street NW 38TH COURT

Line 2

Line 3

City MIAMI

State FL

Zip 33126

Routing

License

Fed Tax #

Lic Type 1055 - Slot/Cardroom/Parl-Mutuel Indiv Combo

Expires On 06/30/2023

File # 1095

Extended To

Name HAVENICK, ALEXANDER H Rank SCPL - Slot/Cardroom/Parl-Mutuel Indiv Combo

Renewed On 05/13/2020

License # 7654515

Entity # 7654515

Lic Status Current

Address

Street # 401

Street NW 38TH COURT

Line 2

Line 3

City MIAMI

State FL

Zip 33126

Routing

# WEST FLAGLER ASSOCIATES LTD. PARTNER LIST

Total distribution-09/15/22

| General par | rtners |
|-------------|--------|
|-------------|--------|

| Southwest Florida Enterprises, Inc. Hecht Investments, LTD. BHH, Inc. (Havenick 2018 Grandchildrens Trust) | 3.00%<br>1.00%<br><u>2.00%</u><br><u>6.00%</u> |
|--|--|
| Limited partners   |  |
| Southwest Florida Enterprises, Inc.  | 51.700%  |
| Hecht Investments, LTD.  | 6.991%   |
| Hecht Investments, Inc.  | 8.750%   |
| Southwest Florida Enterprises, Inc.  | 1.750%   |
| Barbara Havenick Testamentary Trust(Barbara Havenick Trustee UW Isadore Hecht)                             | 2.250%   |
| Havenick 2018 Grandchildrens' Trust  | 2.712%   |
| Irrevocable Trust dated January 29, 2004   | 5.688%   |
| Alan Amdur Revocable Trust   | 1.333%   |
| Marc Amdur Revocable Trust   | 1.333%   |
| Adam Amdur Revocable Trust   | 1.333%   |
| IHA,Inc. (Isabelle Amdur Revocable Trust)  | 2.000%   |
| Isabelle Amdur Revocable Trust   | 4.759%   |
| SEP S STK TRST GST TR IA Family Trust  | 1.250%   |
| The Isabelle Corporation (Isabelle Amdur)  | <u>2.150%</u>                                  |
|  | <u>94.000%</u>                                 |
|  | 100.00%  |
|  |  |

100.00%

# SOUTHWEST FLORIDA ENTERPRISES, INC OWNERSHIP SCHEDULE

Updated June 2022 Direct

| Ownership                     |  |
|-------------------------------|--|
| Percentage of<br>Shares Owned |  |
|                               |  |
| 54.21%                        |  |
| 3.34%                         |  |
| 24.08%                        |  |
| 2.36%                         |  |
| 2.99%                         |  |
| 3.22%                         |  |
| 3.22%                         |  |
| 3.22%                         |  |
| 3.36%                         |  |
| 100.00%                       |  |
|                               |  |

# Jelks, La'Kesha

From: Sent:

Julie Noonan <jnoonan@wflagler.com> Thursday, March 2, 2023 11:20 AM

To:

Pouncey, Jamie; Jelks, La'Kesha

**Subject:** 

Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

**Categories:** 

Permitholder App

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Please be advised that Joan Scheiner is no longer a trustee for the FBO Barbara Havenick Dated 1/29/04 or Havenick 2018 Grandchildren's Trust.

She has been replaced with Scott Savin (licensed). \*18440 Expires 6. 80. 2093

Thank you.

Julie

## Jelks, La'Kesha

From:

Julie Noonan < jnoonan@magiccitycasino.com>

Sent:

Friday, February 3, 2023 10:16 AM

To:

Jelks, La'Kesha

Cc:

ssavin@wflagler.com; gferrari@wflagler.com

Subject:

RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha,

The trustees for both Trusts are Barbara Havenick and Joan Scheiner.

Please let me know if you need anything else.

Have a great weekend!

Julie

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, February 3, 2023 9:32 AM

To: Cindy Fra- Naples <cfra@naplesfortmyersdogs.com>; Juan Fra <jfra@magiccitycasino.com>; Julie Noonan

<inoonan@magiccitycasino.com>

Subject: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

Greetings,

The item(s) listed below require submission and/or correction before the processing of <u>Bonita Springs Poker</u> Room's application can be completed:

- ♣ Specify who the trustees are for Trust FBO Barbara Havenick Dated 1/29/04 54.21%
- Specify who the trustees are for Havenick 2018 Grandchildren's Trust 24.08%

If you have any questions regarding the deficiencies, please contact me at your earliest convenience.

Best,

La'Kesha Jelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

The information contained in this transmission is intended solely for the use of the person(s) named herein. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply e-mail and destroy all copies of the original message.

The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure. LARGER VIEW

## Jelks, La'Kesha

From:

Julie Noonan < jnoonan@magiccitycasino.com>

Sent:

Friday, February 3, 2023 3:36 PM

To:

Jelks, La'Kesha

Subject:

RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

**Categories:** 

Permitholder App

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha,

I was reading it this way? It seems to me to imply it only relates to trustees who have access to back of house parimutuels operations?

... or to any other person or entity in one of the following categories... Professional occupational licenses: professional persons with access to the backside of a racetrack or players' quarters in jai alai such as... trustees... or any other professional-level person who might have access to...

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, February 3, 2023 2:51 PM

To: Julie Noonan < jnoonan@magiccitycasino.com>

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

As a trustee, she's still required to have a license. However, I will ask our Operations and OCG departments.

From: Julie Noonan [mailto:jnoonan@magiccitycasino.com]

Sent: Friday, February 3, 2023 12:32 PM

To: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha.

Joan doesn't have access to any of those indicated areas.

Julie

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, February 3, 2023 12:07 PM

To: Julie Noonan < inoonan@magiccitycasino.com>

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

#### I believe Joan needs a license to be a trustee of a trust...

**550.1052.** (2)(a) The following licenses shall be issued to persons or entities with access to the backside, racing animals, jai alai players' room, jockeys' room, drivers' room, totalisator room, the mutuels, or money room, or to persons who, by virtue of the position they hold, might be granted access to these areas or to any other person or entity in one of the following categories and with fees not to exceed the following amounts for any 12-month period:

- 1. Business licenses: any business such as a vendor, contractual concessionaire, business owning racing animals, trust or estate, totalisator company, stable name, or other fictitious name: \$50.
- 2. Professional occupational licenses: professional persons with access to the backside of a racetrack or players' quarters in jai alai such as trainers, officials, veterinarians, doctors, nurses, EMT's, jockeys and apprentices, drivers, jai alai players, owners, trustees, or any management or officer or director or shareholder or any other professional-level person who might have access to the jockeys' room, the drivers' room, the backside, racing animals, or managers or supervisors requiring access to mutuels machines, the money room, or totalisator equipment: \$40.

From: Julie Noonan [mailto:jnoonan@magiccitycasino.com]

Sent: Friday, February 3, 2023 11:39 AM

To: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Subject: Re: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha I don't believe she does.

#### Get Outlook for iOS

From: Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, February 3, 2023 10:45 AM

To: Julie Noonan < inoonan@magiccitycasino.com>

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

Before I take this back to Jamie, does Joan have a PMW license?

From: Julie Noonan [mailto: jnoonan@magiccitycasino.com]

Sent: Friday, February 3, 2023 10:16 AM

**To:** Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov> **Cc:** ssavin@wflagler.com; gferrari@wflagler.com

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha,

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Please let me know if you need anything else.

Have a great weekend!

Julie

From: Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, February 3, 2023 9:32 AM

To: Cindy Fra- Naples <cfra@naplesfortmyersdogs.com>; Juan Fra <jfra@magiccitycasino.com>; Julie Noonan

<inoonan@magiccitycasino.com>

Subject: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

Greetings,

The item(s) listed below require submission and/or correction before the processing of <u>Bonita Springs Poker Room's</u> application can be completed:

Specify who the trustees are for Trust FBO Barbara Havenick Dated 1/29/04 54.21% Specify who the trustees are for Havenick 2018 Grandchildren's Trust 24.08%

If you have any questions regarding the deficiencies, please contact me at your earliest convenience.

Best,

La'Kesha Jelks



La'Kesha Jelks Operations Review Specialist Florida Gaming Control Commission Pari-Mutuel Wagering Phone: (850) 717-1095

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3.00

1.00

2.00

51.70

6.991

8.75

1.75 2.25

2.712

5.688

1.333

1.333

1.333

2.000

4.759

1.250

2.150

100.00





Department of State / Division of Corporations / Search Records / Search by Officer/Registered Agent Name /

# **Detail by Officer/Registered Agent Name**

Florida Limited Partnership HECHT INVESTMENTS, LTD.

Filing Information

**Document Number** 

A17898

**FEI/EIN Number** 

•

Date Filed

09/21/1984

State

FL

**Status** 

ACTIVE

Last Event

LP AMENDMENT

Event Date Filed

04/11/2008

**Event Effective Date** 

NONE

Principal Address

401 NW 38TH COURT MIAMI, FL 33126

Mailing Address

P O BOX 350940 MIAMI, FL 33135

Changed: 03/07/2007

Registered Agent Name & Address

HAVENICK, ALEXANDER 401 NW 38TH CT MIAMI, FL 33126

Name Changed: 01/04/2011

Address Changed: 01/04/2011

General Partner Detail

Name & Address

**Document Number M31339** 

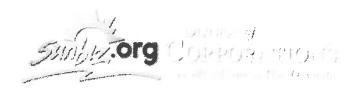
HECHT INVESTMENTS, INC. 401 NW 38TH CT. MIAMI, FL

### **Annual Reports**

| Report Year | Filed Date |
|-------------|------------|
| 2020        | 02/12/2020 |
| 2021        | 02/22/2021 |
| 2022        | 03/28/2022 |

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| 01/27/1997 ANNUAL REPORT       | View image in PDF format   |
| No. of                         | Annual Manual Ma |



Department of State / Division of Corporations / Search Records / Search by Officer/Registered Agent Name /

# **Detail by Officer/Registered Agent Name**

Florida Limited Partnership
WEST FLAGLER ASSOCIATES, LTD.

Filing Information

**Document Number** 

A00686

**FEI/EIN Number** 

Date Filed

07/23/1963

State

FL

**Status** 

ACTIVE

Last Event

LP AMENDMENT

**Event Date Filed** 

01/19/2017

**Event Effective Date** 

NONE

**Principal Address** 

401 N.W. 38TH CT. MIAMI, FL 33126

Changed: 04/03/1985

**Mailing Address** 

P.O. BOX 350940 MIAMI, FL 33135

Changed: 01/14/2010

Registered Agent Name & Address

HAVENICK, ALEXANDER

401 NW 38TH CT MIAMI, FL 33126

Name Changed: 01/04/2011

Address Changed: 01/04/2011

General Partner Detail
Name & Address

Document Number 345274

SW FL ENTERPRISES INC.

401 NW 38TH COURT MIAMI, FL 33126

Document Number M61293

BHH, INC. 401 NW 38TH COURT MIAMI, FL 33126

Document Number A17898

HECHT INVESTMENTS, LTD. 401 NW 38TH COURT MIAMI, FL 33126

#### **Annual Reports**

| Report Year | Filed Date |
|-------------|------------|
| 2020        | 02/12/2020 |
| 2021        | 02/22/2021 |
| 2022        | 03/28/2022 |

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| 10/27/1997 ANNUAL REPORT   | View image in PDF format |
| 10/31/1996 ANNUAL REPORT   | View image in PDF format |

## Certificate

## **CLERK OF THE CIRCUIT COURT**

as Clerk of

## The Board of County Commissioners

I, HARVEY RUVIN, being the Clerk of the Circuit Court in and for Miami-Dade County, Florida, and as such being Clerk of the Board of County Commissioners of said County, do hereby certify that there has been no election in said County resulting in a recall of the para-mutual permit now held by *West Flagler Associates*, *Ltd.*, since the date of its issuance.

WITNESS my Hand and Official Seal as Clerk aforesaid this 1st day of December, A.D. 2022.

(OFFICIAL SEAL)



Deputy Clerk, Clerk of the Board

### **CONTINUATION CERTIFICATE**

The NGM Insurance Company (hereinafter called the Surety) hereby continues in force its Bond No. in the sum of Fifty Thousand Dollars and 00/100 (\$50,000.00) Dollars, on behalf of SUMMER JAI ALAI PARTNERSHIP in favor of GOVERNOR OF THE STATE OF FLORIDA subject to all the conditions and terms thereof through 14th Day of December, 2023 at location of risk.

This Continuation is executed upon the express condition that the Surety's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

IN WITNESS WHEREOF, the Surety has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its corporate seal to be hereto affixed this 13th Day of October, 2022.

NGM Insurance Company

Surety

BY:

John W. Charlton, Attorney-in-Fact

CONTROL CAGAMING

### POWER OF ATTORNEY

06-03082192

KNOW ALL MEN BY THESE PRESENTS: That NGM Insurance Company, a Florida corporation having its principal office in the City of Jacksonville, State of Florida, pursuant to Article IV, Section 2 of the By-Laws of said Company, to wit:

"Article IV, Section 2. The board of directors, the president, any vice president, secretary, or the treasurer shall have the power and authority to appoint attorneys-in-fact and to authorize them to execute on behalf of the company and affix the seal of the company thereto, bonds, recognizances, contracts of indemnity or writings obligatory in the nature of a bond, recognizance or conditional undertaking and to remove any such attorneys-in-fact at any time and revoke the power and authority given to them. "

does hereby make, constitute and appoint D W Matson III, John W Charlton ----

its true and lawful Attorneys-in-fact, to make, execute, seal and deliver for and on its behalf, and as its act and deed, bonds, undertakings, recognizances, contracts of indemnity, or other writings obligatory in nature of a bond subject to the following

1. No one bond to exceed Ten Million Dollars (\$10,000,000.00)

and to bind NGM Insurance Company thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of NGM Insurance Company; the acts of said Attorney are hereby ratified and confirmed.

This power of attorney is signed and sealed by facsimile under and by the authority of the following resolution adopted by the Directors of NGM Insurance Company at a meeting duly called and held on the 2nd day of December 1977.

Voted: That the signature of any officer authorized by the By-Laws and the company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof; such signature and seal, when so used being hereby adopted by the company as the original signature of such office and the original seal of the company, to be valid and binding upon the company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, NGM Insurance Company has caused these presents to be signed by its Vice President, General Counsel and Secretary and its corporate seal to be hereto affixed this 7th day of January, 2020.

NGM INSURANCE COMPANY By:

Kimberly K. Law

Vice President,

Los K. Pente

General Counsel and Secretary

State of Florida. County of Duval.

On this 7th day of January, 2020, before the subscriber a Notary Public of State of Florida in and for the County of Duval duly commissioned and qualified, came Kimberly K. Law of NGM Insurance Company, to me personally known to be the officer described herein, and who executed the preceding instrument, and she acknowledged the execution of same, and being by me fully sworn, deposed and said that she is an officer of said Company, aforesaid: that the seal affixed to the preceding instrument is the corporate seal of saic Company, and the said corporate seal and her signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Company; that Article IV, Section 2 of the By-Laws of said Company is now in force.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Jacksonville, Florida this 7th day of January,

2020.

I, Nancy Giordano-Ramos, Vice President of NGM Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by said Company which is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company at Jacksonville, Florida this day of <u>Refober</u>, <u>2022</u>.

WARNING: Any unauthorized reproduction or alteration of this document is prohibited. TO CONFIRM VALIDITY of the attached bond please call 1-800-225-5646

TO SUBMIT A CLAIM: Send all correspondence to 55 West Street, Keene, NH 03431 Attn: Bond Claims.





17

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Name

### STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION JAN -3 PM 2: 05 **DIVISION OF PARI-MUTUEL WAGERING**

www.myfloridalicense.com

PERMITHOLDER INFORMATION

Permit #

RECEIVED

FLORIDA GAMING CONTROL COMMISSION

| VVest Flagler Associa  | ates, Ltd. D/B/A Summer Jai Alai |                               | 280                         |  |  |  |  |  |  |  |
|--|----------------------------------|-------------------------------|-----------------------------|--|--|--|--|--|--|--|
|  | INSTRU                           | ICTIONS                       |                             |  |  |  |  |  |  |  |
| Submit this form in conjunct Dates.  | ction with the form DBPR PMW-3   | 060 – Permitholder Applicatio | n for License and Operating |  |  |  |  |  |  |  |
| Please do not overlook the   | cardroom section and the require | ed application oath on page 4 |                             |  |  |  |  |  |  |  |
| Please fill in appropriate year, and date below and on the following pages. Using the letter code below, write the type of performance in each box. Fill in the total number of performances for each month. |                                  |                               |                             |  |  |  |  |  |  |  |
| LETTER CODES   |                                  |                               |                             |  |  |  |  |  |  |  |
| M = Matinee  | E = Evening                      | C = Charity                   | S = Scholarship             |  |  |  |  |  |  |  |
|  | Example                          | E E                           | 4 5 6 7<br>M S C C<br>M E E |  |  |  |  |  |  |  |
| July   | Year:                            | August                        | Year:                       |  |  |  |  |  |  |  |
| Sun Mon Tues   | Wed Thurs Fri Sat                | Sun Mon Tues                  | Wed Thurs Fri Sat           |  |  |  |  |  |  |  |
|  | 1                                | 1                             | 2 3 4 5                     |  |  |  |  |  |  |  |
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| 9 10 11 13   | 2 13 14 15                       | 13 14 15 1                    | 16 17 18 19                 |  |  |  |  |  |  |  |

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Total

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0

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27

M

E 0

25

C/S

0

26

24

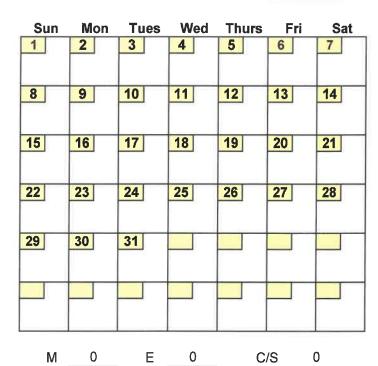
31

September Year: 2023 Sun Tues Wed Thurs Mon Fri Sat 

M \_ 0 \_ E \_ 0 \_ C/S \_ 0

Total 0

November Year: 2023

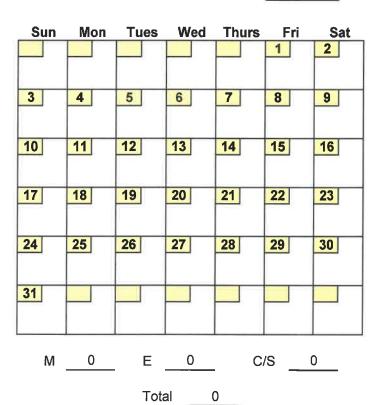


October Year: 2023

Total 0

December Year: 2023

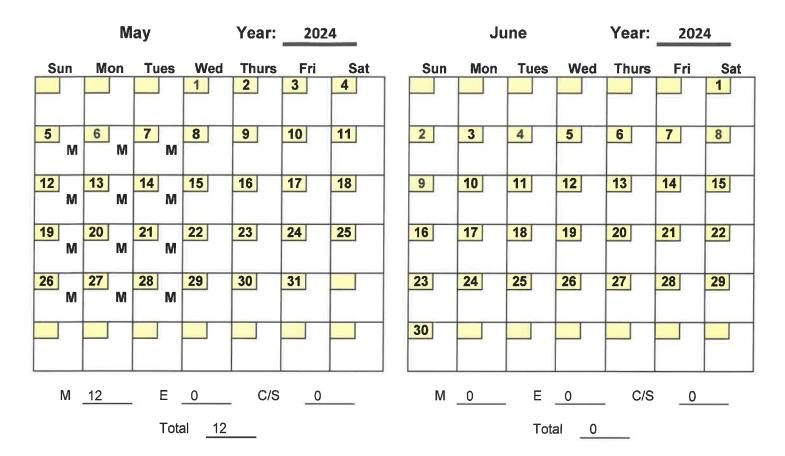
| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|-----|-----|------|-----|-------|-----|-----|
|     |     |      | 1   | 2     | 3   | 4   |
|     |     |      |     |       |     |     |
| 5   | 6   | 7    | 8   | 9     | 10  | 11  |
|     |     |      |     |       |     |     |
| 12  | 13  | 14   | 15  | 16    | 17  | 18  |
|     |     |      |     |       |     |     |
| 19  | 20  | 21   | 22  | 23    | 24  | 25  |
|     |     |      |     |       |     |     |
| 26  | 27  | 28   | 29  | 30    |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
|     |     |      |     |       |     |     |
| М   | 0   | E    | 0   | . C.  | /S  | 0   |



Total 0

January Year: \_\_2024\_\_ February Year: 2024 Thurs Wed Thurs Sun Mon Tues Wed Fri Sat Sun Mon Tues Fri Sat M 0 E 0 C/S 0 M 0 E 0 C/S 0 Total 0 Total 0

March Year: 2024 April Year: 2024 Sun Mon\_\_ Tues Wed Thurs Fri Sat Sun Mon Tues Wed Thurs Fri Sat M 2 M [ 8 9 10 M M 16 17 M M 0 E 0 C/S 0 M 14 E 0 C/S 0 Total 0 Total 14



|             | CARDROOM OPERATORS ONLY      |         |               |          |        |          |  |  |  |  |  |
|-------------|------------------------------|---------|---------------|----------|--------|----------|--|--|--|--|--|
|             | Hours of Cardroom Operations |         |               |          |        |          |  |  |  |  |  |
| Sunday      | Monday                       | Tuesday | Wednesday     | Thursday | Friday | Saturday |  |  |  |  |  |
| _           | _                            | _       | _             | _        | _      |          |  |  |  |  |  |
| _           | _                            |         | _             | _        | _      | _        |  |  |  |  |  |
| Year Round? | Yes                          | ☐ No    | If No, Dates: |          |        |          |  |  |  |  |  |

|                             |  | OATH /  |   |
|-----------------------------|--|---|---|
|                             | mation provided in this application is<br>applicant to criminal penalties relatin<br>COO | true and complete. I understand that know g to perjury or other offenses.                         | vingly providing false information on this $12-29-33$ |
| Name (Please Print)         | Title (Please Print)   | Signature   | Date  |
| State of Florida, County of | oscribed before me this day  | of December, 2022   | ne following as identification:                       |
| Motary Public               | Junen.   | GLORIA FERRARI Notary Public - State of Floric Commission # HH 208729 My Comm. Expires Jan 29, 20 | 7.672   |

Initials: >



### State of Florida

## Department of Business and Professional Regulation Chronology Report

Case #:

2023004894

Incident date: 01/03/2023

Status: 10 - Initial Review

Lic Type:

1001

Disposition:

Case Type:

Complaint

Responsible: Ijelks - JELKS, LA'KESHA

Complainant:

SUMMER JAI-ALAI

3500 NORTHWEST 37TH AVENUE, MIAMI, FL 33142

Respondent:

FGCC, PARI-MUTUEL WAGERING

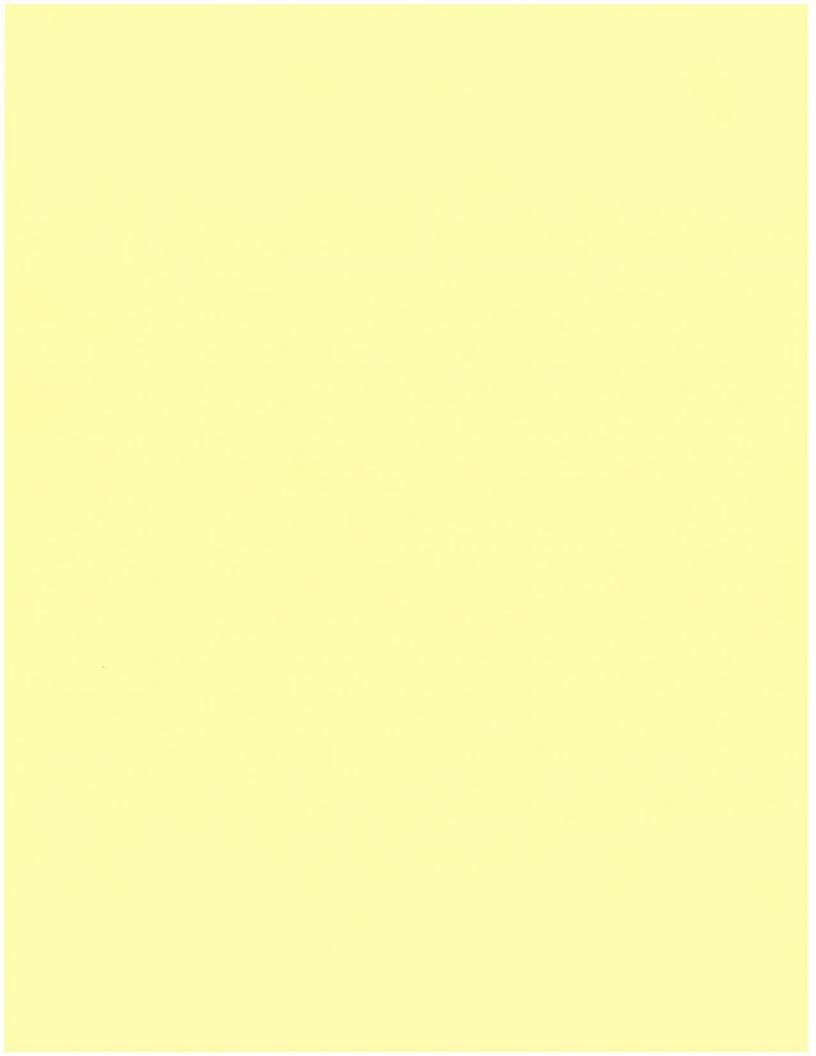
2601 BLAIR STONE ROAD, TALLAHASSEE, FL 32399

Summary:

2023/2024 OPERATING RENEWAL APPLICATION Summer Jai-Alai (JLAI280)

Chronology:

| Effective Date | Туре | Lic Type | Code   | Description     | Responsible Party | Respondent |
|----------------|------|----------|--------|-----------------|-------------------|------------|
| 01/26/2023     | R    |          | ljelks | JELKS, LA'KESHA | ljelks            |            |
| 01/26/2023     | S    | 1001     | 10     | Initial Review  | ljelks            |            |



#### MEMORANDUM

To: The Florida Gaming Control Commission

From: Division of Pari-Mutuel Wagering

Re: West Flagler Associates, Ltd., d/b/a Edgewater Jai-Alai (JLAI286); 2023-005138:

Pari-Mutuel Operating License Renewal

Date: March 8, 2023

### Executive Summary

An existing permitholder submitted an application to renew its pari-mutuel wagering operating license. The Commission can approve this request.

### Background

West Flagler Associates, Ltd., d/b/a Edgewater Jai-Alai ("Edgewater Jai Alai") possesses a valid jai alai permit, numbered 286. Edgewater Jai Alai also possesses a pari-mutuel wagering operating license, issued for the 2022-2023 Fiscal Year. For the coming 2023-2024 Fiscal Year, Edgewater Jai Alai seeks permission to operate 40 live performances at a leased facility but does not plan on having any card tables.

### Analysis

Every year, each permitholder must apply to renew its licenses. The commission shall confirm, prior to the issuance of an operating license, that each permitholder has submitted proof with their annual application for a license, in such a form as the commission may require, that the permitholder continues to possess the qualifications prescribed by chapter 550, and that the permit has not been disapproved by voters in an election." A permitholder seeking an operating license must indicate whether it intends to "accept wagers on intertrack or simulcast events." Additionally, while pari-mutuel wagering activity may occur at leased facilities, a permitholder may only lease its facilities to "any other holder of a same class" of permit. Edgewater Jai Alai has satisfied these and other requirements for renewed licensure.

#### Recommendation

The Florida Gaming Control Commission can approve West Flagler Associates, Ltd., d/b/a Edgewater Jai-Alai's request to renew its operating license for Fiscal Year 2023-2024.

<sup>&</sup>lt;sup>1</sup> § 550.01215(1), Fla. Stat.

<sup>&</sup>lt;sup>2</sup> § 16.712(7), Fla. Stat.; see also § 550.01215(2), Fla. Stat.

<sup>&</sup>lt;sup>3</sup> § 550.01215(1)(a)1., Fla. Stat.

<sup>&</sup>lt;sup>4</sup> § 550.054(3)(e), Fla. Stat.

<sup>&</sup>lt;sup>5</sup> § 550.475, Fla. Stat.

<sup>&</sup>lt;sup>6</sup> See, e.g. § 550.01215(1)(d), Fla. Stat. ("[O]ther than a permitholder issued a permit pursuant to s. 550.3345, a parimutuel permitholder may not be issued an operating license for the conduct of parimutuel wagering, slot machine gaming, or the operation of a cardroom if the permitholder did not hold an operating license for the conduct of parimutuel wagering for fiscal year 2020-2021.").

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

License Number: 286
Permit Type: JLAI

Permit County: Miami-Dade

# LICENSE TO CONDUCT PARI-MUTUEL WAGERING

For:

## West Flagler Associates, Ltd.

D/B/A Edgewater Jai-Alai

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

401 Northwest 38<sup>th</sup> Court Miami, FL 33126 Miami-Dade County

Valid From: <u>July 1, 2023</u> Expires On: <u>June 30, 2024</u>

Permitholder does intend to accept wagers on intertrack or simulcast events.

Issued and dated, this \_\_\_\_\_ day of March, 2023.

Louis Trombetta, Executive Director

Florida Gaming Control Commission



This license, and attached schedule of live performances, is issued in accordance with the Florida Pari-Mutuel Wagering Act and the rules promulgated thereunder. This license shall be operated at the location of a pari-mutuel permit and is subject to any and all laws of the State of Florida.

### Edgewater Jai-Alai 2023/2024 Calendar

(Per License #286) Page 2 of 2

| 10 17 17 24 31 Mat No. 16 Mat No. | JULY Fues. Wed  11 12 18 19 25 26  Oatinee  OCTOBE Fues. Wed 3 4 Mat | 0 Evening  R 2023 Thurs. F 5 12        | Fri. Sat.  1  7  8  14  15  21  22  28  29  C/S Perf.  Fri. Sat.  8  7  13  14  20  21 | 5                      | Mon. Tues.  7 8  14 15  21 22  28 29  Matine | 9 16 23 30 30 SEVE   | urs. Fri. 3 4 4 10 11 17 18 124 25 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Sat. 5 12 19 26 C/S Perf.        | 3<br>10<br>17<br>24 | Mon. Tues.  4 5 Mat  11 12 Mat Mat  18 19 Mat  25 26 Mat Mat  11 Matinee | MBER 2023 Wed. Thurs.  6 7 Mat 13 14 Mat 20 21 Mat 27 28 Mat  O Evening | 8<br>15<br>22<br>29 |
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|  | ADDU   | 2024                                   |  |                        | Mon. Tues.                                   | Wed: The   |   | Sat.                             | Sun.                | Mon. Tues.   | NE 2024<br>Wed. Thurs.  | Fri. S              |
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| Mat  |  | 0<br>Evening                           |  |                        | Matinee                                      | Eve<br>IAY 2024<br>Wed. The  | ning  | C/S Perf.                        | 31<br>Sun. 1        | Matinee  | NE 2<br>Wed   | Evening             |

## WEST FLAGLER ASSOCIATES, LTD.

RECEIVED

P.O. BOX 350940 

MIAMI 

FLORIDA 33135-0940 

(305) 649-3000

December 29, 2022

FLORIDA GAMING

Louis Trombetta, Director Division of Pari-Mutuel Wagering Florida Department of Business and Professional Regulation 2601 Blair Stone Road Tallahassee, FL 32399-1027

West Flagler Associates, Ltd.'s (Permit No. 286) Application for 2023/2024 License and Re: Operating Dates

Director Trombetta:

Please find enclosed West Flagler Associates, Ltd.'s (Permit No. 286) Application for License and Operating Dates for the 2023/2024 year. This Application is being submitted in compliance with section 550.01215(1)(b)1, Florida Statutes, which states:

A greyhound permitholder may not conduct live racing. A jai-alai permitholder, harness horse racing permitholder, or quarter horse racing permitholder may elect not to conduct live racing or games. A thoroughbred permitholder must conduct live racing. A greyhound permitholder, jai alai permitholder, harness horse racing permitholder, or quarter horse racing permitholder that does not conduct live racing or games retains its permit; is a pari-mutuel facility as defined in s. 550.002(23); if such permitholder has been issued a slot machine license, the facility where such permit is located remains an eligible facility as defined in s. 551.102(4), continues to be eligible for a slot machine license pursuant to s. 551.104(3), and is exempt from ss. 551.104(4)(c) and (10) and 551.114(2); is eligible, but not required, to be a guest track and, if the permitholder is a harness horse racing permitholder, to be a host track for purposes of intertrack wagering and simulcasting pursuant to ss. 550.3551, 550.615, 550.625, and 550.6305; and remains eligible for a cardroom license.

Thus, given that West Flagler Associates is a jai-alai permitholder, it has elected to conduct live performances during the 2023/2024 year.

All renewal applications and documentation required to ensure West Flagler Associates can continue conducting these activities are enclosed.

Thank you for your consideration and please let me know if you have any questions or need any additional information.

Sincerely,

**Scott Savin** COO

Enclosure

From:

Julie Noonan < jnoonan@wflagler.com>

Sent:

Friday, January 27, 2023 1:39 PM

To:

Jelks, La'Kesha

Subject:

Re: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

oh perfect! Thank you La'Kesha we'll be sure to include it in our future cover letters.

Julie

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, January 27, 2023 1:36 PM
To: Julie Noonan < jnoonan@wflagler.com>

Subject: RE: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

Julie,

It currently is not on a form. We ask that this information be included in the cover letter to satisfy the statute requirement.

### 550.01215 License application; periods of operation; license fees; bond.—

- (1) Each permitholder shall annually, during the period between December 15 and January 4, file in writing with the commission its application for an operating license for a pari-mutuel facility for the conduct of parimutuel wagering during the next state fiscal year, including intertrack and simulcast race wagering. Each application for live performances must specify the number, dates, and starting times of all live performances that the permitholder intends to conduct. It must also specify which performances will be conducted as charity or scholarship performances.
  - (a) Each application for an operating license also must include:
- 1. For each permitholder, whether the permitholder intends to accept wagers on intertrack or simulcast events.

Best,

La'Kesha Gelks



La'Kesha Jelks Operations Review Specialist Florida Gaming Control Commission Pari-Mutuel Wagering

Phone: (850) 717-1095



La'Kesha Jelks
Operations Review Specialist
[FGCC.FL.GOV]Florida Gaming Control Commission
Pari-Mutuel Wagering

Phone: (850) 717-1095

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The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure. <u>LARGER VIEW</u>

From: Julie Noonan [mailto:jnoonan@wflagler.com]

Sent: Thursday, January 26, 2023 2:06 PM

To: Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov>; I Zamora <izamora@magiccitycasino.com>; Juan Fra

<ifra@magiccitycasino.com>; Scott <ssavin@magiccitycasino.com>

Cc: Gloria Ferrari <gferrari@wflagler.com>

Subject: Re: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha,

Attached is the certificate we included in the application.

We definitely intend to accept wagers. We will continue to Simulcast.

Can you please confirm if this email will suffice to resolve the discrepancies? Or let me know if you need anything else.

Thanks very much!

Julie

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Thursday, January 26, 2023 2:00 PM

To: I Zamora <izamora@magiccitycasino.com>; Juan Fra <ifra@magiccitycasino.com>; Julie Noonan

<inoonan@wflagler.com>; Scott <ssavin@magiccitycasino.com>

Subject: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

Greetings,

From:

Julie Noonan <jnoonan@wflagler.com>

Sent:

Friday, January 27, 2023 1:39 PM

To:

Jelks, La'Kesha; I Zamora; Juan Fra; Scott Savin

Cc:

Gloria Ferrari

Subject:

Re: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Confirming yes we will accept wagers and continue to simulcast for our Jai Alai permits.

Julie

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, January 27, 2023 1:10 PM

To: Julie Noonan < jnoonan@wflagler.com>; I Zamora < izamora@magiccitycasino.com>; Juan Fra

<jfra@magiccitycasino.com>; Scott <ssavin@magiccitycasino.com>

Cc: Gloria Ferrari <gferrari@wflagler.com>

Subject: RE: 2023/2024 West Flagler Associates, Ltd. (GHND155) Renewal Application

Greetings,

Does the statement below apply to 280, 283, and 286 (I have to ask, I cannot assume).

"We will continue to Simulcast."

Best,

## La'Kesha Gelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

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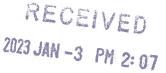


La'Kesha Jelks
Operations Review Specialist
[FGCC.FL.GOV]Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

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The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure. LARGER VIEW

### DBPR PMW-3060 – Permitholder Application for License and Operating Dates





## STATE OF FLORIDA

## DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION OF BARLAUTHEL WAGERING CONTROL OF BARLAUTHEL WAGERING CONTROL COMMISSION

www.myfloridalicense.com

### **INSTRUCTIONS**

This form is to be submitted in conjunction with Form DBPR PMW-3080 - Permitholder Calendar and Form DBPR PMW-3190 - Officers and Directors.

Check the box that designates the purpose of this form filing:

Application for Annual License and Operating Dates

Application for Amendment to Annual License and Operating Dates

| PERMITHOLDER IN  | FORMATIO         |                        |                                      |
|--|------------------|------------------------|--------------------------------------|
| Permitholder Name Permit   | <sup>#</sup> 286 | FEID# or SSN *         |                                      |
|  | 200              |                        |                                      |
| Doing Business As (D/B/A)<br>EDGEWATER JAI ALAI  |                  |                        |                                      |
| MAILING ADD  | RESS             |                        |                                      |
| Street Address or P.O. Box<br>PO BOX 350940  |                  |                        |                                      |
| City<br>Miami  |                  | State<br>FL            | Zip Code (+4 optional)<br>33135-0940 |
| County<br>(if Florida address) Miami-Dade  | Country U        | SA                     |                                      |
| CONTACT INFOR  | RMATION          |                        |                                      |
| Contact Name   | Title            |                        |                                      |
| Scott Savin  | coo              |                        |                                      |
| Primary Phone Number   | Fax Numb         | er                     |                                      |
| Primary E-Mail Address   | Cell Phone       | Number                 |                                      |
| PHYSICAL LOCATION OF PA  | RI-MUTUEL        | FACILITY               |                                      |
| Street Address 3195 NE 2nd Street  |                  |                        |                                      |
| City   |                  | State                  | Zip Code (+4 optional)               |
| Miami  |                  | FL                     | 33137                                |
| If there is a lease agreement to operate live performances at ano of the lease agreement containing the following information: (1) The name of the applicant and the lessor; | ther pari-mu     | tuel facility, the app | olicant shall attach a copy          |
| (2) The address of the applicant and the lessor;   |                  |                        |                                      |
| (3) The type of permit held by both the applicant and the lessor;  |                  |                        | -                                    |
| <ul><li>(4) The exact location where the applicant is currently permitted to</li><li>(5) The exact location where the lessor is currently permitted to co</li></ul>          |                  |                        |                                      |
| (6) The exact location where the lesson is currently permitted to co<br>(6) The exact location where the applicant intends to conduct pari-                                  |                  |                        |                                      |
| 107 The Grade legation where the applicant internal to conduct pair  | mataci pem       | ormanoco paradant      | to the lease agreement.              |

Initials:

<sup>\*</sup>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, 654; and Sections 409.2577, 409.2598, and 559.79, Florida Statutes. 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.

|   | INFORMATION  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Since the submission of your last application, has a permit recall/ca<br>Yes  No  If no, please attach a certificate from the Clerk of<br>permit has not been recalled.   | ancellation election been held in your county? The Circuit Court or other authorized County Official certifying that the   |  |  |  |  |  |  |
|   | s, or directors; or a change in ownership or location of the pari-mutuel   |  |  |  |  |  |  |
| No Change   |  |  |  |  |  |  |  |
|   | aws of which state? Florida Limited Partnership  |  |  |  |  |  |  |
| Please list all officers and directors of the applicant using Form DBI  |  |  |  |  |  |  |  |
| <ul> <li>Officers and Directors. If corporation, list name of corporation an</li> </ul>   |  |  |  |  |  |  |  |
| Please list the stockholders of record of the applicant using Form D  |  |  |  |  |  |  |  |
| Please list the stockholders of the applicant who are subject to a volume beneficial owner using Form DBPR PMW-3190 – Officers and Direction  | oting trust or have been pledged to a trustee or party other than the ctors.   |  |  |  |  |  |  |
| Have any persons listed on Form DBPR PMW-3190 – Officers and Directors ever been convicted of or had adjudication withheld for any crime, or pled guilty or nolo contendere to any criminal charges (other than minor traffic violations) in any state or county? Yes  No  If yes, list the individual(s) name, license number and title: |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| OPERATING SEA   | SON INFORMATION  |  |  |  |  |  |  |
| The applicant desires to conduct a racing/jai alai meet for the 20 23 period(s). Please follow instructions on calendars attached to permi  | - 20 24 season during the following  |  |  |  |  |  |  |
| Opening Date(s):  | Closing Date(s):   |  |  |  |  |  |  |
| July 1, 2023<br>Number of Dark Days:  | June 30, 2024  |  |  |  |  |  |  |
|   | 40   |  |  |  |  |  |  |
| Performances Number of Evening Performances   | The Control of the Co |  |  |  |  |  |  |
| Number of Matinee Performances 40   |  |  |  |  |  |  |  |
| Number of Charity/Scholarship Performances  Total Number of Performances  40  |  |  |  |  |  |  |  |
| Number of races/games during evening performances:  | Number of races/games during matinee performances: 8 to 10   |  |  |  |  |  |  |
| Starting time:  | Starting time: 1:30PM  |  |  |  |  |  |  |
| For greyhound tracks only:  Do you intend to hold an additional charity day for the greyhound ad If yes, please indicate the date when the "Greyhound Adopt-a-Pet D   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| 0.  | ATH A  |  |  |  |  |  |  |
| I swear or affirm that the information provided in this application is to information on this application could subject the applicant to crimination.   |  |  |  |  |  |  |  |
| Scott Savin C.O.O.  | The contract of the contract o |  |  |  |  |  |  |
| Name (Please Print) Title (Please Print)  | Signature Date   |  |  |  |  |  |  |
| State of Florida,<br>County of  |  |  |  |  |  |  |  |
| Sworn to (or affirmed) and subscribed before me this day or   | f, 20,   |  |  |  |  |  |  |
| , who   | is personally known to me or produced the following as identification:   |  |  |  |  |  |  |
| -   |  |  |  |  |  |  |  |
| N.A. B. M.  |  |  |  |  |  |  |  |
| Notary Public My Commission Expires:  |  |  |  |  |  |  |  |



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## Fictitious Name Detail

#### **Fictitious Name**

**EDGEWATER JAI-ALAI** 

#### Filing Information

Registration Number G19000031250

Status

**ACTIVE** 

Filed Date

03/07/2019

**Expiration Date** 

12/31/2024

**Current Owners** 

1

County

MIAMI-DADE

**Total Pages** 

1

**Events Filed** 

NONE

FEI/EIN Number

NONE

### **Mailing Address**

401 NW 38TH COURT MIAMI, FL 33126

### **Owner Information**

WEST FLAGLER ASSOCIATES LTD 401 NW 38TH CT

MIAMI, FL 33126

FEI/EIN Number:

**Document Number: A00686** 

**Document Images** 

03/07/2019 - Fictitious Name Filing

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www.myfloridalicense.com

FLORIDA GAMING CONTROL COMMISSION

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

| ORGA  | NIZATION NAME |
|---|---------------|
| Name of Organization<br>West Flagler Associates, Ltd. | Permit # 286  |
| D/B/A or Trade Name<br>Edgewater Jai-Alai             |               |

|   | LIMITED LIABILITY CORPORATION QUESTIONS  |
|---|--|
| ı | If your corporation is a limited liability corporation (LLC), is the corporation member managed or manager |
| ı | managed? You can check your Articles of Incorporation for this information.                                |
|   | Member Managed ☐ Manager Managed ☐   |

Please list below all Officers, Directors, Managers, and/or Shareholders with 5 percent or more interest in the business: Attach additional sheets as necessary.

|  | Name of the last o |          |  |             |              |  |  |  |  |
|--|--|----------|--|-------------|--------------|--|--|--|--|
| MANAGEMENT INFORMATION                       |  |          |  |             |              |  |  |  |  |
| Last Name                                    | First  | M        | liddle                                 | Title       | Suffix       |  |  |  |  |
| West Flagler Associates, Ltd., A Florida Lim | ited Partnership   |          |  |             |              |  |  |  |  |
| Office Held                                  | Office Held License # Percentage of Ownership  |          |  |             |              |  |  |  |  |
| 100%   |  |          |  |             | •            |  |  |  |  |
|  |  |          |  |             |              |  |  |  |  |
| RESIDENCE ADDRESS                            |  |          |  |             |              |  |  |  |  |
| Street Address or P.O. Box                   |  |          |  |             |              |  |  |  |  |
|  |  |          |  |             |              |  |  |  |  |
|  | D O Da   | v 250040 |  |             |              |  |  |  |  |
|  | P.O. BC  | x 350940 |  |             |              |  |  |  |  |
| City   |  | State    | ====================================== | Zip Code (- | +4 optional) |  |  |  |  |
| Miami  |  | FL       |  | 33135       |              |  |  |  |  |
| County Minnei De                             | 1  | Country  |  |             |              |  |  |  |  |
| (if Florida address) Miami-Da                | ade  | 08       | SΑ                                     |             |              |  |  |  |  |
|  |  |          |  |             |              |  |  |  |  |

| MANAGEMENT INFORMATION                    |                                      |         |                  |                   |               |  |
|---|--------------------------------------|---------|------------------|-------------------|---------------|--|
| Last Name<br>Savin                        | First<br>Scott                       |         | Middle           | Title             | Suffix        |  |
| Office Held<br>COO                        | License # Percentage of Ownership 0% |         |                  |                   | nip           |  |
|   | RESIDEN                              | CE ADDR | RESS             |                   |               |  |
| Street Address or P.O. Box                |                                      |         |                  |                   |               |  |
| 901 Brickell Key Drive Apt. 1408          |                                      |         |                  |                   |               |  |
| City<br>Miami                             |                                      |         | State<br>FL      | Zip Code<br>33131 | (+4 optional) |  |
| County<br>(if Florida address) Miami-Dade |                                      | Countr  | <sup>y</sup> USA |                   |               |  |



License

Lic Type Combo 1055 - Slot/Cardroom/Pari-Mutuel Indiv Fed Tax #

Expires On 06/30/2023

File # 1093

Name SAVIN, SCOTT C

Extended To

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

License # 184061

Renewed On 04/14/2020

Entity # 184061

Lic Status Current

**Address** 

Street # 901

Street BRICKELL BAY BLVD #1408

Line 2

Line 3

City MIAMI

State FL

Zip 33131

Routing

|   | MANAGEMEN           | TINFOR | MATIC | N                      |                   |         |        |
|---|---------------------|--------|-------|------------------------|-------------------|---------|--------|
| Last Name<br>Havenick                     | First<br>Barbara    |        |       | iddle<br><sup>H.</sup> | Title             | S       | Suffix |
| Office Held<br>Presdent                   | License #<br>349848 |        |       | Percent                | age of Ownersi    | 277     | 2023   |
| RESIDENCE ADDRESS >> >                    |                     |        |       |                        |                   |         |        |
| Street Address or P.O. Box                |                     |        |       |                        |                   |         |        |
| 369 Leucadendra Dr. දීද ල                 |                     |        |       |                        |                   |         |        |
| City<br>Coral Gables                      |                     |        | State |                        | Zip Code<br>33156 | ( sonti | onal   |
| County<br>(if Florida address) Miami-Dade |                     | Countr | y US  | A                      |                   | Q.      | 07     |

| MANAGEMENT INFORMATION             |                      |              |    |          |               |  |
|------------------------------------|----------------------|--------------|----|----------|---------------|--|
| Last Name<br>Havenick              | First<br>Isadore     | Middle Title |    | Suffix   |               |  |
| Office Held<br>Vice President      | License #<br>1415366 |              |    |          | hip           |  |
|                                    | RESIDEN              | ICE ADDRESS  |    |          |               |  |
| Street Address or P.O. I           | Зох                  |              |    |          |               |  |
| 615 Melaleuca La                   | ane                  |              |    |          |               |  |
| City State                         |                      |              | te | Zip Code | (+4 optional) |  |
| County<br>(if Florida address) Mia | Country U            | SA           |    |          |               |  |

| MANAGEMENT INFORMATION                    |   |         |                  |                        |       |        |
|---|---|---------|------------------|------------------------|-------|--------|
| Last Name<br>Havenick                     | First<br>Alexander                        |         | <b>М</b> і<br>н. | iddle                  | Title | Suffix |
| Office Held<br>Vice President & Secretary | License # Percentage of Ownership 7654515 |         |                  | nip                    |       |        |
|   | RESIDENC                                  | CE ADDR | RESS             |                        |       |        |
| Street Address or P.O. Box                |   |         |                  |                        |       |        |
| 5840 SW 96 St.                            |   |         |                  |                        |       |        |
| City State FL                             |   |         | Zip Code         | Zip Code (+4 optional) |       |        |
| County<br>(if Florida address) Miami-Dade |   |         | y US             | Α                      |       |        |

|  |                      | OATH  |  |  |  |
|--|----------------------|---|--|--|--|
|  |                      | on is true and complete. underst  | and that knowingly providing false yor other offenses. |  |  |
| Scott Savin  | C.O.O.               | tiller  | 12-29-22   |  |  |
| Name (Please Print)  | Title (Please Print) | Signature   | Date   |  |  |
| State of Floridan COUNTY of County o |                      |   |  |  |  |
| who is personally known to me or produced the following as identification:   |                      |   |  |  |  |
|  | 1                    | GLORIA FERRARI  |  |  |  |
| Notally Public   | men !                | Notary Public - State of Florida<br>Commission # HH 208729<br>My Comm. Expires Jan 29, 2026 |  |  |  |
| Mý ¢ommission Expires:   |                      | Bonded through National Notary Assn.  |  |  |  |

License

Lic Type Combo 1055 - Slot/Cardroom/Pari-Mutuel Indiv Fed Tax #

Expires On 06/30/2023

File # 1092 Name HAVENICK, BARBARA J Extended To

Rank Combo

Renewed On 05/14/2020

Entity # 349848 Lic Status Current

Address

Street # 401 Street NW 38TH COURT

Line 2 Line 3

License # 349848

City MIAMI State FL Zip 33126

Routing

License

Lic Type Combo 1055 - Slot/Cardroom/Pari-Mutuel Indiv Fed Tax #

Expires On 06/30/2023

File # 1094 Name HAVENICK, ISADORE H Extended To

Rank SCPL - Slot/Cardroom/Parl-Mutuel Indiv Combo License # 1415366

Renewed On 05/14/2020

Entity # 1415366 Lic Status Current

Address

Street # 401 Street NW 38TH COURT

Line 2 Line 3

> City MIAMI State FL Zip 33126

> > Routing

License

Lic Type 1055 - Slot/Cardroom/Pari-Mutuel Indiv Combo Fed Tax #

Expires On 06/30/2023

File # 1095

Name HAVENICK, ALEXANDER H

Extended To

Rank SCPL - Slot/Cardroom/Pari-Mutuel Indiv Combo License # 7654515

Renewed On 05/13/2020

Entity # 7654515

Lic Status Current

**Address** 

Street # 401 Street NW 38TH COURT

Line 2 Line 3

> City MIAMI State FL Zip 33126

> > Routing

# WEST FLAGLER ASSOCIATES LTD. PARTNER LIST

Total distribution-09/15/22

| General partners   |               |
|--|---------------|
| Southwest Florida Enterprises, Inc.  | 3.00%         |
| Hecht Investments, LTD.  | 1.00%         |
| BHH, Inc. (Havenick 2018 Grandchildrens Trust)                                 | 2.00%         |
|  | 6.00%         |
|  |               |
| <u>Limited partners</u>  |               |
| Southwest Florida Enterprises, Inc.  | 51.700%       |
| Hecht Investments, LTD.  | 6.991%        |
| Hecht Investments, Inc.  | 8.750%        |
| Southwest Florida Enterprises, Inc.  | 1.750%        |
| Barbara Havenick Testamentary Trust(Barbara Havenick Trustee UW Isadore Hecht) | 2.250%        |
| Havenick 2018 Grandchildrens' Trust  | 2.712%        |
| Irrevocable Trust dated January 29, 2004                                       | 5.688%        |
| Alan Amdur Revocable Trust   | 1.333%        |
| Marc Amdur Revocable Trust   | 1.333%        |
| Adam Amdur Revocable Trust   | 1.333%        |
| IHA,Inc. (Isabelle Amdur Revocable Trust)                                      | 2.000%        |
| Isabelle Amdur Revocable Trust   | 4.759%        |
| SEP S STK TRST GST TR IA Family Trust  | 1.250%        |
| The Isabelle Corporation (Isabelle Amdur)                                      | <u>2.150%</u> |
|  | 94.000%       |
|  | 100.00%       |

100.00%

## SOUTHWEST FLORIDA ENTERPRISES, INC OWNERSHIP SCHEDULE

Updated June 2022 Direct

|  | Ownership     |
|--|---------------|
| Owner's Name                             | Percentage of |
| Owner's Name                             | Shares Owned  |
|  |               |
| Trust FBO Barbara Havenick dated 1/29/04 | 54.21%        |
| Barbara Havenick Testamentary Trust      | 3.34%         |
| Havenick 2018 Grandchildren's Trust      | 24.08%        |
| Isabelle Amdur Residuary Trust           | 2.36%         |
| Isabelle Amdur Revocable Trust           | 2.99%         |
| AMA Long Term Trust FBO Alan Amdur       | 3.22%         |
| AMA Long Term Trust FBO Marc Amdur       | 3.22%         |
| AMA Long Term Trust FBO Adam Amdur       | 3.22%         |
| Other Minority Shareholders              | 3.36%         |
|  |               |
|  | 100.00%       |

From:

Julie Noonan <jnoonan@magiccitycasino.com>

Sent:

Monday, February 13, 2023 5:18 PM

To:

Jelks, La'Kesha

**Subject:** 

Re: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

**Categories:** 

Permitholder App

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha,

# She has no interest in the trusts - She simply functions as a Trustee.

### Julie

### Get Outlook for iOS

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Monday, February 13, 2023 1:24 PM

To: Julie Noonan < jnoonan@magiccitycasino.com>

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

Julie,

Does Joan Scheiner have more than 10% interest in the Trust FBO Barbara Havenick Dated 1/29/04 trust or Havenick 2018 Grandchildren's Trust?

Best,

La'Kesha Jelks



La'Kesha Jelks Operations Review Specialist Florida Gaming Control Commission Pari-Mutuel Wagering

Phone: (850) 717-1095

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The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure. LARGER VIEW

From:Julie Noonan <jnoonan@wflagler.com>Sent:Thursday, March 2, 2023 11:20 AMTo:Pouncey, Jamie; Jelks, La'Kesha

**Subject:** Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

Categories: Permitholder App

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Please be advised that Joan Scheiner is no longer a trustee for the FBO Barbara Havenick Dated 1/29/04 or Havenick 2018 Grandchildren's Trust.

She has been replaced with Scott Savin (licensed).

Thank you.

Julie

From:

Julie Noonan < inoonan@magiccitycasino.com>

Sent:

Friday, February 3, 2023 10:16 AM

To:

Jelks, La'Kesha

Cc:

ssavin@wflagler.com; gferrari@wflagler.com

Subject:

RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha,

The trustees for both Trusts are Barbara Havenick and Joan Scheiner.

Please let me know if you need anything else.

Have a great weekend!

Julie

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, February 3, 2023 9:32 AM

To: Cindy Fra- Naples <cfra@naplesfortmyersdogs.com>; Juan Fra <jfra@magiccitycasino.com>; Julie Noonan

<jnoonan@magiccitycasino.com>

Subject: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

Greetings,

The item(s) listed below require submission and/or correction before the processing of <u>Bonita Springs Poker Room's</u> application can be completed:

- ♣ Specify who the trustees are for Trust FBO Barbara Havenick Dated 1/29/04 54.21%
- Specify who the trustees are for Havenick 2018 Grandchildren's Trust 24.08%

If you have any questions regarding the deficiencies, please contact me at your earliest convenience.

Best,

La'Kesha Jelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

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From: Julie Noonan < jnoonan@magiccitycasino.com>

Sent: Friday, February 3, 2023 3:36 PM

**To:** Jelks, La'Kesha

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

Categories: Permitholder App

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Hi La'Kesha,

I was reading it this way? It seems to me to imply it only relates to trustees who have access to back of house parimutuels operations?

... or to any other person or entity in one of the following categories... Professional occupational licenses: professional persons with access to the backside of a racetrack or players' quarters in jai alai such as... trustees... or any other professional-level person who might have access to...

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, February 3, 2023 2:51 PM

To: Julie Noonan < jnoonan@magiccitycasino.com>

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

As a trustee, she's still required to have a license. However, I will ask our Operations and OCG departments.

From: Julie Noonan [mailto:jnoonan@magiccitycasino.com]

Sent: Friday, February 3, 2023 12:32 PM

To: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha,

Joan doesn't have access to any of those indicated areas.

Julie

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, February 3, 2023 12:07 PM

To: Julie Noonan < inoonan@magiccitycasino.com>

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

#### I believe Joan needs a license to be a trustee of a trust...

**550.1052.** (2)(a) The following licenses shall be issued to persons or entities with access to the backside, racing animals, jai alai players' room, jockeys' room, drivers' room, totalisator room, the mutuels, or money room, or to persons who, by virtue of the position they hold, might be granted access to these areas or to any other person or entity in one of the following categories and with fees not to exceed the following amounts for any 12-month period:

- 1. Business licenses: any business such as a vendor, contractual concessionaire, business owning racing animals, trust or estate, totalisator company, stable name, or other fictitious name: \$50.
- 2. Professional occupational licenses: professional persons with access to the backside of a racetrack or players' quarters in jai alai such as trainers, officials, veterinarians, doctors, nurses, EMT's, jockeys and apprentices, drivers, jai alai players, owners, trustees, or any management or officer or director or shareholder or any other professional-level person who might have access to the jockeys' room, the drivers' room, the backside, racing animals, or managers or supervisors requiring access to mutuels machines, the money room, or totalisator equipment: \$40.

From: Julie Noonan [mailto:jnoonan@magiccitycasino.com]

Sent: Friday, February 3, 2023 11:39 AM

To: Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov>

Subject: Re: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

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Hi La'Kesha I don't believe she does.

### Get Outlook for iOS

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, February 3, 2023 10:45 AM

To: Julie Noonan < inoonan@magiccitycasino.com>

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

Before I take this back to Jamie, does Joan have a PMW license?

From: Julie Noonan [mailto:jnoonan@magiccitycasino.com]

Sent: Friday, February 3, 2023 10:16 AM

**To:** Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov> **Cc:** <u>ssavin@wflagler.com</u>; <u>gferrari@wflagler.com</u>

Subject: RE: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi La'Kesha,

The trustees for both Trusts are Barbara Havenick and Joan Scheiner.

Please let me know if you need anything else.

Have a great weekend!

Julie

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, February 3, 2023 9:32 AM

To: Cindy Fra- Naples < cfra@naplesfortmyersdogs.com >; Juan Fra < ifra@magiccitycasino.com >; Julie Noonan

<inoonan@magiccitycasino.com>

Subject: Bonita-Fort Myers Corporation (GHND142) 23/24 Renewal Application

Greetings,

The item(s) listed below require submission and/or correction before the processing of <u>Bonita Springs Poker Room's</u> application can be completed:

Specify who the trustees are for Trust FBO Barbara Havenick Dated 1/29/04 54.21% Specify who the trustees are for Havenick 2018 Grandchildren's Trust 24.08%

If you have any questions regarding the deficiencies, please contact me at your earliest convenience.

Best,

La'Kesha Gelks



La'Kesha Jelks Operations Review Specialist Florida Gaming Control Commission Pari-Mutuel Wagering Phone: (850) 717-1095

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3.00

1.00

2.00

51.70

6.991

8.75

1.75

2.25

2.712

5.688

1.333

1.333

1.333

2.000

4.759

1.250

2.150

100.00



Department of State / Division of Corporations / Search Records / Search by Officer/Registered Agent Name /

## **Detail by Officer/Registered Agent Name**

Florida Limited Partnership HECHT INVESTMENTS, LTD.

Filing Information

**Document Number** 

A17898

**FEI/EIN Number** 

Date Filed

09/21/1984

State

FL

**Status** 

**ACTIVE** 

Last Event

LP AMENDMENT

Event Date Filed

- . - . - . . - . .

04/11/2008

**Event Effective Date** 

NONE

**Principal Address** 

401 NW 38TH COURT MIAMI, FL 33126

Mailing Address

P O BOX 350940 MIAMI, FL 33135

Changed: 03/07/2007

Registered Agent Name & Address

HAVENICK, ALEXANDER

401 NW 38TH CT

MIAMI, FL 33126

Name Changed: 01/04/2011

Address Changed: 01/04/2011

**General Partner Detail** 

Name & Address

Document Number M31339

HECHT INVESTMENTS, INC.

401 NW 38TH CT.

MIAMI, FL

#### **Annual Reports**

| Report Year | Filed Date |
|-------------|------------|
| 2020        | 02/12/2020 |
| 2021        | 02/22/2021 |
| 2022        | 03/28/2022 |

#### **Document Images**

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| 07/10/2009 - Reg. Agent Change | View image in PDF format |
| 03/16/2009 - ANNUAL REPORT     | View image in PDF format |
| 04/11/2008 - LP Amendment      | View image in PDF format |
| 02/26/2008 ANNUAL REPORT       | View image in PDF format |
| 08/15/2007 Reg. Agent Change   | View image in PDF format |
| 03/07/2007 ANNUAL REPORT       | View image in PDF format |
| 04/07/2006 ANNUAL REPORT       | View image in PDF format |
| 01/26/2006 LP Amendment        | View image in PDF format |
| 01/24/2006 LP Amendment        | View image in PDF format |
| 04/26/2005 - ANNUAL REPORT     | View image in PDF format |
| 04/22/2004 ANNUAL REPORT       | View image in PDF format |
| 02/07/2003 ANNUAL REPORT       | View image in PDF format |
| 02/06/2002 ANNUAL REPORT       | View image in PDF format |
| 02/02/2001 ANNUAL REPORT       | View image in PDF format |
| 01/12/2000 - ANNUAL REPORT     | View Image in PDF format |
| 12/24/1998 ANNUAL REPORT       | View image in PDF format |
| 12/29/1997 - ANNUAL REPORT     | View image in PDF format |
| 01/27/1997 - ANNUAL REPORT     | View image in PDF format |
|                                |                          |



Department of State / Division of Corporations / Search Records / Search by Officer/Registered Agent Name /

# **Detail by Officer/Registered Agent Name**

Florida Limited Partnership
WEST FLAGLER ASSOCIATES, LTD.

**Filing Information** 

**Document Number** 

A00686

FEI/EIN Number

Date Filed

07/23/1963

State

FL

**Status** 

**ACTIVE** 

Last Event

LP AMENDMENT

**Event Date Filed** 

01/19/2017

**Event Effective Date** 

NONE

Principal Address

401 N.W. 38TH CT. MIAMI, FL 33126

Changed: 04/03/1985

**Mailing Address** 

P.O. BOX 350940 MIAMI, FL 33135

Changed: 01/14/2010

**Registered Agent Name & Address** 

HAVENICK, ALEXANDER

401 NW 38TH CT MIAMI, FL 33126

Name Changed: 01/04/2011

Address Changed: 01/04/2011

General Partner Detail

Name & Address

Document Number 345274

SW FL ENTERPRISES INC.

401 NW 38TH COURT MIAMI, FL 33126

Document Number M61293

BHH, INC. 401 NW 38TH COURT MIAMI, FL 33126

**Document Number A17898** 

HECHT INVESTMENTS, LTD. 401 NW 38TH COURT MIAMI, FL 33126

#### **Annual Reports**

 Report Year
 Filed Date

 2020
 02/12/2020

 2021
 02/22/2021

 2022
 03/28/2022

#### **Document Images**

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| 02/12/2020 ANNUAL REPORT     | View image in PDF format |
| 02/22/2019 - ANNUAL REPORT   | View image in PDF format |
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| 03/21/2016 - ANNUAL REPORT   | View image in PDF format |
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| 04/01/2014 ANNUAL REPORT     | View image in PDF format |
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| 04/02/2009 ANNUAL REPORT     | View image in PDF format |
| 04/29/2008 ANNUAL REPORT     | View image in PDF format |
| 08/15/2007 Reg. Agent Change | View image in PDF format |
| 02/16/2007 ANNUAL REPORT     | View image in PDF format |
| 06/30/2006 ANNUAL REPORT     | View image in PDF format |
| 01/27/2006 Amendment         | View image in PDF format |
| 01/26/2006 LP Amendment      | View image in PDF format |
| 01/24/2006 - I.P Amendment   | View image in PDF format |
| 09/06/2005 Amendment         | View image in PDF format |
| 01/04/2005 ANNUAL REPORT     | View image in PDF format |
| 03/10/2004 ANNUAL REPORT     | View image in PDF format |

| 05/14/2003 ANNUAL REPORT   | View image in PDF format |
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| 02/21/2002 - ANNUAL REPORT | View image in PDF format |
| 02/02/2001 ANNUAL REPORT   | View image in PDF format |
| 02/04/2000 ANNUAL REPORT   | View image in PDF format |
| 01/19/1999 ANNUAL REPORT   | View image in PDF format |
| 10/27/1997 ANNUAL REPORT   | View image in PDF format |
| 10/31/1996 ANNUAL REPORT   | View image in PDF format |

#### Jelks, La'Kesha

From: Pouncey, Jamie

Sent: Thursday, March 2, 2023 11:13 AM

To: Jelks, La'Kesha

**Subject:** FW: Permit 286 - West Flagler Associates, Ltd, d/b/a Edgewater Jai Alai

Attachments: Edgewater Agreement 2023-2024 Rev1.pdf

## Jamie Pouncey Program Administrator

Florida Gaming Control Commission
Division of Pari-Mutuel Wagering
850.717.1073 Office 850.488.0550 FAX 850.556.7301 Cell
Important: Confidentiality & Public Records Statement

From: Julie Noonan [mailto:jnoonan@wflagler.com]

Sent: Thursday, March 2, 2023 11:13 AM

To: Pouncey, Jamie < Jamie.Pouncey@fgcc.fl.gov>

**Cc:** Scott Savin <ssavin@wflagler.com>; Gloria Ferrari <gferrari@wflagler.com> **Subject:** RE: Permit 286 - West Flagler Associates, Ltd, d/b/a Edgewater Jai Alai

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Please find attached the lease agreement for Permit 286 Edgewater Jai Alai

From: Julie Noonan < inoonan@wflagler.com>
Sent: Thursday, March 2, 2023 7:56 AM

To: Pouncey, Jamie < Jamie.Pouncey@fgcc.fl.gov>

Cc: Scott Savin < ssavin@wflagler.com >; Gloria Ferrari < gferrari@wflagler.com > Subject: Re: Permit 286 - West Flagler Associates, Ltd, d/b/a Edgewater Jai Alai

Good morning Jamie,

Concerning Permit 286 - West Flagler Associates, Ltd, d/b/a Edgewater Jai Alai:

This permit will operate pursuant to the lease agreement dated December 21, 2022, submitted with Form 3060. The permitted premises for West Flagler Associates' Magic City Jai Alai facility is 401 NW 38<sup>th</sup> Court, Miami FL, 33126.

The change in ownership does not affect the ability to operate at the premises where the permit is issued.

Please note I have update Scott and Gloria's emails to our @wflagler emails.

If you have any questions, please feel free to contact us. We are happy to explain the situation.

From: Pouncey, Jamie < Jamie.Pouncey@fgcc.fl.gov>

Date: Wednesday, March 1, 2023 at 4:32 PM

To: Scott Savin (<u>ssavin@magiccitycasino.com</u>) < <u>ssavin@magiccitycasino.com</u>>, Julie Noonan

<inoonan@wflagler.com>, Gloria Ferrari <gferrari@magiccitycasino.com>
Subject: Permit 286 - West Flagler Associates, Ltd, d/b/a Edgewater Jai Alai

The following item remains deficient and must be resolved before processing of your application can be completed:

 Pursuant to the lease agreement dated December 21, 2022, submitted with Form 3060, Permitholder Application for License and Operating Dates, West Flagler Associates, Ltd. d/b/a Edgewater Jai Alai intends to lease from West Flagler Associates, LLP a portion of the Magic City Jai-Alai facility located at 401 Northwest 38th Court, Miami, Florida 33126, to conduct its live jai-alai performances during the 2023 fiscal year.

However, the Commission is aware that the ownership of the Magic City Jai-Alai facility is changing. In that regard, please explain how Edgewater Jai Alai intends to conduct

live jai-alai performances at 401 Northwest 38<sup>th</sup> Court, Miami, Florida, 33126, during the 2023 fiscal year.

In addition, please clarify the identity of the lessor in the lease agreement. As currently drafted, West Flagler Associates LLP is identified as the lessor and holder of the Magic City \ permit.

If your deficient item is not received by the Division within 3 days from the date of this email, your application may be denied.



The information contained in this transmission is intended solely for the use of the person(s) named herein. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply e-mail and destroy all copies of the original message.

The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure. LARGER VIEW

#### **AGREEMENT**

This agreement (the "Agreement") is made and entered into as of this 21st day of\_December, 2022 (the "Effective Date"), by and between Edgewater Jai Alai ("EJA") and West Flagler Associates LTD ("WFA") dba Magic City Jai Alai (hereinafter, the "Parties").

#### RECITALS

WHEREAS, WFA is the holder of a jai alai pari-mutuel wagering permit (the "Magic City Permit") for the conduct of jai alai performances, at the facility located at 401 NW 38th Court, Miami Florida 33126; and

WHEREAS, EJA is the holder of a jai alai pari-mutuel wagering permit (the "EJA Permit") for the conduct of jai alai performances, at 3195 NE 2<sup>nd</sup> Street, Miami, Florida (the "EJA Permitted Location"); and

WHEREAS, section 550.475, Florida Statutes, authorizes the holder of a valid pari-mutuel permit for the conduct of any jai alai games, dog racing, or thoroughbred and standardbred horse racing (the "Pari-mutuel Activity") to lease the facilities of another holder of the same class of pari-mutuel permit when located within a 35-mile radius of each other, and to operate its pari-mutuel activity at the leased facility; and

WHEREAS, WFA's Permit is of the same class as EJA's Permit, and WFA's Facility is located within 35 miles of the EJA Permitted Location; and

WHEREAS, EJA is desirous of leasing a portion of the WFA Facility for the conduct of its live jai alai performances during the 2023-2024 fiscal year, and WFA is willing to lease a portion of the WFA Facility to EJA, under the terms and conditions set forth below; and

WHEREAS, the Parties have or will duly submit to the Division of Pari-Mutuel Wagering (the "Division") date change requests to effectuate the respective live jai alai performances set forth herein (the "Date Change").

#### TERMS OF THE AGREEMENT

NOW, THEREFORE, in consideration of mutual promises contained herein and other good and valuable consideration, the sufficiency of which is hereby acknowledged, the Parties agree as follows:

- 1. The foregoing recitals are true and correct.
- 2. Subject to Division's approval of EJA annual pari-mutuel wagering license application, WFA shall lease to EJA the portion of the WFA Facility required for the conduct of live jai alai performances (the "Jai Alai Premises") commencing 12:01 a.m. on July 1, 2023 (the "Commencement Date") until 11:59 p.m., June 30, 2024 (the "Termination Date").
- 3. The period beginning at the Commencement Data and ending at the Termination Date shall be known as the "Lease Term."
- 4. EJA shall be entitled to receive all tax credits (the "EJA Tax Credits") provided to it during the Lease Term pursuant to sections 550.09511(1)(b), 550.09511(2)(a)1., and 550.1646 Florida Statutes, (less credits already taken and less the portion of daily license fees required for prizes).
- 4. In consideration for the leasing of the Jai Alai Premises, EJA shall pay to WFA \$1 per live jai alai performance (the "Performance Fee"). EJA shall concurrently pay any and all sales tax on the Performance Fee. EJA shall pay the Performance Fee to WFA within 10 days before the start of each month.
- 5. WFA shall continue to manage and operate the Jai Alai Premises during the Term (the "Management Services"). In consideration for providing Management Services during the Lease Term, WFA shall receive and retain all the commissions from the live jai alai performances conducted pursuant to the EJA Permit (the "Commissions"), except the EJA Tax Credits provided to EJA, as set forth in paragraph 4 above. The Parties agree that the Commissions are not a part of the Performance Fee. WFA will employ all of the personnel necessary to provide the Management

Services, at WFA's cost. WFA will also pay the costs of operating the WFA Facility during the Lease Term. It is the intent of the Parties and this Agreement that, except for the Performance Fees, this Agreement be revenue and expense neutral to WFA, and that WFA not pay expenses or receive Commissions in excess of what it would have paid and received had live jai alai performances been conducted during the Lease Term under the Magic City Jai-Alai Permit.

- 6. WFA shall provide Management Services during the Lease Term substantially of the same level as it provides with respect to live jai alai performances under the WFA Permit, and subject to the same terms and conditions. Without limiting the foregoing, the Parties recognize and agree that WFA's obligation to provide Management Services, and EJA's ability to conduct live jai alai performances under the EJA Permit during the Lease Term are subject to rules of the Division and to force majeur. WFA shall under no circumstances, including its own negligence and/or the negligence of its agents or employees, have any liability to EJA in the event that live performances cannot be conducted for all or any portion of the Lease Term.
  - 7. WFA shall be responsible for all reporting requirements required by the Division.
- 8. All purses paid on live jai alai performances conducted pursuant to the EJA Permit during the Lease Term shall be paid at rates no less than the purse rates applicable to the WFA Permit in compliance with Florida law.
- 9. Nothing herein shall be interpreted to make any person or entity a thirdparty beneficiary of this Agreement, and the only parties who have any rights or responsibilities in connection with it are EJA and WFA.
- 10. The Parties agree to reasonably cooperate with the other party as may be necessary to effectuate the matters referred to herein or contemplated hereby.
- 11. EJA shall and hereby does indemnify and hold WFA harmless from and against any and all claims, damages, losses, costs and expenses (including but not limited to reasonable attorney's fees, at all levels) arising out of or in connection with any of the following: (i) any claim

or demand by the Division or any other State or Federal agency for payment of taxes or fees in connection with the live jai alai performances conducted by EJA at the Jai Alai Premises, to the extent greater than those taxes or fees which WFA would have paid in connection with live jai alai performances during the same period of time under the WFA Permit; and (ii) any claim or demand by any agent, employee, vendor, service provider, equipment lessor or other person or entity, to the extent arising out of the relationship between such claimant and EJA and not arising out of a separate relationship with WFA.

- business days written notice to the other, in the event that: (i) either party is notified by the Division (or any other agency of the State of Florida) that (X) conducting jai alai games under the EJA Permit at the Premises is not permitted under applicable law, or (Y) either party must pay fees or taxes or expenses not contemplated by this Agreement and which render the intent (including the financial implications) of this Agreement materially unobtainable; or (ii) in the reasonable opinion of either party, continuing to operate under this Agreement threatens the ability of such party to continue to enjoy the benefits of its permits and licenses with the State of Florida, or any agency thereof.
- be entitled to be reimbursed for its costs, including reasonable attorneys' fees. Venue for any action arising out of or in connection with this Agreement shall be exclusively in the state courts of Dade County, Florida, and each party consents to such jurisdiction. Any notice required to be given to either party shall be in writing, and provided by hand delivery, or by recognized overnight carrier (such as Federal Express), or by e-mail or facsimile (with a copy to follow by hand or overnight carrier), at the address, e-mail address, and/or fax number set forth below each party's signature, with a copy to each party's counsel (also identified below such party's signature). Notice shall be deemed given upon receipt, when delivered by hand, or electronically, and the first business day

after delivery to the recognized overnight carrier, with cost of delivery prepaid.

- 16. This Agreement shall be construed, governed by, and interpreted, and the legal relations between the Parties hereto shall be determined, in accordance with the substantive laws of the State of Florida. The Parties agree that they have each contributed to the preparation of this Agreement, and that it shall not be construed more strongly against one party than the other.
- 17. This Agreement constitutes the sole and entire Agreement between the Parties concerning this subject matter and supersedes all other agreements between the Parties whether written or oral relating to the subject matter hereof. There are no covenants, assurances, or representations, either express or implied, other than those expressly stated herein. No modification, rescission, or waiver of this Agreement, or any provision thereof, shall be binding on any party unless evidenced by an instrument in writing duly signed by such party.
- 18. Each party is solely responsible for its own costs in connection with the preparation and execution of this Agreement, and with respect to all costs incurred by it (including but not limited to professional fees) in connection with the transaction contemplated by this Agreement and the live jai alai performances conducted at the Jai Alai Premises, except as specifically set forth to the contrary herein. WFA shall have no obligation to hire or engage any employee, agent, vendor, service provider, equipment lessor or other person or entity currently working for or providing services or equipment to EJA for the live jai alai performances at the Jai Alai Premises, and EJA is and shall remain responsible for payment to its employees, agents, vendors, service providers, equipment lessors and similar persons and entities.
- any proposed press release or public announcement pertaining to the running of the live jai alai performances at the Jai Alai Premises, and shall not issue any press release or public announcement without the prior consent of the other party; and (ii) that it will keep the specific terms of this Agreement confidential; provided, however, that nothing herein shall restrict any public

announcement or other disclosure which a party deems in good faith to be required to be made by law (in which case such party shall advise the other party prior to making the disclosure).

- 22. This Agreement shall be binding upon and inure solely to the benefit of each party to it, and nothing in this Agreement, express or implied, is intended to or shall confer upon any other person or persons any rights, benefits or remedies of any nature whatsoever under or by reason of this Agreement. The benefits of this Agreement are personal, and may not be assigned by either party to any person or entity, without the express prior written consent of the other party, which may be withheld in such other party's sole discretion. Any attempt to assign such benefits, or this Agreement itself, in violation of this provision, shall be deemed void ab initio.
- 23. This Agreement may be executed in several counterparts, each of which shall constitute an original, but all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF, WFA and EJA have caused this Agreement to be executed, effective as of the day and year first above written.

SIGNATURE PAGE FOLLOWS:

# West Flagler Associates LTD

Rv

With a copy of notices sent to:

[insert our info]

Edgewater Jai-Alai

By:

With a copy of notices sent to:

[insert our info]

#### **AGREEMENT**

This agreement (the "Agreement") is made and entered into as of this 21st day of\_December, 2022 (the "Effective Date"), by and between Edgewater Jai Alai ("EJA") and West Flagler Associates LLP ("WFA") (hereinafter, the "Parties").

#### RECITALS

WHEREAS, WFA is the holder of a jai alai pari-mutuel wagering permit (the "Magic City Permit") for the conduct of jai alai performances, at its facility at 401 NW 38th Court, Miami Florida 33126; and

WHEREAS, EJA is the holder of a jai alai pari-mutuel wagering permit (the "EJA Permit") for the conduct of jai alai performances, at 3195 NE 2<sup>nd</sup> Street, Miami, Florida (the "EJA Permitted Location"); and

WHEREAS, section 550.475, Florida Statutes, authorizes the holder of a valid pari-mutuel permit for the conduct of any jai alai games, dog racing, or thoroughbred and standardbred horse racing (the "Pari-mutuel Activity") to lease the facilities of another holder of the same class of pari-mutuel permit when located within a 35-mile radius of each other, and to operate its pari-mutuel activity at the leased facility; and

WHEREAS, WFA's Permit is of the same class as EJA's Permit, and WFA's Facility is located within 35 miles of the EJA Permitted Location; and

WHEREAS, EJA is desirous of leasing a portion of the WFA Facility for the conduct of its live jai alai performances during the 2023-2024 fiscal year, and WFA is willing to lease a portion of the WFA Facility to EJA, under the terms and conditions set forth below; and

WHEREAS, the Parties have or will duly submit to the Division of Pari-Mutuel Wagering (the "Division") date change requests to effectuate the respective live jai alai performances set forth herein (the "Date Change").

#### TERMS OF THE AGREEMENT

NOW, THEREFORE, in consideration of mutual promises contained herein and other good and valuable consideration, the sufficiency of which is hereby acknowledged, the Parties agree as follows:

- 1. The foregoing recitals are true and correct.
- 2. Subject to Division's approval of EJA annual pari-mutuel wagering license application, WFA shall lease to EJA the portion of the WFA Facility required for the conduct of live jai alai performances (the "Jai Alai Premises") commencing 12:01 a.m. on July 1, 2023 (the "Commencement Date") until 11:59 p.m., June 30, 2024 (the "Termination Date").
- 3. The period beginning at the Commencement Data and ending at the Termination Date shall be known as the "Lease Term."
- 4. EJA shall be entitled to receive all tax credits (the "EJA Tax Credits") provided to it during the Lease Term pursuant to sections 550.09511(1)(b), 550.09511(2)(a)1., and 550.1646 Florida Statutes, (less credits already taken and less the portion of daily license fees required for prizes).
- 4. In consideration for the leasing of the Jai Alai Premises, EJA shall pay to WFA \$1 per live jai alai performance (the "Performance Fee"). EJA shall concurrently pay any and all sales tax on the Performance Fee. EJA shall pay the Performance Fee to WFA within 10 days before the start of each month.
- 5. WFA shall continue to manage and operate the Jai Alai Premises during the Term (the "Management Services"). In consideration for providing Management Services during the Lease Term, WFA shall receive and retain all the commissions from the live jai alai performances conducted pursuant to the EJA Permit (the "Commissions"), except the EJA Tax Credits provided to EJA, as set forth in paragraph 4 above. The Parties agree that the Commissions are not a part of the Performance Fee. WFA will employ all of the personnel necessary to provide the Management

Services, at WFA's cost. WFA will also pay the costs of operating the WFA Facility during the Lease Term. It is the intent of the Parties and this Agreement that, except for the Performance Fees, this Agreement be revenue and expense neutral to WFA, and that WFA not pay expenses or receive Commissions in excess of what it would have paid and received had live jai alai performances been conducted during the Lease Term under the Magic City Jai-Alai Permit.

- 6. WFA shall provide Management Services during the Lease Term substantially of the same level as it provides with respect to live jai alai performances under the WFA Permit, and subject to the same terms and conditions. Without limiting the foregoing, the Parties recognize and agree that WFA's obligation to provide Management Services, and EJA's ability to conduct live jai alai performances under the EJA Permit during the Lease Term are subject to rules of the Division and to force majeur. WFA shall under no circumstances, including its own negligence and/or the negligence of its agents or employees, have any liability to EJA in the event that live performances cannot be conducted for all or any portion of the Lease Term.
  - 7. WFA shall be responsible for all reporting requirements required by the Division.
- 8. All purses paid on live jai alai performances conducted pursuant to the EJA Permit during the Lease Term shall be paid at rates no less than the purse rates applicable to the WFA Permit in compliance with Florida law.
- 9. Nothing herein shall be interpreted to make any person or entity a thirdparty beneficiary of this Agreement, and the only parties who have any rights or responsibilities in connection with it are EJA and WFA.
- 10. The Parties agree to reasonably cooperate with the other party as may be necessary to effectuate the matters referred to herein or contemplated hereby.
- 11. EJA shall and hereby does indemnify and hold WFA harmless from and against any and all claims, damages, losses, costs and expenses (including but not limited to reasonable attorney's fees, at all levels) arising out of or in connection with any of the following: (i) any claim

or demand by the Division or any other State or Federal agency for payment of taxes or fees in connection with the live jai alai performances conducted by EJA at the Jai Alai Premises, to the extent greater than those taxes or fees which WFA would have paid in connection with live jai alai performances during the same period of time under the WFA Permit; and (ii) any claim or demand by any agent, employee, vendor, service provider, equipment lessor or other person or entity, to the extent arising out of the relationship between such claimant and EJA and not arising out of a separate relationship with WFA.

- 14. This Agreement may be terminated by either party, at any time, upon two (2) business days written notice to the other, in the event that: (i) either party is notified by the Division (or any other agency of the State of Florida) that (X) conducting jai alai games under the EJA Permit at the Premises is not permitted under applicable law, or (Y) either party must pay fees or taxes or expenses not contemplated by this Agreement and which render the intent (including the financial implications) of this Agreement materially unobtainable; or (ii) in the reasonable opinion of either party, continuing to operate under this Agreement threatens the ability of such party to continue to enjoy the benefits of its permits and licenses with the State of Florida, or any agency thereof.
- be entitled to be reimbursed for its costs, including reasonable attorneys' fees. Venue for any action arising out of or in connection with this Agreement shall be exclusively in the state courts of Dade County, Florida, and each party consents to such jurisdiction. Any notice required to be given to either party shall be in writing, and provided by hand delivery, or by recognized overnight carrier (such as Federal Express), or by e-mail or facsimile (with a copy to follow by hand or overnight carrier), at the address, e-mail address, and/or fax number set forth below each party's signature, with a copy to each party's counsel (also identified below such party's signature). Notice shall be deemed given upon receipt, when delivered by hand, or electronically, and the first business day

after delivery to the recognized overnight carrier, with cost of delivery prepaid.

- 16. This Agreement shall be construed, governed by, and interpreted, and the legal relations between the Parties hereto shall be determined, in accordance with the substantive laws of the State of Florida. The Parties agree that they have each contributed to the preparation of this Agreement, and that it shall not be construed more strongly against one party than the other.
- 17. This Agreement constitutes the sole and entire Agreement between the Parties concerning this subject matter and supersedes all other agreements between the Parties whether written or oral relating to the subject matter hereof. There are no covenants, assurances, or representations, either express or implied, other than those expressly stated herein. No modification, rescission, or waiver of this Agreement, or any provision thereof, shall be binding on any party unless evidenced by an instrument in writing duly signed by such party.
- 18. Each party is solely responsible for its own costs in connection with the preparation and execution of this Agreement, and with respect to all costs incurred by it (including but not limited to professional fees) in connection with the transaction contemplated by this Agreement and the live jai alai performances conducted at the Jai Alai Premises, except as specifically set forth to the contrary herein. WFA shall have no obligation to hire or engage any employee, agent, vendor, service provider, equipment lessor or other person or entity currently working for or providing services or equipment to EJA for the live jai alai performances at the Jai Alai Premises, and EJA is and shall remain responsible for payment to its employees, agents, vendors, service providers, equipment lessors and similar persons and entities.
- 19. Each party to this Agreement agrees: (i) that it will consult with the other concerning any proposed press release or public announcement pertaining to the running of the live jai alai performances at the Jai Alai Premises, and shall not issue any press release or public announcement without the prior consent of the other party; and (ii) that it will keep the specific terms of this Agreement confidential; provided, however, that nothing herein shall restrict any public

announcement or other disclosure which a party deems in good faith to be required to be made by law (in which case such party shall advise the other party prior to making the disclosure).

22. This Agreement shall be binding upon and inure solely to the benefit of each party to it, and nothing in this Agreement, express or implied, is intended to or shall confer upon any other person or persons any rights, benefits or remedies of any nature whatsoever under or by reason of this Agreement. The benefits of this Agreement are personal, and may not be assigned by either party to any person or entity, without the express prior written consent of the other party, which may be withheld in such other party's sole discretion. Any attempt to assign such benefits, or this Agreement itself, in violation of this provision, shall be deemed void ab initio.

23. This Agreement may be executed in several counterparts, each of which shall constitute an original, but all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF, WFA and EJA have caused this Agreement to be executed, effective as of the day and year first above written.

SIGNATURE PAGE FOLLOWS:

# West Flagler Associates LLP

By:

With a copy of notices sent to:

[insert our info]

Edgewater Jai-Alai

By: Hollo

With a copy of notices sent to:

[insert our info]

## Certificate

# **CLERK OF THE CIRCUIT COURT**

as Clerk of

# **The Board of County Commissioners**

I, HARVEY RUVIN, being the Clerk of the Circuit Court in and for Miami-Dade County, Florida, and as such being Clerk of the Board of County Commissioners of said County, do hereby certify that there has been no election in said County resulting in a recall of the para-mutual permit now held by *West Flagler Associates*, *Ltd.*, since the date of its issuance.

WITNESS my Hand and Official Seal as Clerk aforesaid this 1st day of December, A.D. 2022.

(OFFICIAL SEAL)



Deputy Clerk, Clerk of the Board

### **CONTINUATION CERTIFICATE**

The NGM Insurance Company (hereinafter called the Surety) hereby continues in force its Bond No. in the sum of Fifty Thousand Dollars and 00/100 (\$50,000.00) Dollars, on behalf of WEST FLAGLER ASSOCIATES, LTD dba EDGEWATER JAI ALAI (PERMIT 286) in favor of GOVERNOR OF THE STATE OF FLORIDA subject to all the conditions and terms thereof through 18th Day of December, 2023 at location of risk.

This Continuation is executed upon the express condition that the Surety's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

IN WITNESS WHEREOF, the Surety has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its corporate seal to be hereto affixed this <u>13th Day of October</u>, 2022.

NGM Insurance Company

Surety

BY:

John W. Charlton, Attorney-in-Fact

2023 JAN -3 PM 2: 0:



#### POWER OF ATTORNEY

06-03082188

KNOW ALL MEN BY THESE PRESENTS: That NGM Insurance Company, a Florida corporation having its principal office in the City of Jacksonville, State of Florida, pursuant to Article IV, Section 2 of the By-Laws of said Company, to wit:

"Article IV, Section 2. The board of directors, the president, any vice president, secretary, or the treasurer shall have the power and authority to appoint attorneys-in-fact and to authorize them to execute on behalf of the company and affix the seal of the company thereto, bonds, recognizances, contracts of indemnity or writings obligatory in the nature of a bond, recognizance or conditional undertaking and to remove any such attorneys-in-fact at any time and revoke the power and authority given to them. "

does hereby make, constitute and appoint D W Matson III, John W Charlton -----

its true and lawful Attorneys-in-fact, to make, execute, seal and deliver for and on its behalf, and as its act and deed, bonds, undertakings, recognizances, contracts of indemnity, or other writings obligatory in nature of a bond subject to the following limitation:

1. No one bond to exceed Ten Million Dollars (\$10,000,000.00)

and to bind NGM Insurance Company thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of NGM Insurance Company; the acts of said Attorney are hereby ratified and confirmed.

This power of attorney is signed and sealed by facsimile under and by the authority of the following resolution adopted by the Directors of NGM Insurance Company at a meeting duly called and held on the 2nd day of December 1977.

Voted: That the signature of any officer authorized by the By-Laws and the company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof; such signature and seal, when so used being hereby adopted by the company as the original signature of such office and the original seal of the company, to be valid and binding upon the company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, NGM Insurance Company has caused these presents to be signed by its Vice President, General Counsel and Secretary and its corporate seal to be hereto affixed this 7th day of January, 2020.

NGM INSURANCE COMPANY By:

Kimberly K. Law

Vice President.

Lock Pente

General Counsel and Secretary

State of Florida. County of Duval.

On this 7th day of January, 2020, before the subscriber a Notary Public of State of Florida in and for the County of Duval duly commissioned and qualified, came Kimberly K. Law of NGM Insurance Company, to me personally known to be the officer described herein, and who executed the preceding instrument, and she acknowledged the execution of same, and being by me fully sworn, deposed and said that she is an officer of said Company, aforesaid: that the seal affixed to the preceding instrument is the corporate seal of said Company, and the said corporate seal and her signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Company, that Article IV, Section 2 of the By-Laws of said Company is now in force.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Jacksonville, Florida this 7th day of January,

2020.

I, Nancy Giordano-Ramos, Vice President of NGM Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by said Company which is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company at Jacksonville, Florida this

3th day of October, 2022.

WARNING: Any unauthorized reproduction or alteration of this document is prohibited. TO CONFIRM VALIDITY of the attached bond please call 1-800-225-5646.

TO SUBMIT A CLAIM: Send all correspondence to 55 West Street, Keene, NH 03431 Attn. Bond Claims.





## STATE OF FLORIDA **DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING**

| DBPR PMW-3080 – Po      | ermitholder Calendar   |                      |
|-------------------------|--|----------------------|
| TO WE THE               | STATE OF FLORI DEPARTMENT OF BUSINESS AND PROI DIVISION OF PARI-MUTUEL www.myfloridalicens | FESSIONAL REGULATION |
|                         | PERMITHOLDER INFOR   | RMATION              |
| Name<br>West Flagler As | sociates, Ltd. D/B/A Edgewater Jai Alai  | Permit # 286         |

#### INSTRUCTIONS

Submit this form in conjunction with the form DBPR PMW-3060 - Permitholder Application for License and Operating Dates.

Please do not overlook the cardroom section and the required application oath on page 4.

Please fill in appropriate year, and date below and on the following pages. Using the letter code below, write the type of performance in each box. Fill in the total number of performances for each month.

#### **LETTER CODES**

M = Matinee E = Evening C = Charity S = Scholarship

Example

| 1 | 2      | 3<br>M | M M | 5<br>S | 6<br>C | 7<br>C |
|---|--------|--------|-----|--------|--------|--------|
|   | E      | E      | 44  | М      | E      | E      |
| 8 | M<br>M | 10     | 11  | 12     | 13     | 14     |

|     |                 |      |     |       |     |        |       |     |     | -     |     |       |       |     |
|-----|-----------------|------|-----|-------|-----|--------|-------|-----|-----|-------|-----|-------|-------|-----|
|     | July Year: 2023 |      |     |       |     | August |       |     |     | Year: |     |       |       |     |
| Sun | Mon             | Tues | Wed | Thurs | Fri | Sat    | uii a | Sun | Mon | Tues  | Wed | Thurs | Fri   | Sat |
|     |                 |      |     |       |     | 1      |       |     |     | 1     | 2   | 3     | 4     | 5   |
|     |                 |      |     |       |     |        |       |     |     |       |     |       |       |     |
| 2   | 3               | 4    | 5   | 6     | 7   | 8      |       | 6   | 7   | 8     | 9   | 10    | 11    | 12  |
|     |                 |      |     |       |     |        |       |     |     |       |     |       |       |     |
| 0   | 10              | 11   | 10  | 12    | 1/1 | 15     |       | 12  | 14  | 15    | 16  | 17    | 10    | 10  |
| 9   | 10              |      | 12  | 13    | 14  | 15     |       | 13  | 14  | 15    | 16  | 17    | 18    | 19  |
|     |                 |      |     |       |     |        |       |     |     |       |     |       |       |     |
| 16  | 17              | 18   | 19  | 20    | 21  | 22     |       | 20  | 21  | 22    | 23  | 24    | 25    | 26  |
|     |                 |      |     |       |     |        |       |     |     |       |     |       |       |     |
| 23  | 24              | 25   | 26  | 27    | 28  | 29     |       | 27  | 28  | 29    | 30  | 31    |       |     |
|     |                 |      |     |       |     |        |       |     |     |       |     |       |       |     |
| 30  | 31              |      |     |       |     |        |       |     |     |       |     |       |       |     |
|     |                 |      |     |       |     |        |       |     |     |       |     |       | ===== | _   |
|     |                 |      |     |       |     |        | ,     |     |     |       |     |       |       |     |
| М   | 0               | Е    | 0   | C     | /S  | 0      |       | М   | 0   | E     | 0   | C     | /S /  | 0   |
|     |                 |      |     | _     |     |        |       |     |     | _     |     |       | 10    |     |
|     |                 | Tota | al  | 0     |     |        |       |     |     | Tota  | al( | 0     | 11    |     |

Initials:

September Year: 2023

October

Year:

2023

| Sun | Mon     | Tues    | Wed     | Thurs | Fri | Sat |
|-----|---------|---------|---------|-------|-----|-----|
|     |         |         |         |       | 1   | 2   |
| 3   | 4       | 5<br>M  | 6<br>M  | 7     | 8   | 9   |
| 10  | 11 M    | 12<br>M | 13<br>M | 14    | 15  | 16  |
| 17  | 18<br>M | 19<br>M | 20<br>M | 21    | 22  | 23  |
| 24  | 25<br>M | 26<br>M | 27<br>M | 28    | 29  | 30  |
|     |         |         |         |       |     |     |
| М   | 11      | E       | 0       | C     | /S  | 0   |

| Sun | Mon     | Tues    | Wed     | Thurs | Fri | Sat |
|-----|---------|---------|---------|-------|-----|-----|
| 1   | M M     | 3<br>M  | 4<br>M  | 5     | 6   | 7   |
| 8   | 9<br>M  | 10<br>M | 11 M    | 12    | 13  | 14  |
| 15  | 16<br>M | 17<br>M | 18<br>M | 19    | 20  | 21  |
| 22  | 23<br>M | 24<br>M | 25<br>M | 26    | 27  | 28  |
| 29  | 30<br>M | 31<br>M |         |       |     |     |
|     |         |         |         |       |     |     |
| М   | 14      | E       | 0       | C     | /S  | 0   |

Total 11

Year:

2023

November

Total 14

Year:

2023

December

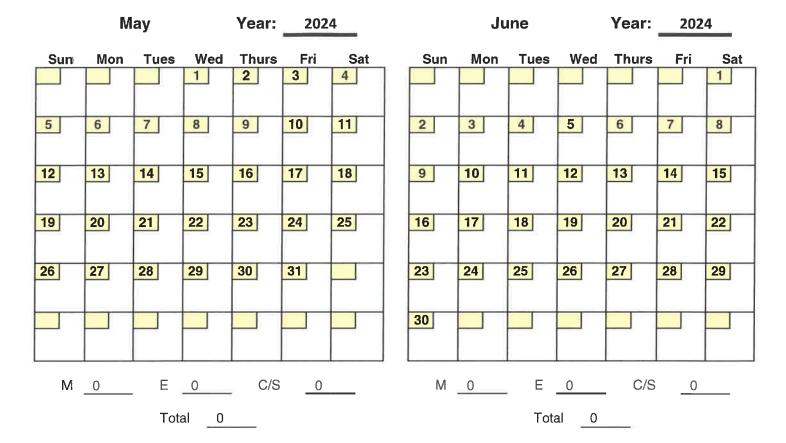
|     |         |         |         | TOUT EURO |     |     |  |  |  |
|-----|---------|---------|---------|-----------|-----|-----|--|--|--|
| Sun | Mon     | Tues    | Wed     | Thurs     | Fri | Sat |  |  |  |
|     |         |         | 1       | 2         | 3   | 4   |  |  |  |
|     |         |         | М       |           |     | 7   |  |  |  |
| 5   | 6       | 7       | 8       | 9         | 10  | 11  |  |  |  |
|     | М       | М       | М       |           |     |     |  |  |  |
| 12  | 13      | 14      | 15      | 16        | 17  | 18  |  |  |  |
|     | М       | М       | M       |           |     |     |  |  |  |
| 19  | 20      | 21      | 22      | 23        | 24  | 25  |  |  |  |
|     | М       | M       | М       |           |     |     |  |  |  |
| 26  | 27<br>M | 28<br>M | 29<br>M | 30        |     |     |  |  |  |
|     |         |         |         |           |     |     |  |  |  |
| M   | 13      | E .     | 0       | C         | /s  | 0   |  |  |  |

Total 2

Total 13

|     | January Year: 2024 |      |      |       |     |     |   | ruary |     | Year: |      |       |     |     |
|-----|--------------------|------|------|-------|-----|-----|---|-------|-----|-------|------|-------|-----|-----|
| Sun | Mon                | Tues | Wed  | Thurs | Fri | Sat | 2 | Sun   | Mon | Tues  | Wed  | Thurs | Fri | Sat |
|     | 1                  | 2    | 3    | 4     | 5   | 6   |   |       |     |       |      | 1     | 2   | 3   |
|     |                    |      |      |       |     |     |   |       |     |       |      |       |     |     |
| 7   | 8                  | 9    | 10   | 11    | 12  | 13  |   | 4     | 5   | 6     | 7    | 8     | 9   | 10  |
|     |                    |      |      |       |     |     |   |       |     |       |      |       |     |     |
| 14  | 15                 | 16   | 17   | 18    | 19  | 20  |   | 11    | 12  | 13    | 14   | 15    | 16  | 17  |
|     |                    |      |      |       |     |     |   |       |     |       |      |       |     |     |
| 21  | 22                 | 23   | 24   | 25    | 26  | 27  |   | 18    | 19  | 20    | 21   | 22    | 23  | 24  |
|     |                    |      |      |       |     |     |   |       |     |       |      |       |     |     |
| 28  | 29                 | 30   | 31   |       |     |     |   | 25    | 26  | 27    | 28   | 29    |     |     |
|     |                    |      |      |       |     |     |   |       |     |       |      |       |     |     |
|     |                    |      |      |       |     |     |   |       |     |       |      |       |     |     |
|     |                    |      |      |       |     |     |   |       |     |       |      |       |     |     |
|     | ^                  | -    |      |       | /C  | 0   |   |       |     |       |      |       | /C  |     |
| M   | 0                  | . =  | 0    |       | /S  |     |   | М     | 0   | _ =   | 0    |       | /S  |     |
|     |                    | Tota | al ( | 0     |     |     |   |       |     | Tota  | al ( | 0     |     |     |

|         | March Year: <u>2024</u> |      |     |       |       |       | April Year: <u>2024</u> |         |       |      |       | 4       |          |       |
|---------|-------------------------|------|-----|-------|-------|-------|-------------------------|---------|-------|------|-------|---------|----------|-------|
| Sun     | Mon                     | Tues | Wed | Thurs | Fri 1 | Sat 2 |                         | Sun     | Mon 1 | Tues | Wed 3 | Thurs 4 | Fri<br>5 | Sat 6 |
| 3       | 4                       | 5    | 6   | 7     | 8     | 9     |                         | 7       | 8     | 9    | 10    | 11      | 12       | 13    |
| 10      | 11                      | 12   | 13  | 14    | 15    | 16    |                         | 14      | 15    | 16   | 17    | 18      | 19       | 20    |
| 17      | 18                      | 19   | 20  | 21    | 22    | 23    |                         | 21      | 22    | 23   | 24    | 25      | 26       | 27    |
| 24      | 25                      | 26   | 27  | 28    | 29    | 30    |                         | 28      | 29    | 30   |       |         |          |       |
| 31      |                         |      |     |       |       |       |                         |         |       |      |       |         |          |       |
| М       | 0                       | Е    | 0   | . с   | /S    | 0     |                         | M       | 0     | E    | 0     | . C.    | /s       | 0     |
| Total 0 |                         |      |     |       |       |       |                         | Total 0 |       |      |       |         |          |       |



|             | CARDROOM OPERATORS ONLY      |         |               |          |        |          |  |  |  |  |  |
|-------------|------------------------------|---------|---------------|----------|--------|----------|--|--|--|--|--|
|             | Hours of Cardroom Operations |         |               |          |        |          |  |  |  |  |  |
| Sunday      | Monday                       | Tuesday | Wednesday     | Thursday | Friday | Saturday |  |  |  |  |  |
| _           | _                            | _       |               | _        | _      | _        |  |  |  |  |  |
|             | _                            | _       | _             | _        | _      |          |  |  |  |  |  |
| Year Round? | Yes                          | ☐ No    | If No, Dates: |          |        |          |  |  |  |  |  |

|                             |   | OATH // //   |  |
|-----------------------------|---|--|--|
|                             | ation provided in this application i<br>olicant to criminal penalties relati<br>COO | is true and complete. I understand that knowin ng to perjury or other offenses.  | gly providing false information on this $12 - 29 - 22$ |
| Name (Please Print)         | Title (Please Print)  | Signature  | Date   |
| State of Florida. County of | 0   | y of Scember, 2022 who is personally known to me or produces the  GLORIA FERRARI  Notary Public - State of Florida Commission # HH 208729 My Comm. Expires Jan 29, 2026 Bonded through National Notary Assn. | following as identification:                           |

DBPR PMW-3080, Effective 2016 December 13, Rule 61D-4.004, F.A.C.

Initials:

#### State of Florida

## **Department of Business and Professional Regulation Chronology Report**

Case #:

2023005138

Incident date: 01/03/2023

Status: 10 - Initial Review

Lic Type:

1001

Disposition:

Case Type:

Complaint

Responsible: ljelks - JELKS, LA'KESHA

Complainant:

WEST FLAGLER ASSOCIATES, LTD.

PO BOX 350940, MIAMI, FL 33135

Respondent:

FGCC, PARI-MUTUEL WAGERING

2601 BLAIR STONE ROAD, TALLAHASSEE, FL 32399

Summary:

2023/2024 OPERATING RENEWAL APPLICATION Edgewater (JLAI286)

Chronology:

| Effective Date | Туре | Lic Type | Code   | Description     | Responsible Party | Respondent |
|----------------|------|----------|--------|-----------------|-------------------|------------|
| 01/27/2023     | R    |          | ljelks | JELKS, LA'KESHA | ljelks            |            |
| 01/27/2023     | S    | 1001     | 10     | Initial Review  | ljelks            |            |

# 10. Discussion of License Application for Thoroughbred Permitholders

#### **MEMORANDUM**

To: The Florida Gaming Control Commission

From: Division of Pari-Mutuel Wagering

Re: Gulfstream Park Racing Association, Inc. d/b/a Gulfstream Park Racing and

Casino(TBRD321) (Gulfstream park)

2023-004553 Pari-Mutuel Operating License Renewal

Date: 2023-012180 Cardroom License Renewal

January 30, 2023

#### Executive Summary

A permitholder submitted an application to renew its operating license for a pari-mutuel facility ("operating license") and cardroom license. The Commission should approve this request.

#### **Background**

Annually, a permitholder must renew its operating and cardroom licenses by submitting the required documentation to the Commission.<sup>1</sup> Gulfstream Park Racing Association, Inc. d/b/a Gulfstream Park Racing and Casino ("Gulfstream park") possesses a thoroughbred permit. Gulfstream park currently holds an operating license and a cardroom license for the 2022-2023 Fiscal Year. For the 2023-2024 Fiscal Year, Gulfstream park has requested to operate 174 performances<sup>2</sup> and have 1 card table<sup>3</sup>. Gulfstream park has paid the \$1,000 annual card table fee.<sup>4</sup>

#### Analysis

The Commission must confirm that: each permitholder has submitted proof with their annual application for a license; the permitholder continues to possess the qualifications prescribed by chapter 550, Florida Statutes; and the permit has not been disapproved by voters in an election.<sup>5</sup> In addition, each permitholder must indicate whether the permitholder intends to accept wagers on intertrack or simulcast events, and for each permitholder electing to open a cardroom, the dates and periods of operation.<sup>6</sup> Gulfstream park has satisfied all of these requirements.

<u>Recommendation:</u> The Florida Gaming Control Commission should approve Gulfstream Park Racing Association, Inc. d/b/a Gulfstream Park Racing and Casino's request to renew its operating and cardroom licenses for fiscal year 2023-2024.

<sup>&</sup>lt;sup>1</sup> "Each permitholder shall annually, during the period between December 15 and January 4, file in writing with the commission its application for an operating license for a pari-mutuel facility for the conduct of pari-mutuel wagering during the next state fiscal year, including intertrack and simulcast race wagering." § 550.01215(1), Fla. Stat.

<sup>&</sup>lt;sup>2</sup> "Performance" means "a series of events, races, or games performed consecutively under a single admission charge." § 550.002(25), Fla. Stat.

<sup>&</sup>lt;sup>3</sup> See generally § 849.086, Fla. Stat.

<sup>&</sup>lt;sup>4</sup> The annual cardroom license fee is \$1,000 for each table in the cardroom. § 849.086(5)(e), Fla. Stat.

<sup>&</sup>lt;sup>5</sup> § 16.712(7), Fla. Stat.

<sup>&</sup>lt;sup>6</sup> § 550.01215(1)(a), Fla. Stat.

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

License Number: 321
Permit Type: TBRD
Permit County: Broward

# LICENSE TO CONDUCT PARI-MUTUEL WAGERING

For:

# Gulfstream Park Racing Association, Inc.

D/B/A Gulfstream Park Racing and Casino

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

901 South Federal Highway Hallandale Beach, FL 33009 Broward County

Valid From: July 1, 2023 Expires On: June 30, 2024

Permitholder does intend to accept wagers on intertrack or simulcast events.

Issued and dated, this \_\_\_\_\_ day of March, 2023.

Ву \_\_\_\_\_

Louis Trombetta, Executive Director Florida Gaming Control Commission



This license and attached schedule of live performances are issued in accordance with the Florida Pari-Mutuel Wagering Act and the rules promulgated thereunder. This license shall be operated at the location of a pari-mutuel permit and is subject to any and all laws of the State of Florida.

#### Gulfstream Park 2023/2024 Calendar

| Sun.   | Mon.                         | Jl<br>Tues.   | ULY 20<br>Wed.   |  | Fri.   | Sat   | Sun.  | Mon.                   |  | GUST<br>Wed.                                       |  | Fri.  | Sat.  | Sun.  | Mon.                        |  |   | R 2023<br>Thurs.  |  | s   |
|--|------------------------------|---|--|--|--|---|---|------------------------|--|--|--|---|---|---|-----------------------------|--|---|---|--|---|
| Juli.  | IIIOII.                      | 1005.   | 7.00.  | Titals.  | 1111   | 1<br>Mat  | oun.  | WOII.                  | 1  | 2  | 3  | 4<br>Mat  | 5<br>Mat  | Sun.  | IWIOTI.                     | Tues.  | vved.   | Tiluis.   | Fri.<br>Mat  | 1   |
| 2  | 3                            | 4   | 5  | 6  | 7<br>Mot   | 8<br>Mot  | 6<br>Mat  | 7                      | 8  | 9  | 10   | 11<br>Mot   | 12  | 3<br>Mot  | 4<br>Mat                    | 5  | 6   | 7   | 8  |   |
| Mat<br>9   | 10                           | 11  | 12   | 13   | Mat<br>14  | Mat<br>15   | Mat 13  | 14                     | 15   | 16   | 17   | Mat<br>18   | Mat<br>19                                       | Mat<br>10   | Mat<br>11                   | 12   | 13  | 14  | Mat<br>15  | ħ   |
| Mat  |                              |   |  |  | Mat  | Mat   | Mat   |                        |  |  |  | Mat   | Mat   | Mat   |                             |  |   |   | Mat  | ٨   |
| 16<br>Mat  | 17                           | 18  | 19   | 20   | 21<br>Mat  | 22<br>Mat   | 20<br>Mat   | 21                     | 22   | 23   | 24   | 25<br>Mat   | 26<br>Mat                                       | 17<br>Mat   | 18                          | 19   | 20  | 21  | 22<br>Mat  | N   |
| 23<br>Mat  | 24                           | 25  | 26   | 27   | 28<br>Mat  | 29<br>Mat   | 27<br>Mat   | 28                     | 29   | 30   | 31   |   |   | 24<br>Mat   | 25                          | 26   | 27  | 28  | 29<br>Mat  | N   |
| 30<br>Mat  | 31                           |   |  |  |  |   |   |                        |  |  |  |   |   |   |                             |  |   |   |  |   |
|  |                              | 14  |  | 0  |  |   |   |                        | 12   |  | . 0  |   | 0   |   |                             | 15   |   | 0   |  | 1   |
|  |                              | Matinee   |  | Evening  |  | C/S Perf.   |   |                        | Matinee  |  | Evening  |   | C/S Perf.                                       |   |                             | Matinee  |   | Evening   |  | C/S   |
|  | 0.7                          |   | OBER<br>Wed.   |  | Sec.   | Cot   | Sun.  | Mon.                   | NOVE<br>Tues.  | EMBE   | ₹ 2023   | Take 1  | 0.5   | Comm  |                             |  | EMBER   |   | 200  |   |
| Sun.<br>1<br>Mat   | Mon.                         | Tues,   | 4  | Thurs.<br>5<br>Mat   | Fri<br>6<br>Mat  | Sat.<br>7<br>Mat  | Sun.  | IVIOTI.                | Tues.  | 1  | Thurs.   | Fri.  | Sat.  | Sun.  | Mon.                        | Tues.  | Wed.  | Thurs.  | Fri.   | S   |
| 8  | 9                            | 10  | 11   | 12   | 13   | 14  | 5   | 6                      | 7  | 8  | 9  | 10  | 11  | 3   | 4                           | 5  | 6   | 7   | 8  |   |
| Viat<br>15   | 16                           | 17  | 18   | Mat<br>19  | Mat<br>20  | Mat<br>21   | 12  | 13                     | 14   | 15   | 16   | 17  | 18  | Mat<br>10   | 11                          | 12   | Mat<br>13   | Mat<br>14   | Mat<br>15  | P   |
| /lat   |                              |   |  | Mat  | Mat  | Mat   | 1 1 1 1   |                        |  |  |  |   |   | Mat   |                             |  | Mat   | Mat   | Mat  | B   |
| 22<br>//at   | 23                           | 24  | 25   | 26<br>Mat  | 27<br>Mat  | 28<br>Mat   | 19  | 20                     | 21   | 22   | 23   | 24  | 25  | 17<br>Mat   | 18                          | 19   | 20<br>Mat   | 21<br>Mat   | 22<br>Mat  | ñ   |
| 29<br>Aat  | 30                           | 31  |  |  |  |   | 26  | 27                     | 28   | 29   | 30   |   |   | 24<br>Mat   | 25                          | 26<br>Mat  | 27  | 28<br>Mat   | 29<br>Mat  | C   |
|  |                              |   |  |  |  |   |   |                        |  |  |  |   |   | 31<br>Mat   |                             |  |   |   |  |   |
|  |                              | 17<br>Matinee   |  | 0<br>Evening   |  | 0<br>C/S Perf.  |   |                        | 0<br>Matinee   |  | 0<br>Evening   |   | 0<br>C/S Perf.                                  |   |                             | 21<br>Matinee                                    |   | 0<br>Evening  | •  | C/S   |
| un.<br>7   | Mon.<br>1<br>Mat             | Matinee   | Wed. 3 Mat   | Evening  | Fri.<br>5<br>Mat<br>12<br>Mat  |   | Sun.  | Mon.                   | Matinee  | Wed.   | Evening  | Fri:<br>2<br>Mat<br>9<br>Mat                              |   | Sun.  | Mon.                        | Matinee  | RCH 2   | Evening   | 1<br>Mat<br>8<br>Mat   | S<br>C/   |
| 7<br>lat   | Mon.                         | JANU<br>Tues.   | UARY<br>Wed.<br>3<br>Mat   | 2024 Thurs. Mat  | Fri.<br>5<br>Mat   | C/S Perf. Sat 6 Mat   | 4   |                        | FEBR<br>Tues.  | RUARY<br>Wed.                                      | Z024 Thurs. 1 Mat  | Fri.<br>2<br>Mat  | C/S Perf. Sat. 3 C/Mat                          | 3   |                             | MA<br>Tues.                                      | RCH 2<br>Wed.   | O24 Thurs.  | Fri<br>1<br>Mat  | C/  |
| 7<br>1at<br>14<br>1at  | Mon.<br>1<br>Mat             | JANI<br>Tues.   | UARY Wed. 3 Mat 10 Mat 17 Mat 24   | 2024 Thurs. Mat 11 Mat 18 Mat 25   | Fri.<br>5<br>Mat<br>12<br>Mat<br>19<br>Mat   | C/S Perf. Sat. 6 Mat 13 Mat 20 Mat  | 4<br>Mat<br>11<br>Mat                                   | 5                      | FEBR<br>Tues.  | RUARY<br>Wed.<br>7<br>Mat<br>14<br>Mat             | Z024 Thurs. 1 Mat 8 Mat 15 Mat   | Fri.<br>2<br>Mat<br>9<br>Mat<br>16<br>Mat                 | C/S Perf. Sat. 3 C/Mat 10 Mat 17 Mat 24         | 3<br>Mat  | 4                           | MA Tues.   | RCH 2 Wed.  6 Mat  13 Mat   | O24 Thurs.  7 Mat 14 Mat  | Fri.<br>1<br>Mat<br>8<br>Mat<br>15<br>Mat                              | C/  |
| 7<br>1at<br>14<br>1at<br>21<br>1at                                 | Mon.<br>1<br>Mat<br>8        | JANI<br>Tues.<br>2                                      | Wed. 3 Mat 10 Mat 17 Mat 24 Mat 31   | 2024 Thurs. Mat 11 Mat 18 Mat  | Fria 5 Mat 12 Mat 19 Mat   | C/S Perf. Sat. 6 Mat 13 Mat 20 Mat  | 4<br>Mat<br>11<br>Mat<br>18<br>Mat                      | 5                      | FEBR<br>Tues.  | Wed.  7 Mat  14 Mat  21 Mat  28                    | Evening  2024 Thurs. 1 Mat  8 Mat  15 Mat  22 Mat  29  | Prince 2 Mat 9 Mat 16 Mat                                 | C/S Perf. Sat. 3 C/Mat 10 Mat 17 Mat            | 3<br>Mat<br>10<br>Mat<br>17<br>Mat  | 4                           | MA Tues.   | RCH 2 Wed.  6 Mat 13 Mat 20 Mat   | O24 Thurs.  7 Mat 14 Mat 21 Mat 28  | Mat  8 Mat  15 Mat  22 Mat   | C/  |
| 7<br>lat<br>14<br>lat<br>21  | Mon. 1 Mat 8                 | JANI<br>Tues.<br>2<br>9                                 | Wed. 3 Mat 10 Mat 17 Mat 24 Mat  | 2024 Thurs. Mat 11 Mat 18 Mat 25   | Fri.<br>5<br>Mat<br>12<br>Mat<br>19<br>Mat   | C/S Perf. Sat. 6 Mat 13 Mat 20 Mat  | 4<br>Mat<br>11<br>Mat<br>18<br>Mat                      | 12                     | FEBR<br>Tues.  | Wed.  7 Mat  14 Mat  21 Mat                        | Z024 Thurs. 1 Mat 8 Mat 15 Mat 22 Mat  | Fri.<br>2<br>Mat<br>9<br>Mat<br>16<br>Mat                 | C/S Perf. Sat. 3 C/Mat 10 Mat 17 Mat 24         | 3<br>Mat<br>10<br>Mat<br>17<br>Mat  | 11                          | MA Tues.   | RCH 2 Wed.  6 Mat  13 Mat  20 Mat   | O24 Thurs.  7 Mat 14 Mat 21 Mat   | Fri: 1 Mat 8 Mat 15 Mat 22 Mat   | C/  |
| 7<br>lat<br>14<br>lat<br>21<br>lat                                 | Mon. 1 Mat 8 15 22 29        | JANI<br>Tues.<br>2<br>9                                 | Wed. 3 Mat 10 Mat 17 Mat 24 Mat 31 Mat                                     | 2024 Thurs. Mat 11 Mat 18 Mat 25   | Fri.<br>5<br>Mat<br>12<br>Mat<br>19<br>Mat<br>26<br>Mat  | C/S Perf. Sat. 6 Mat 13 Mat 20 Mat  | 4<br>Mat<br>11<br>Mat<br>18<br>Mat                      | 12                     | FEBR<br>Tues.  | Wed.  7 Mat  14 Mat  21 Mat  28                    | Evening  2024 Thurs. 1 Mat  8 Mat  15 Mat  22 Mat  29  | Fri.<br>2<br>Mat<br>9<br>Mat<br>16<br>Mat<br>23<br>Mat    | C/S Perf. Sat. 3 C/Mat 10 Mat 17 Mat 24         | 3<br>Mat<br>10<br>Mat<br>17<br>Mat<br>24<br>Mat                           | 11                          | MA Tues.   | RCH 2 Wed.  6 Mat 13 Mat 20 Mat 27 Mat  | O24 Thurs.  7 Mat 14 Mat 21 Mat 28  | Mat  8 Mat  15 Mat  22 Mat  29 Mat                                     | S C/I   |
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| 7  | Mon. 1 Mat 8 15 22 29        | JANUTues. 2 9 16 23 30 Matinee                          | Wed. 3 Mat 10 Mat 17 Mat 24 Mat 31 Mat                                     | 2024 Thurs. 4 Mat 11 Mat 18 Mat 25 Mat   | Fri.<br>5<br>Mat<br>12<br>Mat<br>19<br>Mat<br>26<br>Mat  | Sat. 6<br>Mat<br>13<br>Mat<br>20<br>Mat<br>27<br>C/Mat                            | 4<br>Mat<br>11<br>Mat<br>18<br>Mat                      | 12                     | FEBR<br>Tues.  6  13  20  27  Matinee                  | Wed.  7 Mat 14 Mat 21 Mat 28 Mat                   | Z024 Thurs. 1 Mat 8 Mat 15 Mat 22 Mat 29 Mat Evening   | Fri.<br>2<br>Mat<br>9<br>Mat<br>16<br>Mat<br>23<br>Mat    | Sat. 3 C/Mat 10 Mat 17 Mat 24 Mat               | 3<br>Mat<br>10<br>Mat<br>17<br>Mat<br>24<br>Mat                           | 11                          | Matinee  MA Tues.  5 12 19 26  Matinee           | RCH 2 Wed.  6 Mat 13 Mat 20 Mat 27 Mat  | O24 Thurs.  7 Mat 14 Mat 21 Mat 28 Mat  Evening   | Mat  8 Mat  15 Mat  22 Mat  29 Mat                                     | C/S   |
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Initial Date

#### Jelks, La'Kesha

From: Holmes, Sheri < Sheri.Holmes@gulfstreampark.com>

Sent: Wednesday, March 1, 2023 3:01 PM

To: Jelks, La'Kesha
Cc: Pouncey, Jamie

Subject: RE: 2023/2024 Renewal Application Gulfstream Park Racing Association, Inc. (TBRD321)

Attachments: List of Games -Card Room.pdf; DBPRPMW-3220 List of Cardroom Business

Occupational Licensees.pdf; 1000956098 3105 - Endorsement No 1.pdf

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Please see below and attached.

No change in Ownership. It is 100% owned by The Stronach Group.

Yes, the permitholder intends to accept wagers on intertrack and simulcast events.

The Surety Bond Endorsement No.1 with the change to the proper Obligee is attached.

Please see attached for the List of last Contracted vendors.

The Poker Room is not presently operating. We are submitting \$1,000 as per our conversation Games to be offered when the poker room opens are attached.

If there is anything further, or anything I have missed please let me know.

Thanks Sheri

From: Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov> Sent: Wednesday, January 25, 2023 10:20 AM

To: Lisa Sutor < Lisa. Sutor@gulfstreampark.com >; Holmes, Sheri < Sheri. Holmes@gulfstreampark.com >

Subject: 2023/2024 Renewal Application Gulfstream Park Racing Association, Inc. (TBRD321)

# $\mathbf{WARNING}$ // THIS E-MAIL ORIGINATED FROM AN $\mathbf{EXTERNAL}$ SENDER. BE CAUTIOUS WITH LINKS AND ATTACHMENTS.

Greetings,

The items listed below requires submission and/or correction before the processing of <u>Gulfstream Park Racing Association</u>, Inc. (TBRD321)'s application can be completed:

Provide the ownership breakdown of the permit

Does the permitholder intend to accept wagers on intertrack or simulcast events

DBPR PMW-3105, Proof of \$50,000 Surety Bond, pursuant to Florida Statute 550.125(3)(a)

DBPR PMW-3220 Contracted Vendor list, pursuant to F.A.C 61D-11.012(4)

Number of Tables and fees paid - \$1,000.00 per table, pursuant to Florida Statute Section 849.086(5)(d) & F.A.C 61D-11.007(2)

Games offered 2023/2024

If you have any questions regarding the deficiencies, please contact me at your earliest convenience.

Best,

La'Kesha Gelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

The information contained in this transmission is intended solely for the use of the person(s) named herein. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply e-mail and destroy all copies of the original message.

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This e-mail, and any documents or data attached hereto, is intended for the intended recipients only. It may contain confidential and/or privileged information and no rights have been waived by the sender. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby NOTIFIED that any dissemination, distribution, retention, archiving or copying of this communication is strictly prohibited. If you have received this e-mail in error, please notify me at the telephone number shown above or by return mail and delete this communication and any copy immediately. Stronach Group provides no assurances that this e-mail and its attachments are virus free; you are responsible for scanning all e-mails and attachments for viruses. Stronach Group disclaims all liability for damages caused by any virus which may be transmitted by this email. Thank you.

#### Jelks, La'Kesha

Holmes, Sheri <Sheri.Holmes@gulfstreampark.com> From:

Sent: Wednesday, January 4, 2023 3:35 PM Jelks, La'Kesha; Pouncey, Jamie To:

Gulfstream Park - Race Date application - license #321 **Subject:** 

**Attachments:** Broward County Clerk of the Circuit Court letter Gulfstream Racing Association

> 12-19-22.pdf; Miami-Dade County Clerk of the Circuit Court letter GPRA 321.pdf; DBPRPMW-3060-notarized 1-4-23.pdf; DBPRPMW-3080 - notarized 1-4-23.pdf; DBPRPMW-3190- Gulfstream Park 321 1-4-23 notarized.pdf; DBPRPMW-3160-

Gulfstream Park - Card Room 1-4-2023 notarized.pdf

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

My apologies for the lateness.

Please see attached.

Thanks Sheri



SHERI HOLMES STIRLING VICE PRESIDENT ADMINISTRATION

901 S FEDERAL HWY HALLANDALE BEACH, FL 33009

P /1.954.457.6298 C /954.815.0027







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#### DBPR PMW-3060 - Permitholder Application for License and Operating Dates



# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING

www.myfloridalicense.com

#### INSTRUCTIONS

This form is to be submitted in conjunction with Form DBPR PMW-3080 – Permitholder Calendar and Form DBPR PMW-3190 – Officers and Directors.

Check the box that designates the purpose of this form filing:

Application for Annual License and Operating Dates

Application for Amendment to Annual License and Operating Dates

| PERMITHOLD  | ER INFORMATIO                                    | N.   |                                 |  |  |  |
|---|--|--|---------------------------------|--|--|--|
| Permitholder Name Gulfstream Park Racing Association Inc.   | Permit # 321                                     | FEID# or SSN *   |                                 |  |  |  |
| Doing Business As (D/B/A) Gulfstream Park   |  |  |                                 |  |  |  |
|   | ADDRESS  | eff. bed jib,  |                                 |  |  |  |
| Street Address or P.O. Box<br>901 South Federal Highway   |  |  |                                 |  |  |  |
| City<br>Hallandale Beach  |  | State<br>FL  | Zip Code (+4 optional)<br>33009 |  |  |  |
| County<br>(if Florida address) Broward  | Country (  | JSA  | •                               |  |  |  |
|   | NFORMATION                                       |  |                                 |  |  |  |
| Contact Name  | Title  |  |                                 |  |  |  |
| Sheri Holmes Stirling   | V P Adn  | ninistration   |                                 |  |  |  |
| Primary Phone Number  | Fax Numb<br>954-457-6                            |  |                                 |  |  |  |
| Primary E-Mail Address  | Cell Phon  | e Number   |                                 |  |  |  |
| PHYSICAL LOCATION O   | F PARI-MUTUE                                     | L FACILITY   |                                 |  |  |  |
| Street Address<br>901 South Federal Highway   |  | The state of the s |                                 |  |  |  |
| City<br>Hallandale Beach  |  | State FL   | Zip Code (+4 optional)<br>33009 |  |  |  |
| If there is a lease agreement to operate live performances a of the lease agreement containing the following information: (1) The name of the applicant and the lessor; (2) The address of the applicant and the lessor; (3) The type of permit held by both the applicant and the less (4) The exact location where the applicant is currently permit (5) The exact location where the lessor is currently permitted (6) The exact location where the applicant intends to conduct | sor;<br>tted to conduct pa<br>d to conduct pari- | ari-mutuel performa<br>mutuel performance  | nces;<br>es; and                |  |  |  |

\*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, 654; and Sections 409.2577, 409.2598, and 559.79. Florida Statutes. 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.



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|---|---|--|--|--|--|--|--|--|--|
| ADDITIONAL  | INFORMATION   |  |  |  |  |  |  |  |  |
| permit has not been recalled.   | the Circuit Court or other authorized County Official certifying that the   |  |  |  |  |  |  |  |  |
| lacinity? in changed, state fully. If none, state "No change," Use ac   | s, or directors; or a change in ownership or location of the pari-mutuel ditional pages, if necessary.            |  |  |  |  |  |  |  |  |
| No change   |   |  |  |  |  |  |  |  |  |
| Is the applicant incorporated? Yes No U If yes, under the le  | Otate of Fibrida  |  |  |  |  |  |  |  |  |
| Please list all officers and directors of the applicant using Form DBI  |   |  |  |  |  |  |  |  |  |
| <ul> <li>Onicers and Directors. If corporation, list name of corporation and</li> </ul>   | ners of the entire stock of the applicant using Form DBPR PMW-3190 d stockholders; if partnership, list partners. |  |  |  |  |  |  |  |  |
| Please list the stockholders of record of the applicant using Form D  |   |  |  |  |  |  |  |  |  |
| Please list the stockholders of the applicant who are subject to a vo<br>beneficial owner using Form DBPR PMW-3190 – Officers and Direct  | ctors.  |  |  |  |  |  |  |  |  |
| Have any persons listed on Form DBPR PMW-3190 – Officers and Directors ever been convicted of or had adjudication withheld for any crime, or pled guilty or noto contendere to any criminal charges (other than minor traffic violations) in any state or county? Yes  No  fi yes, list the individual(s) name, license number and title:   |   |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |
|   | SON INFORMATION   |  |  |  |  |  |  |  |  |
| The applicant desires to conduct a racing/jai alai meet for the 20 20 period(s). Please follow instructions on calendars attached to permit   | - 20 24 season during the following tapplication to mark days, dates, and types of performances.                  |  |  |  |  |  |  |  |  |
| Opening Date(s):<br>July 1, 2023  | Closing Date(s): June 30, 2024  |  |  |  |  |  |  |  |  |
| Number of Dark Days:  | Number of Live Days:  |  |  |  |  |  |  |  |  |
| Performances  | 174   |  |  |  |  |  |  |  |  |
| Number of Evening Performances  |   |  |  |  |  |  |  |  |  |
| Number of Matines Performances 169  |   |  |  |  |  |  |  |  |  |
| Number of Charity/Scholarship Performances 5  |   |  |  |  |  |  |  |  |  |
| Total Number of Performances 174  |   |  |  |  |  |  |  |  |  |
| Number of races/games during evening performances: n/a  | Number of races/games during matinee performances: 8-15   |  |  |  |  |  |  |  |  |
| Starting time;  | Starting time: 11:00 am.  |  |  |  |  |  |  |  |  |
| For greyhound tracks only: Do you intend to hold an additional charity day for the greyhound ad If yes, please indicate the date when the "Greyhound Adopt-a-Pet D  | loption program? Yes 🗆 No 🗅<br>lay" will be held:   |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |
| 0/  | АТН   |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |
| I swear or affirm that the information provided in this application is trinformation on this application could subject the applicant to criminal Sheri Holmes Stirling VP Administration  | ue and complete. I understand that knowingly providing false penalties relating to perjury of other offenses.     |  |  |  |  |  |  |  |  |
| Name (Please Print) Title (Please Print)  | Signature Date  |  |  |  |  |  |  |  |  |
| State of Florida,   | _   |  |  |  |  |  |  |  |  |
| County of Broward   | lanuary 22  |  |  |  |  |  |  |  |  |
|   | January . 2023  |  |  |  |  |  |  |  |  |
| Sheri Holmes Stirling , who i   | is personally known to me or produced the following as identification:  |  |  |  |  |  |  |  |  |
|   | TRACIFERGUSON   |  |  |  |  |  |  |  |  |
| Ton fyron   | Commission # HH 120398  |  |  |  |  |  |  |  |  |
| Notary Public My Commission Expires: GAL 122, 2025  | Expires April 22, 2025  Bonded Thry Troy Fain bearrance 800-186-7019  |  |  |  |  |  |  |  |  |



Previous on List

Next on List

Return to List

Filing History

### Fictitious Name Detail

#### **Fictitious Name**

GULFSTREAM PARK RACING AND CASINO

#### Filing Information

Registration Number G07283900293

**Status** 

**ACTIVE** 

Filed Date

10/10/2007

Expiration Date

12/31/2027

**Current Owners** 

1

County

**MULTIPLE** 

Total Pages

4

Events Filed FEI/EIN Number

3

### Mailing Address

2 95 ERIC T SMITH WAY AURORA, ON 00000

### **Owner Information**

GULSTREAM PARK RACING ASSOCIATION, INC. 901 S. FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009

FEI/EIN Number: Document Number: 142702

#### **Document Images**

10/10/2007 -- Fictitious Name Filing

View image in PDF format

08/30/2022 - Fictitious Name Renewal Filing

View image in PDF format

08/09/2017 -- Fictitious Name Renewal Filing

View image in PDF format

09/14/2012 - Fictitious Name Renewal Filing

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Previous on List

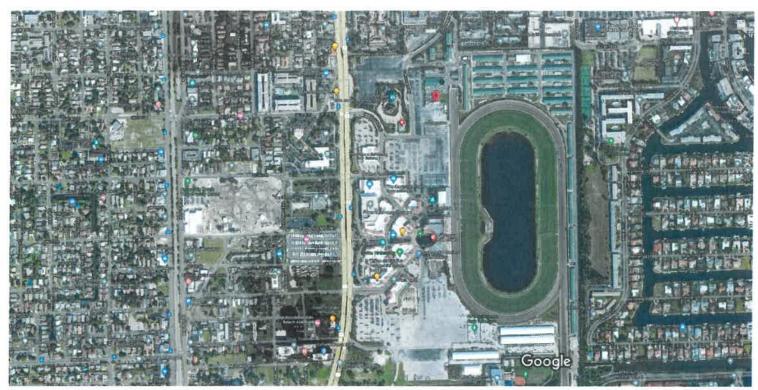
Next on List

Return to List

Filing History

#### Google Maps 25°58'55.7"N 80°08'20.9"W

Gulfstream Park Racing Association, LLC (TBRD321)



Imagery @2023 CNES / Airbus, Maxar Technologies, U.S. Geological Survey, Map data @2023 200 ft



### 25°58'55.7"N 80°08'20.9"W

25.982144, -80.139136











**Directions** 

Nearby

Send to phone

Share

0

Hallandale Beach, FL 33009

XVJ6+V85 Hallandale Beach, Florida

### **Photos**



### STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING

www.myfloridalicense.com

|   | ORGANIZ   | ZATION NAME                             |                 |                  |                  |  |  |
|---|---|---|-----------------|------------------|------------------|--|--|
| Name of Organization Gulfstream Park Racing Associa | tion Inc.   |   |                 | Permit # 321     |                  |  |  |
| D/B/A or Trade Name<br>Gulfstream Park              |   |   |                 |                  |                  |  |  |
|   | LIMITED LIABILITY CO  | ORPORATION C                            | LIESTIO         | NS               |                  |  |  |
| manageor you can ched                               | nited liability corporation (<br>ck your Articles of Incorpo<br>Manager Managed | (LLC), is the corr                      | oration n       | nember manage    | ed or mana       |  |  |
| list below all Officers, Dire                       | ctors Managers and/or s   | Shareholders wit                        | n & norse       | nt or more inte- | anting the state |  |  |
| additional sheets as neces                          |   | Shareholders Mit                        | i o perce       | nt or more inter | est in the bi    |  |  |
|   |   |   |                 | and the second   |                  |  |  |
| Last Name   | First   | NT INFORMATIO                           |                 | Tial             | 0.00             |  |  |
| TSG Developments Inc.                               | FIISL   | ŧVI                                     | ddle            | Title            | Suffix           |  |  |
| Office Held   | License #   | Percentage of Ownership 100%            |                 |                  |                  |  |  |
|   | RESIDEN   | CE ADDRESS                              |                 |                  |                  |  |  |
| Street Address or P.O. Bo                           | <sup>x</sup> #2 - 95 Eric T. S  | Smith Way                               |                 |                  |                  |  |  |
| City  |   | State                                   |                 | Zin Codo /       | +4 optional      |  |  |
| Aurora  |   | QN                                      |                 | L4G 0Z6          | T4 optional      |  |  |
| County<br>(if Florida address)                      |   | Country Ca                              | nada            |                  |                  |  |  |
|   | MANAGEMEN   | IT INFORM <b>ATIC</b>                   | M               |                  |                  |  |  |
|   | First   |   | ddle            | Title            | Suffix           |  |  |
| Last Name   |   |   |                 |                  |                  |  |  |
| Badgett   | Bill  |   |                 | are of Ownerch   | p                |  |  |
| Badgett<br>Office Held                              | Bill License #  | *************************************** | Percenta        | igo or Ownersh   |                  |  |  |
| Badgett Office Held Executive Director South Florid | License # PIN754881   | CE ADDRESS                              | Percenta<br>n/a | age or Ownersh   |                  |  |  |
| Badgett<br>Office Held                              | License # PIN754881   | CE ADDRESS                              |                 | age of Ownersh   |                  |  |  |
| Badgett Office Held Executive Director South Florid | License # PIN754881   | CE ADDRESS                              |                 | Zip Code (       |                  |  |  |

License

Fed Tax #

Lic Type 1021 - PMW Professional Individual Occupational

Name BADGETT, WILLIAM JR

Rank PIND - Professional Individual Occupational

Entity # 754881

File # 10510

License # 754881

Lic Status Current

Expires On 06/30/2025

Extended To

Renewed On 06/17/2022

**Address** 

Street # 1201

Street S OCEAN DR APT 14105

Line 2

Line 3

City HOLLYWOOD

State FL

Zip 33019

Routing

|                                | MANAGEMI              | ENT INFOR   | MATION                                  |                       | 18 S M |  |  |  |
|--------------------------------|-----------------------|-------------|---|-----------------------|--------|--|--|--|
| Last Name<br>Lakow             | First<br>Michael      |             | Middle<br>Scott                         | Title                 | Suffix |  |  |  |
| Office Held<br>VP Racing       | License #<br>10132609 |             | Percentage of Ownership                 |                       |        |  |  |  |
|                                | RESIDE                | NCE ADDR    | RESS                                    |                       |        |  |  |  |
| Street Address or P.O.         | Вох                   |             |   |                       |        |  |  |  |
| 52 NW Chaucer                  | Lane                  |             | *************************************** |                       |        |  |  |  |
| City<br>Boca Ralon             |                       |             | State                                   | Zip Code (+4 optional |        |  |  |  |
| County<br>(if Florida address) | alm Beach Cty         | Country USA |   |                       |        |  |  |  |

|  | MANAGEME             | NT INFOR | MATION                  |                        |        |  |  |  |
|--|----------------------|----------|-------------------------|------------------------|--------|--|--|--|
| Last Name<br>Rogers                              | First<br>Michael     |          | Middle<br>Murphy        | Title                  | Suffix |  |  |  |
| Office Held<br>C.O.O.                            | License #<br>1592463 |          | Percentage of Ownership |                        |        |  |  |  |
| <del>=====================================</del> | RESIDEN              | NCE ADDR | RESS                    | ***                    |        |  |  |  |
| Street Address or P.O.                           | Box 20 Hidden Fore   | est      |                         | 31                     |        |  |  |  |
| City<br>Cedar Valley                             |                      |          | State                   | Zip Code (+4 optional) |        |  |  |  |
| County<br>(if Florida address)                   |                      | Count    | Country Canada          |                        |        |  |  |  |

|                                | MANAGEMENT | INFORMATI | ON                      | INTEREST |   |  |  |  |  |
|--------------------------------|------------|-----------|-------------------------|----------|---|--|--|--|--|
| Last Name                      | First      | ٨         | /liddle                 | Title    | Suffix                                  |  |  |  |  |
| Office Held                    | License #  |           | Percentage of Ownership |          |   |  |  |  |  |
|                                | RESIDENC   | E ADDRESS |                         |          |   |  |  |  |  |
| Street Address or P.O.         | Вох        |           |                         |          |   |  |  |  |  |
|                                | 11 0,2     |           | -                       |          | *************************************** |  |  |  |  |
| City                           | 31         | Stat      | State                   |          | (+4 optional)                           |  |  |  |  |
| County<br>(if Florida address) |            | Country   |                         |          |   |  |  |  |  |

|   | Palmody and Section 1997   | OATH   |                  |                                   |
|---|--|--|------------------|-----------------------------------|
|   |  | ation is true and complete. I un<br>o criminal penalties relating to p           |                  |                                   |
| Sheri Holmes Stirling   | VP Administration  | Sel Solmes   | Steplena         | 1/4/2023                          |
| Name (Please Print)   | Title (Please Print)   | Signature  | 7                | Date                              |
| State of Florida,<br>County of Broward<br>Sworn to (or affirmed) and su | bscribed before me this 4th  | day of January   | , 20 <u>23</u> , | iho fallovina na (skontil) satos. |
|   | AND THE RESERVE OF THE PROPERTY OF THE PROPERT | , who is personally known to   | me or produced t | he following as identification:   |
| Notary Public<br>My Commission Expires: Co                              | en<br>oil 22, 2025   | TRACI FERGUSON Commission # HH 12 Expires April 22, 202 Bonded Thru Troy Fain In | 5                | ·                                 |

License

Fed Tax #

Lic Type 1021 - PMW Professional Individual Occupational

Expires On 06/30/2025

File # 59288

Name LAKOW, MICHAEL SCOTT

Rank PIND - Professional Individual Occupational

Extended To

License # 10132609

Renewed On 06/14/2022

Entity # 10132609

Lic Status Current

Address

Street # 52

Street NW CHAUCER LANE

Line 2

Line 3

City BOCA RATON

State FL

Zip 33432

Routing

License

Fed Tax #

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

Expires On 06/30/2025

File # 3517

Name ROGERS, MICHAEL M

Extended To

License # 1592463

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

Renewed On 12/23/2016

Entity # 1592463

Lic Status Current

Address

Street # 20

Street HIDDEN FOREST DRIVE

Line 2

Line 3

City CEDAR VALLEY

State 99

Zip LOG 1E0

Routing

### Jelks, La'Kesha

From: Holmes, Sheri < Sheri.Holmes@gulfstreampark.com>

Sent: Friday, March 3, 2023 10:46 AM To: Pouncey, Jamie; Jelks, La'Kesha

**Subject:** Gulfstream Park - License 321 - Organizational Chart

Attachments: GSP org chart current (3).pptx

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Please advise if this will suffice for the Ownership explanation.

GPTARP 336 is a not-for profit, managed by a Board but owned by Gulfstream Park Racing Association Inc. so would apply to that license as well.

Rest is coming asap.

**Thanks** Sheri



SHERI HOLMES STIRLING VICE PRESIDENT ADMINISTRATION

901 S FEDERAL HWY HALLANDALE BEACH, FL 33009

P /1.954.457.6298 C /954.815.0027







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### Jelks, La'Kesha

From:

Pouncey, Jamie

Sent:

Wednesday, March 1, 2023 3:42 PM

To:

Holmes, Sheri; Jelks, La'Kesha

Subject:

RE: 2023/2024 Renewal Application Gulfstream Park Racing Association, Inc. (TBRD321)

Attachments:

FGCCPMW-3105 Surety Bond for PMW 2601 BS.PDF

No, A rider is not legally sufficient. You may submit a continuation certificate with the correction or the attached surety form to comply with the surety requirement.

### **Jamie Pouncey**

### **Program Administrator**

Florida Gaming Control Commission
Division of Pari-Mutuel Wagering

850.717.1073 Office 850.488.0550 FAX 850.556.7301 Cell

Important: Confidentiality & Public Records Statement

From: Holmes, Sheri [mailto:Sheri.Holmes@gulfstreampark.com]

Sent: Wednesday, March 1, 2023 3:01 PM
To: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>
Cc: Pouncey, Jamie < Jamie.Pouncey@fgcc.fl.gov>

Subject: RE: 2023/2024 Renewal Application Gulfstream Park Racing Association, Inc. (TBRD321)

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Please see below and attached.

No change in Ownership. It is 100% owned by The Stronach Group.

Yes, the permitholder intends to accept wagers on intertrack and simulcast events.

The Surety Bond Endorsement No.1 with the change to the proper Obligee is attached.

Please see attached for the List of last Contracted vendors.

The Poker Room is not presently operating. We are submitting \$1,000 as per our conversation

Games to be offered when the poker room opens are attached.

If there is anything further, or anything I have missed please let me know.

Thanks

Sheri

From: Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov> Sent: Wednesday, January 25, 2023 10:20 AM

To: Lisa Sutor < Lisa.Sutor@gulfstreampark.com >; Holmes, Sheri < Sheri.Holmes@gulfstreampark.com >

Subject: 2023/2024 Renewal Application Gulfstream Park Racing Association, Inc. (TBRD321)

## **WARNING //** THIS E-MAIL ORIGINATED FROM AN **EXTERNAL SENDER**. BE CAUTIOUS WITH LINKS AND ATTACHMENTS.

Greetings,

The items listed below requires submission and/or correction before the processing of <u>Gulfstream Park Racing Association</u>, Inc. (TBRD321)'s application can be completed:

- Provide the ownership breakdown of the permit
- Does the permitholder intend to accept wagers on intertrack or simulcast events
- ♣ DBPR PMW-3105, Proof of \$50,000 Surety Bond, pursuant to Florida Statute 550.125(3)(a)
- DBPR PMW-3220 Contracted Vendor list, pursuant to F.A.C 61D-11.012(4)
- Number of Tables and fees paid \$1,000.00 per table, pursuant to Florida Statute Section 849.086(5)(d) & F.A.C 61D-11.007(2)
- ♣ Games offered 2023/2024

If you have any questions regarding the deficiencies, please contact me at your earliest convenience.

Best,

La'Kesha Jelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

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### **GULFSTREAM PARK RACING & CASINO ORGANIZATION CHART**

These 3 entities are controlled by the Stronach family through Trusts for the benefit of the Stronach family **BSF Trust Holdings** 445 Trust Holdings ASF Trust Holdings Inc. (Ontario) 67.4% 23.1% Inc. (Ontario) Inc. (Ontario) 9.5% 445 Family Heidings Inc. (Ontario) 1000058442 Ontario Inc. (Ontario) 445327 Ontario Limited (Ontario) 2382399 Ontario (Delaware) 2.7% Stronach Consulting Corp. (Ontario) 97.3 2280781 Ontario Inc. (Ontario) TSG Developments US Holdings Inc. (Delaware) TSG Developments
US
Financing Inc.
(Delaware) Guifstream Park TSG Developments TSG Developments Investments Inc. (Delaware) **GPRA** Thoroubhbred Land Bookkeeper Corporation (Delaware) Training Center Inc. (Delaware) Holdings Inc. (Delaware) Gulfstream Park GPRA Commercial Enterprises Inc. (Florida) Racing Association inc.
(Florida) 4721 Miramar LLC (Florida) 50% Monarch Content Management, LLC (Delaware) Orthid Concessions The Village at Gulfstream Park LLC FC Gulfstream Park, Inc. (Florida) inc. (Florida) (Delaware) Pegasus Race Participants LLC (Florida) Gulfstream Village Holdings LLC (Delaware)

100% ownership unless otherwise noted

## Certificate CLERK OF THE CIRCUIT COURT

as Clerk of

### The Board of County Commissioners

I, HARVEY RUVIN, being the Clerk of the Circuit Court in and for Miami-Dade County, Florida, and as such being Clerk of the Board of County Commissioners of said County, do hereby certify that there has been no election in said County resulting in a recall of the para-mutual permit now held by Gulfstream Park Racing Association, Inc., since the date of its issuance.

WITNESS my Hand and Official Seal as Clerk aforesaid this 1st day of December, A.D. 2022.

COFFICIAL SEALI



Deputy Clerk, Clerk of the Board



## Certificate of CLERK OF THE CIRCUIT COURT

As ex-officio Clerk of The Board of County Commissioners

| ł,        | Monica Cepero                 | _ being the ex-officio clerk of the Board of Broward County          |
|-----------|-------------------------------|--|
| Commi     | ssioners in and for Broward   | County, and as such being ex- officio Clerk of the Board of said     |
|           |                               | re has been no election in said County resulting in a recall of the  |
|           |                               | eam Racing Association Inc., since the date of its issuance.         |
| Witnes    | s my hand and official seal : | as clerk aforesaid this 1944 day of <u>December</u> , 20 <u>72</u> . |
| (Official | l Seal)                       | As ex-officio Clerk of the Board of County Commissioners             |

CREATED OZ TERRO OZ T



### **ENDORSEMENT NO. 1**

To be attached to and form part of Bond No.:

Issued on behalf of as Principal:

Gulfstream Park Racing Association, Inc.

Issued in favour of as Obligee:

Governor of the State of Florida

Bond Effective Date

August 15, 2013

### IT IS HEREBY UNDERSTOOD AND AGREED THAT:

The OBLIGEE NAME as noted on the Bond is hereby amended:

From:

Governor of the State of Florida

To:

Governor of the State of Florida and Her or His Successors in Office

All other terms and conditions of the said bond remain unchanged.

Signed, sealed and dated this 21st day of February, 2023

Gulfstream Park Racing Association, Inc.

Principal

U.S. Specialty Insorance Company

Annette Audinoi, Attorney-in-Fact FL Non-Resident Liceense #W311780



#### **POWER OF ATTORNEY**

### AMERICAN CONTRACTORS INDEMNITY COMPANY TEXAS BONDING COMPANY UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY

KNOW ALL MEN BY THESE PRESENTS: That American Contractors Indemnity Company, a California corporation, Texas Bonding Company, an assumed name of American Contractors Indemnity Company, United States Surety Company, a Maryland corporation and U.S. Specialty Insurance Company, a Texas corporation (collectively, the "Companies"), do by these presents make, constitute and appoint:

Annette Audinot, Kristin S. Bender, Theresa Giraldo, Terry Ann Gonzales-Selman, Jessica Iannotta, Mariya Leonidov, Kelly L. O'Malley, Francesca Papa, or April D. Perez

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, The Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 1st day of June, 2018.

AMERICAN CONTRACTORS INDEMNITY COMPANY TEXAS BONDING COMPANY UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY

State of California

County of Los Angeles



By: Daniel P. Aguilar, Vice President

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

On this 1st day of June, 2018, before me, Sonia O. Carrejo, a notary public, personally appeared Daniel P. Aguilar, Vice President of American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company and U.S. Specialty Insurance Company who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature (seal)

South O. CARRE JO
Not by Public Californie
Los Angeles County
Commission 7 1234479

I, Kio Lo, Assistant Secretary of American Contractors Indemnity Company, Texas Bonding

I, Kio Lo, Assistant Secretary of American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company and U.S. Specialty Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Los Angeles, California this 21st day of February . 2023 .

Corporate Seals
Bond No.

Agency No. 16423 - PDF POA

Kio Lo, Assistant Secretary

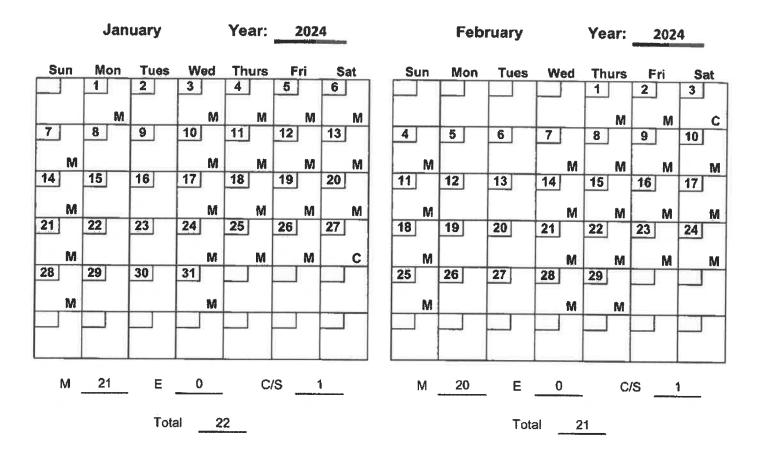


# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING www.myfloridalicense.com

|                   |   |                      |                        |                        | PERM              | MITHOLD      | ER INFORI                  | NATION             | کالٹے کا   |             |             |             |       | 3 7     |
|-------------------|---|----------------------|------------------------|------------------------|-------------------|--------------|----------------------------|--------------------|------------|-------------|-------------|-------------|-------|---------|
| Name              | Gulfstream Park Racing Association Inc. |                      |                        |                        |                   |              | 1.41                       | Pe                 | ermit#     | 321         |             |             |       |         |
|                   | 15-150                                  |                      | - 7100                 |                        | QUIT V            | INSTR        | UCTIONS                    |                    |            |             | # C 0 ± 0   |             |       |         |
| Submit            | this form                               | n in coni            | unction v              | with the f             | orm DB            |              | 3060 – Per                 | mitholde           | r Applica  | tion for I  | icense      | and One     | ratin | _       |
| Dates.            |   |                      |                        |                        |                   |              | red applica                |                    |            |             |             | энч Орс     | rauri | y       |
| Please<br>perforn | fill in app<br>nance in                 | propriate<br>each bo | year, ar<br>x. Fill in | nd date b<br>the total | elow an<br>number | d on the for | ollowing pay<br>mances for | ges. Usi<br>each m | ing the le | tter code   | e below,    | write the   | type  | e of    |
|                   |   | (III)                |                        |                        |                   | LETTE        | R CODES                    |                    |            |             |             |             |       |         |
| M =               | Matinee                                 | •                    |                        | E =                    | Evenin            | 9            |                            | C = Ch             | narity     |             | 5           | S = Scho    | larsh | nip     |
| Example           |   |                      |                        |                        | le                | 8            | 2<br>E<br>9                | 3<br>M<br>E        | 4 M        | 5<br>S<br>M | 6<br>C<br>E | 7<br>C<br>E | I     |         |
|                   |   |                      |                        |                        |                   |              |                            | M                  |            |             |             |             |       | •       |
|                   | July Year: 2023                         |                      |                        |                        |                   | 3            |                            | Au                 | gust       |             | Year:       | 202         | 3     |         |
| Sun               | Mon                                     | Tues                 | Wed                    | Thurs                  | Fri               | Sat          | Sun                        | Mon                | Tues       | Wed         | Thurs       | Fri         | S     | at      |
|                   |   |                      |                        |                        |                   | 1            |                            | $\vdash$           | 1          | 2           | 3           | 4           | 5     |         |
| 2                 | 3                                       | 4                    | 5                      | 6                      | 7                 | 8 M          | 6                          | 7                  | 8          | 9           | 10          | 11 M        | 12    | M       |
|                   |   |                      |                        |                        |                   |              |                            |                    |            |             |             |             |       | ŧ       |
| 9 M               | 10                                      | 11                   | 12                     | 13                     | 14 M              | 15 M         | 13 M                       | 14                 | 15         | 16          | 17          | 18 M        | 19    | M       |
| M                 | <u> </u>                                |                      |                        |                        | M                 | M            | M                          |                    |            |             |             |             |       | •       |
| 16                | 17                                      | 18                   | 19                     | 20                     | 21                | 22           | 20                         | 21                 | 22         | 23          | 24          | 25 M        | 26    | M       |
| М                 |   |                      |                        |                        | М                 | M            | M                          |                    |            |             |             | M           |       | M       |
| 23                | 24                                      | 25                   | 26                     | 27                     | 28                | 29           | 27                         | 28                 | 29         | 30          | 31          |             |       | <u></u> |
| M                 |   |                      |                        |                        | M                 | M            | M                          |                    |            |             |             |             |       |         |
| 30<br>M           | 31                                      |                      |                        |                        |                   |              |                            |                    |            |             |             |             |       |         |
|                   | 14                                      | E                    | 0                      |                        | /S                | n            | M                          | 12                 |            | 0           |             | /S          | L     |         |
|                   |   |                      |                        |                        |                   | _            | 141                        | : 6                | -          | •           | U.          | '           | •     |         |

|     | Sept | ember |             | Year:        |          | 202 | 3        | 9  |   |         |           | Oct      | ober           |             | Yea | ar: | 20  | 23 |    |
|-----|------|-------|-------------|--------------|----------|-----|----------|----|---|---------|-----------|----------|----------------|-------------|-----|-----|-----|----|----|
| Sun | Mon  | Tues  | Wed         | Thurs        | F        | ri  | S<br>2   | at | 1 | St<br>1 | ın        | Mon<br>2 | Tues           | Wed         | The | ırs | Fri |    | at |
|     |      |       |             |              | <u> </u> | ı   | -        | I  |   | ۲       |           |          | 3              | 4           | 5   |     | 6   | 7  | ]  |
| 0.1 | -    | -     | -           | <del> </del> | L_       | M   | <u> </u> | M  |   | <u></u> | M         |          |                |             |     | M   | N.  |    | M  |
| 3   | 4    | 5     | 6           | 7            | 8        | Į.  | 9        |    |   | 8       |           | 9        | 10             | 11          | 12  |     | 13  | 14 |    |
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| M   |      |       |             |              |          | М   |          | М  |   |         | М         |          | 2 2 11 11 12 2 |             |     |     |     |    |    |
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| M   | 15   | E     | 0           | C            | /S       | (   | <u> </u> |    |   |         | M .       | 17       | E              | 0           |     | C/  | s _ | 0  |    |
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November Year: December 2023 Year: 2023 Sun Mon Tues Wed Thurs Fri Sat Sun Wed Mon Tues Thurs Fri Sat 1 2 3 4 2 1] 5 6 7 8 9 10 11 3 4 5 6 7 8 9 M 17 12 13 14 15 16 10 18 11 12 13 14 15 16 M M M M 19 20 21 22 23 24 25 17 18 19 20 21 22 23 M M 27 28 29 30 27 24 25 26 28 29 30 M M M C 31 M E 0 M 0 C/S \_\_\_0 M 21 E 0 C/S 1 Total 0 Total 22



March Year: 2024 April Year: 2024 Sun Tues Wed Mon Thurs Fri Sat Sun Tues Mon Wed Thurs Fri Sat 1 2 2 1 3 5 6 C M M M 7 8 3 4 5 6 8 9 10 9 7 11 12 13 M 10 11 12 13 14 15 16 14 15 16 19 17 18 20 M M 17 18 19 20 21 22 23 21 22 23 24 25 26 27 M M M M M M M M 24 25 26 27 28 29 30 28 29 30 31 M 21 E 0 C/S 2 M E 0 C/S 0 M 16 Total 23 Total 16

May Year: 2024 June Year: 2024 Sun Mon Tues Wed Thurs Fri Sat Sun Mon Tues Wed Thurs Fri Sat M M M M M M M M M M E C/S M E C/S 0 Total 0\_\_\_ Total 

|             |          | CARD     | ROOM OPERATOR      | SONLY                |           |          |
|-------------|----------|----------|--------------------|----------------------|-----------|----------|
|             |          | Hours    | s of Cardroom Oper | rations              |           |          |
| Sunday      | Monday   | Tuesday  | Wednesday          | Thursday             | Friday    | Saturday |
| 10:00 AM    | 10:00 AM | 10:00 AM | 10:00 AM           | 10:00 AM             | 24 Hours  | 24 Hours |
| 4:00 AM     | 4:00 AM  | 4:00 AM  | 4:00 AM            | 4:00 AM              | Chain     | 41074484 |
| Year Round? | ✓ Yes    | □ No     | If No, Dates: A    | at this time card ro | om closed |          |

| Year Round? Yes No If No, Dates:At this time card room closed  |
|--|
|  |
| OATH CONTRACTOR OF THE CONTRAC |
| 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.   |
| Succi Houses Strung Haddinistration Authority Multitude 1/4/23.  Name (Please Print) Title (Please Print) Signature Date  State of Florida, County of Bloward Sworn to (or affirmed) and subscribed before me this 4th day of Tanuary . 20 25.  Succi Houses Strung Hadding Tanuary . 20 25.   |
| Notary Public My Commission Expires: Cap. 200, 2005  TRACI FERGUSON Commission # HH 120396 Expires April 22, 2025 Bonded Thru Troy Fain Insurance 800-385-7019   |



### State of Florida

### **Department of Business and Professional Regulation Chronology Report**

Case #:

2023004553

Incident date: 01/04/2023

Status: 10 - Initial Review

Lic Type:

1001

Disposition:

Case Type:

Complaint

Responsible: ljelks - JELKS, LA'KESHA

Complainant: GULFSTREAM PARK RACING ASSOCIATION, INC.

901 SOUTH FEDERAL HIGHWAY, HALLANDALE, FL 33009-3099

Respondent:

FGCC, PARI-MUTUEL WAGERING

2601 BLAIR STONE ROAD, TALLAHASSEE, FL 32399

Summary:

2023/2024 OPERATING RENEWAL APPLICATION Guifstream Park (TBRD321)

**Chronology:** 

| <b>Effective Date</b> | Туре | Lic Type | Code   | Description     | Responsible Party | Respondent |
|-----------------------|------|----------|--------|-----------------|-------------------|------------|
| 01/25/2023            | R    |          | ljeiks | JELKS, LA'KESHA | ljelks            |            |
| 01/25/2023            | S    | 1001     | 10     | Initial Review  | ljelks            |            |

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

License Number: CR321
Permit Type: TBRD
Permit County: Broward

## LICENSE TO OPERATE A CARDROOM

For:

## Gulfstream Park Racing Association, Inc.

D/B/A Gulfstream Park Racing and Casino

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

901 South Federal Highway Hallandale Beach, FL 33009 Broward County

Valid From: <u>July 1, 2023</u> Expires On: <u>June 30, 2024</u> Licensed to Operate: <u>1</u> Table

Issued and dated, this \_\_\_\_\_ day of March, 2023.

By \_\_\_\_\_

Louis Trombetta, 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.

### DBPR PMW-3160 - Permitholder Application for Annual License to Operate a Cardroom



## STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING

### www.mvfloridalicense.com

### INSTRUCTIONS

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

| ON INFO                                   | RMATION   |   |  |  |  |  |  |
|---|---|---|--|--|--|--|--|
| Federal Employer ID Number                |   |   |  |  |  |  |  |
| Racing                                    | Association Inc                                   | ,   |  |  |  |  |  |
| Park                                      |   |   |  |  |  |  |  |
| G ADDR                                    | ESS   |   |  |  |  |  |  |
| ral Hig                                   | hway  | 0 · · · · · · · · · · · · · · · · · · ·                             |  |  |  |  |  |
|   |   |   |  |  |  |  |  |
|   | State:FL  | Zip Code (+4 optional):<br>33009                                    |  |  |  |  |  |
| Countr                                    | <sup>y:</sup> USA                                 |   |  |  |  |  |  |
| INFORM                                    | ATION   |   |  |  |  |  |  |
|   |   |   |  |  |  |  |  |
| Address:                                  | 2507  |   |  |  |  |  |  |
| L ADDR                                    | ESS   |   |  |  |  |  |  |
| Street Address: 901 South Federal Highway |   |   |  |  |  |  |  |
|   |   |   |  |  |  |  |  |
|   | State:<br>FL                                      | Zip Code (+4 optional):<br>33009                                    |  |  |  |  |  |
|   |   |   |  |  |  |  |  |
|   | Racing Park G ADDR ral Hig Countr INFORM Address: | State: FL  Country: USA INFORMATION  Address: AL ADDRESS ay  State: |  |  |  |  |  |

|                           | ACT INFORMATION (OPTIONAL) |  |
|---------------------------|----------------------------|--|
| Alternate Phone Number:   | Fax Number: 954-457-6510   |  |
| Alternate E-Mail Address: |                            |  |

A.

|                                   | CARDROOM INFORMATION   |
|-----------------------------------|--|
| Physical Location of Cardroom:    | Finish Line Casino, 1st floor, south side of the Clubhouse building          |
| is the location but the ca        | rd room closed during COVID and has not yet re-opened.                       |
| What is the maximum aumbor of     |  |
| what's the maximum number of      | card tables you intend to operate during the license period?                 |
| this application.                 | ayable to DBPR for the table fees (\$1,000 per table) must be submitted with |
| Card room is presently closed     | ardroom management company:  |
|                                   | management company license number:   |
| Type of participation fee charged | to players: Rake - Ante 🗆 Seat Charge 🗅 Both 🛢                               |

### 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.

 Attach Form DBPR 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.

|  | STATEMENT  |
|--|--|
| hereby certify that every statement contained hereinisstatement or omission in this application may resignee to abide by and obey all rules and regulations of the State of Florida. | in is true and correct and that I understand any sult in denial or revocation of my pari-mutuel license. It of the Division of Pari-Mutuel Wagering and the laws |
| Signature of Applicant or Applicant's Representative Date 1/4/2023   | selblalmer Sterling  |

### DBPR PMW-3220 – List of Cardroom Business Occupational Licensees Providing Products and Services to a Cardroom



Federal Employer ID Number:

Name:

## STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING

www.myfloridalicense.com

### INSTRUCTIONS

This form is to be submitted to the division annually in conjunction with Form DBPR PMW-3160. List all of the Cardroom Vendors with which the Cardroom Operator will be conducting business during the next state fiscal year.

CARDROOM OPERATOR

Gulfstream Park Racing Association Inc

| OCCUPATIONAL LICENSEES WHO<br>Name | License Number                    | Type of Product or Service |
|------------------------------------|-----------------------------------|----------------------------|
| Please see attached listing        |                                   |                            |
|                                    |                                   |                            |
|                                    |                                   |                            |
| OCCUPATIONAL LICENSEES WHO         | O NO LONGER PROVIDE F<br>CARDROOM | PRODUCTS AND SERVICES TO   |
| OCCUPATIONAL LICENSEES WHO         |                                   | Type of Product or Service |
|                                    | CARDROOM                          |                            |

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

Signature of Applicant or Applicant's Representative

the State of Florida.

Date 2/15/2023

reflorence stirling

### **Vendor Licenses - CardRoom**

| Vendor                   | License # | Service Provided                           |
|--------------------------|-----------|--|
| Bally Technologies       | 7805891   | Automatic Shuffler                         |
| Casino Massage Services  | 8151463   | Therapeutic Table Massages                 |
| Genesis Gaming Solutions | 7951003   | Player Tracking Hardware/Software          |
| Royal Gaming             | 7238779   | Gaming Supplies (Tables, Chips, cards etc) |

License

Fed Tax #

Lic Type 1050 - Slot Machine Business

Expires On 06/30/2024

File#9

Name LNW GAMING INC

Extended To

License # 7805891

Rank License SBUS - Slot Machine Bus Occupational

Entity # 7805891

Lic Status Current

Renewed On 06/22/2012

Address

Street # 6601

Street SOUTH BERMUDA ROAD

Line 2

Line 3

City LAS VEGAS

State NV

Zip 89119

Routing

Lic Type 1050 - Slot Machine Business Fed Tax #

Entity # 7805891

Fed Tax Type FEIN#

Name LNW GAMING INC

| ,X        |                    |          |            |         |               |             | Add  |
|-----------|--------------------|----------|------------|---------|---------------|-------------|------|
|           |                    |          |            |         |               | Current     |      |
| Type *    | Name **            | Status * | Lic Type * | File# * | Updated By 14 | Preferred * | Back |
| Primary   | LNW GAMING INC     | Current  |            | E.      | charris       | 81          |      |
| Primary   | SG GAMING INC      | History  |            |         | tmcdowell1    |             |      |
| Primary   | SG GAMING, INC     | History  | A Company  | *       | charris       |             |      |
| Primary   | BALLY GAMING, INC  | History  |            |         | tjohnson      |             |      |
| DBA       | SCIENTIFIC GAMES   | History  | 1050       | 9       | tmcdowell1    | 3           |      |
| DBA       | BALLY TECHNOLOGIES | History  | 1050       | 9       | jblackman     |             |      |
| Alternale | Bally Gaming,      | History  |            |         | ljelks        | 1 1 2       |      |

License

Fed Tax#

Lic Type 1020 - Pari-Mutuel Business Occupational

Expires On 06/30/2024

File # 12568

Name CASINO MASSAGE SERVICES INC

Extended To

License # 8151463

Rank PBUS - Pari-Mutuel Business Occupational

Renewed On

Entity # 8151463

Lic Status Current

**Address** 

Street # 633

Street FEDERAL HWY 6 FLOOR

Line 2

Line 3

City FORT LAUDERDALE

State FL

Zip 33301

Routing

License

Fed Tax #

Lic Type 1010 - Cardroom Business Occupational Expires On 06/30/2024

File # 80

Name GENESIS GAMING SOLUTIONS, INC.

License # 7951003

Rank CBUS - Cardroom Business Occupational

Extended To

Entity # 7951003

Lic Status Current

Renewed On 05/11/2021

Address

Street # 500

Street AMIGO COURT SUITE150

Line 2 LICENSE AND COMPLIANCE

Line 3

City LAS VEGAS

State NV

Zip 89119

Routing

License

Fed Tax #

Lic Type 1010 - Cardroom Business Occupational Expires On 06/30/2023

File # 59

Name BUNNIE STRAUB INC

Extended To

License # 7238779

Rank CBUS - Cardroom Business Occupational

Renewed On 05/22/2020

Entity # 7238779

Lic Status Current

Address

Street #

Street PO BOX 207

Line 2

Line 3

City BOCA RATON

State FL

Zip 33429

Routing

**DBA Name** 

DBA ROYAL GAMING PRODUCTS

Gulfstream Park Racing Association Inc.

901 South Federal Highway
Hallandale, FL 33009

Par One Thousand Dollars And 60 Cents

Pay to the Order of: FGCC

2601 N. Blair Stone Road
Tallahassee, FL 32399

Authorized Signature(s)

\$1,000.00

RUB RED IMAGE. - DISAPPEARS WITH HEAT.

NAME

**FGCC** 

DATE

03/03/2023

TOTALS:

### CHECK DATE CHECK NUMBER

| 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 128563 | | 12

\$1,000.00

Gulfstream Park

VENDOR ID

Z-FLORID081

REFERENCE NUMBER

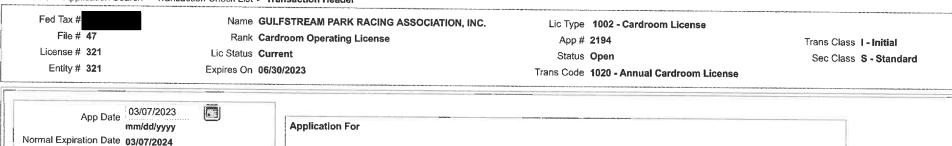
CARDRLAPPFEES03/23

| VR Home       | Inbox | Entity    | Application | License | Cash | Exam | Inspection | Enforcement | Report |
|---------------|-------|-----------|-------------|---------|------|------|------------|-------------|--------|
| Application H | ome   | Change Ap | plication   |         |      |      |            |             | ·      |

### Domain 10 - Division of Pari-Mutuel Wagering

Logged in as: Ijelks

VR Home > Application Search > Transaction Check List > Transaction Header



| mm/dd/yyyy  lormal Expiration Date 03/07/2024 |          | ī             | Rank Cardroom Opera                | ting License   |         | Dpsit History  |
|---|----------|---------------|------------------------------------|--|---------|--|
| Application Disposition                       |          | LICS          | Status Current                     |  |         | History  |
| 1st Reminder                                  |          |               |                                    |  |         | Deficiencies   |
| 2nd Reminder                                  |          | manufacture.  |                                    |  |         | Regenerate   |
| Total Fee \$                                  | 1,000.00 | Modifiers     |                                    |  |         | Notes  |
| Paid \$                                       | 1,000.00 | Type          | Code                               | Additional Inf   | O Add   | Notes History  |
| Released \$                                   | 1,000.00 |               | Mount transfer and amount transfer | - and the second of the second |         | Cancel   |
| Due \$  | 0.00     | Type          | Modifier                           | Additional Info  | Actions | ОК   |
| Notes T                                       |          | No items foun | C.                                 |  |         | Parameter Control of C |
| [ F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1       | nsfer Ap | prove         | Exit                               |  |         |  |

Get Adobe Reader.



### State of Florida

### **Department of Business and Professional Regulation Cash Listing Report**

Client:

100 - Division of Pari-Mutuel Wagering

Batch #:

22018448

Total \$ Entered: \$ 1,000.00

**TLH Centra** 

Fiscal Year:

2022 Deposit Date: 2023-03-07

License #

321

# Receipt: 1

Receipts Entered: 1

Origin: Deposit #: 110261 Total:

\$1,000.00

Status:

Deposited

Receipt # DLN Received Disp Pmt Note Unassigned Prof Remitted By / Beneficiary File# 220138102 \$1,000.00 DEP CHK \$1,000.00 GULFSTREAM PARK RACING 47 ASSOCIATION, INC.

Total:

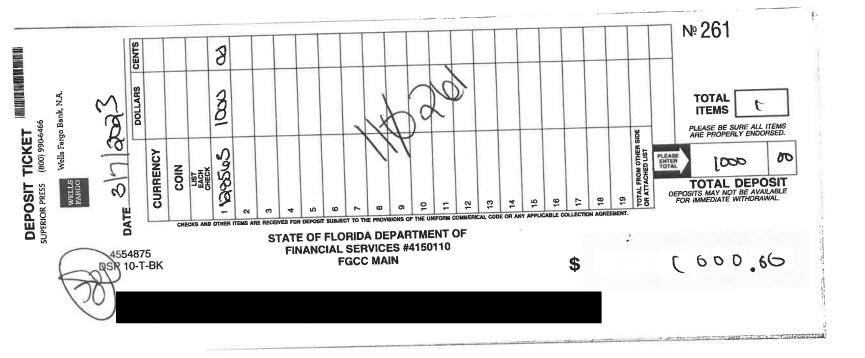
\$ 1,000,00

\$ 1,000.00

\$ 0.00

**Assigned** 

\$ 0.00



# GULF TREAM

901 S. Federal Hwy. Hallandale Beach, FL. 33009 954-457-6336

10am - 4am Sunday thru Thursday 24 Hours - Friday & Saturday

## List of Games

### > Texas Hold'Em No-Limit:

| Blinds: | <b>Buy-in Min</b> | <b>Buy-in Max</b> | Rake:                       |
|---------|-------------------|-------------------|-----------------------------|
| 1-1     | \$20              | \$100             | 10% to \$5 max              |
| 1-2     | \$60              | \$200             | 10% to \$5 max              |
| 2-5     | \$200             | \$500             | 10% to \$5 max              |
| 5-10    | \$500             | \$1,500           | Time Rake \$6pp / Half Hour |
| 10-25   | \$1,000           | Uncapped          | Time Rake \$6pp / Half Hour |

> Texas Hold'Em Limit: \*\*Also offered in Omaha (With Full Kill)

| Blinds: | Buy-in Min | Rake:                       |
|---------|------------|-----------------------------|
| 2-4**   | \$20       | 10% to \$5 max              |
| 4-8**   | \$40       | 10% to \$5 max              |
| 8-16    | \$80       | 10% to \$5 max              |
| 10-20** | \$100      | 10% to \$5 max              |
| 15-30   | \$300      | Time Rake \$6pp / Half Hour |
| 20-40   | \$400      | Time Rake \$6pp / Half Hour |
| 30-60   | \$600      | Time Rake \$6pp / Half Hour |
| 50-100  | \$1,000    | Time Rake \$6pp / Half Hour |
| 100-200 | \$2,000    | Time Rake \$6pp / Half Hour |
| 150-300 | \$3,000    | Time Rake \$6pp / Half Hour |

### > Pot Limit Omaha, Omaha H/L, & Mixed Hold Em/Omaha:

| Blinds: | Buy-in Min | <b>Buy-in Max</b> | Rake:          |
|---------|------------|-------------------|----------------|
| 1-2     | \$100      | \$300             | 10% to \$5 max |
| 2-5     | \$200      | \$1,000           | 10% to \$5 max |

#### Seven Card Stud:

| Betting structure: |       | Buy-in Min | Rake       |  |  |  |
|--------------------|-------|------------|------------|--|--|--|
| 1-10 Spread Limit  | \$20  | 10%        | to \$5 max |  |  |  |
| 5-10 Limit         | \$100 | 10%        | to \$5 max |  |  |  |

We Will Be Happy To Spread Additional Games and Limits At Your Request!



### State of Florida

## Department of Business and Professional Regulation Chronology Report

Case #:

2023012180

Incident date: 01/04/2023

Status: 10 - Initial Review

Lic Type:

1002

Disposition:

Case Type:

Complaint

Responsible: ljelks - JELKS, LA'KESHA

Complainant:

GULFSTREAM PARK RACING ASSOCIATION, INC.

901 SOUTH FEDERAL HIGHWAY, HALLANDALE, FL 33009-3099

Respondent:

FGCC, PARI-MUTUEL WAGERING

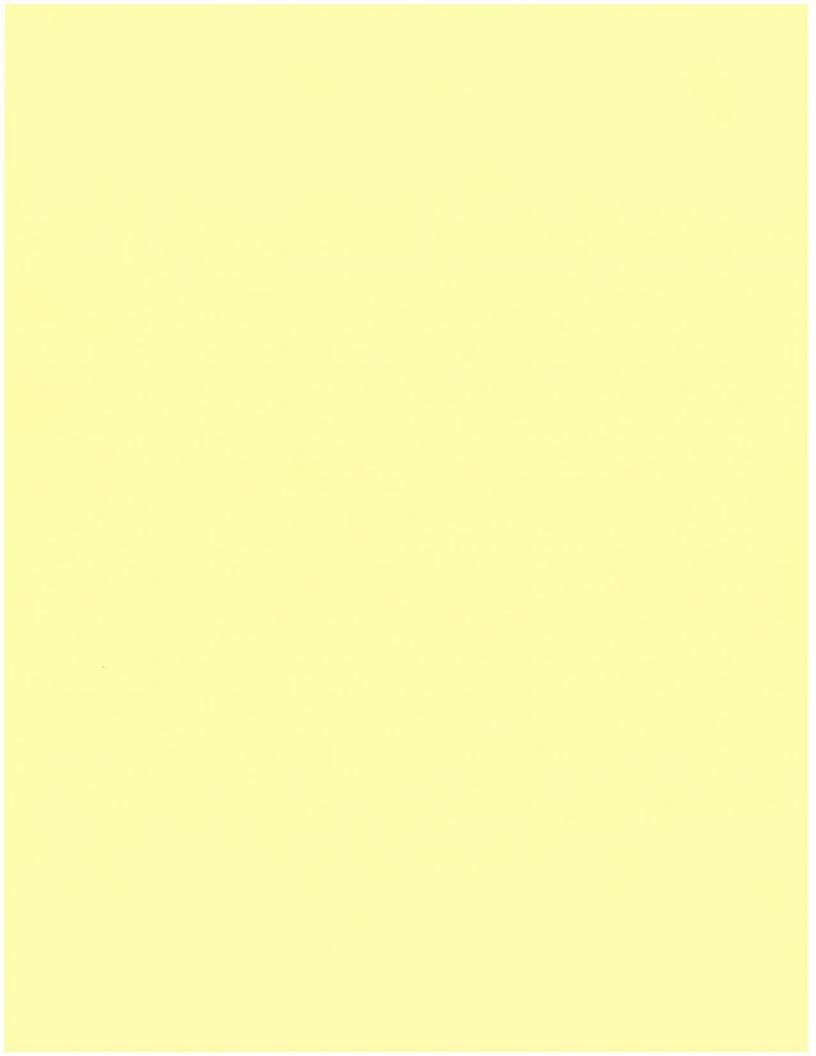
2601 BLAIR STONE ROAD, TALLAHASSEE, FL 32399

Summary:

2023/2024 CARDROOM RENEWAL APPLICATION Gulfstream Park (TBRD321)

Chronology:

| Effective Date | Туре | Lic Type | Code   | Description     | Responsible Party | Respondent |
|----------------|------|----------|--------|-----------------|-------------------|------------|
| 03/03/2023     | R    |          | ljelks | JELKS, LA'KESHA | ljelks            |            |
| 03/03/2023     | S    | 1002     | 10     | Initial Review  | ljelks            |            |



### **MEMORANDUM**

To: The Florida Gaming Control Commission

From: Division of Pari-Mutuel Wagering

Re: Gulfstream Park Thoroughbred After Racing Program, Inc.(TBRD336) (GPTARP)

2023-004601 Pari-Mutuel Operating License Renewal

Does not have a Cardroom License

Date: January 30, 2023

### Executive Summary

A permitholder submitted an application to renew its operating license for a pari-mutuel facility ("operating license"). The Commission should approve this request.

### **Background**

Annually, a permitholder must renew its operating and cardroom licenses by submitting the required documentation to the Commission.<sup>1</sup> Gulfstream Park Thoroughbred After Racing Program, Inc. ("GPTARP") possesses a thouroghbred permit. GPTARP currently holds an operating license for the 2022-2023 Fiscal Year. For the 2023-2024 Fiscal Year, GPTARP has requested to operate 40 performances<sup>2</sup> and does not have card tables<sup>3</sup>.

### **Analysis**

The Commission must confirm that: each permitholder has submitted proof with their annual application for a license; the permitholder continues to possess the qualifications prescribed by chapter 550, Florida Statutes; and the permit has not been disapproved by voters in an election.<sup>4</sup> In addition, each permitholder must indicate whether the permitholder intends to accept wagers on intertrack or simulcast events.<sup>5</sup> GPTARP has satisfied all of these requirements.

<u>Recommendation:</u> The Florida Gaming Control Commission should approve Gulfstream Park Thoroughbred After Racing Program, Inc.'s request to renew its operating license for fiscal year 2023-2024.

<sup>&</sup>lt;sup>1</sup> "Each permitholder shall annually, during the period between December 15 and January 4, file in writing with the commission its application for an operating license for a pari-mutuel facility for the conduct of pari-mutuel wagering during the next state fiscal year, including intertrack and simulcast race wagering." § 550.01215(1), Fla. Stat.

<sup>&</sup>lt;sup>2</sup> "Performance" means "a series of events, races, or games performed consecutively under a single admission charge." § 550.002(25), Fla. Stat.

<sup>&</sup>lt;sup>3</sup> See generally § 849.086, Fla. Stat.

<sup>&</sup>lt;sup>4</sup> § 16.712(7), Fla. Stat.

<sup>&</sup>lt;sup>5</sup> § 550.01215(1)(a), Fla. Stat.

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

License Number: 336
Permit Type: TBRD
Permit County: Broward

## LICENSE TO CONDUCT PARI-MUTUEL WAGERING

For:

## Gulfstream Park Thoroughbred After Racing Program, Inc.

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

901 South Federal Highway Hallandale Beach, FL 33009 Broward County

Valid From: <u>July 1, 2023</u> Expires On: June 30, 2024

Permitholder does intend to accept wagers on intertrack or simulcast events.

Issued and dated, this \_\_\_\_\_ day of March, 2023.

By

Louis Trombetta, Executive Director Florida Gaming Control Commission



This license and attached schedule of live performances are issued in accordance with the Florida Pari-Mutuel Wagering Act and the rules promulgated thereunder. This license shall be operated at the location of a pari-mutuel permit and is subject to any and all laws of the State of Florida.

### Gulfstream Park Thoroughbred After Racing Program, Inc. 2023/2024 Calendar

(Per License #336) Page 2 of 2

|               |           |                          |        |              |           |                |           | (Pe  | rLicense      | #336)  | Page 2             | or 2               |                |           |      |               |        |              |          |                  |
|---------------|-----------|--------------------------|--------|--------------|-----------|----------------|-----------|------|---------------|--------|--------------------|--------------------|----------------|-----------|------|---------------|--------|--------------|----------|------------------|
|               |           |                          | JLY 20 |              |           | Toy.           |           |      | AUG           | SUST   |                    |                    |                |           |      | SEPT          |        | R 2023       |          |                  |
| Sun.          | Mon.      | Tues.                    | Wed.   | Thurs.       | Fri.      | Sat.           | Sun.      | Mon. | Tues.         | Wed.   | Thurs.             | Fri.               | Sat.           | Sun,      | Mon. | Tues.         | Wed.   | Thurs.       | Fri.     | Sat.             |
| 2             | 3         | 4                        | 5      | 6            | 7         | 8              | 6         | 7    | 8             | 9      | 10                 | 11                 | 12             | 3         | 4    | 5             | 6      | 7            | 8        | 9                |
|               |           |                          | DAY 3  |              | الأبيا    |                |           |      |               |        |                    |                    |                |           |      |               |        |              |          |                  |
| 9             | 10        | 11                       | 12     | 13           | 14        | 15             | 13        | 14   | 15            | 16     | 17                 | 18                 | 19             | 10        | 11   | 12            | 13     | 14           | 15       | 16               |
| 16            | 17        | 18                       | 19     | 20           | 21        | 22             | 20        | 21   | 22            | 23     | 24                 | 25                 | 26             | 17        | 18   | 19            | 20     | 21           | 22       | 23               |
| 23            | 24        | 25                       | 26     | 27           | 28        | 29             | 27        | 28   | 29            | 30     | 31                 |                    |                | 24        | 25   | 26            | 27     | 28           | 29       | 30               |
| 30            | 31        |                          |        |              |           |                |           |      |               |        |                    |                    |                |           |      |               |        |              |          |                  |
|               |           |                          |        |              |           |                |           |      |               |        |                    |                    |                |           |      |               |        |              |          |                  |
|               |           | 0<br>Matinee             |        | Evening      |           | C/S Perf.      |           |      | 0<br>Matinee  |        | 0<br>Evening       |                    | C/S Perf.      |           |      | 0<br>Matinee  |        | 0<br>Evening |          | C/S Per          |
|               |           |                          | OBER   |              | - Charles |                |           |      | NOVE          |        |                    |                    |                |           |      | DECE          |        |              |          |                  |
| Sun.          | Mon.<br>2 | Tues.                    | Wed.   | Thurs:       | Fri.      | Sat.           | Sun.      | Mon. | Tues.         | Wed.   | Thurs.  2  Mat     | Fri.<br>3<br>C/Mat | Sat.           | Sun.      | Mon. | Tues.         | Wed.   | Thurs.       | Fri.     | Sat.             |
| 8             | 9         | 10                       | 11     | 12           | 13        | 14             | 5         | 6    | 7             | 8      | 9                  | 10                 | 11             | 3         | 4    | 5             | 6      | 7            | 8        | 9                |
| 15            | 16        | 17                       | 18     | 19           | 20        | 21             | Mat<br>12 | 13   | 14            | 15     | Mat<br>16          | Mat<br>17          | Mat<br>18      | 10        | 11   | 12            | 13     | 14           | 15       | 16               |
|               | 23        | 24                       | 25     | 26           | 27        | 28             | Mat<br>19 | 20   | 21            | 22     | Mat                | Mat<br>24          | Mat            | 17        | 18   | 19            |        | AL IN        |          |                  |
| 22            |           | 24                       | 25     | 26           | 21        | 28             | Mat       |      |               | Mat    | 23<br>Mat          | Mat                | 25<br>Mat      |           |      |               | 20     | 21           | 22       | 23               |
| 29            | 30        | 31                       |        |              |           |                | 26        | 27   | 28            | 29     | 30                 |                    |                | 24        | 25   | 26            | 27     | 28           | 29       | 30               |
|               |           |                          |        |              |           |                |           |      |               |        |                    |                    |                | 31        |      |               |        |              |          |                  |
|               |           | 0<br>Matinee             |        | 0<br>Evening | ,         | 0<br>C/S Perf. |           |      | 14<br>Matinee |        | 0<br>Evening       |                    | 2<br>C/S Perf. | ,         |      | 0<br>Matinee  | ,      | 0<br>Evening |          | C/S Per          |
|               |           | JAN                      | UARY   | 2024         |           |                |           |      | FEBR          | UARY   | 2024               | T                  |                |           |      | MAI           | RCH 2  | 024          |          |                  |
| Sun.          | Mon.<br>1 | Tues.                    | Wed.   | Thurs.       | Fri.      | Sat.           | Sun.      | Mon. | Tues.         | Wed.   | Thurs.             | Fri.               | Sat.           | Sun.      | Mon. | Tues.         | Wed.   | Thurs.       | Fri.     | Sat.             |
| 7             | 8         | 9                        | 10     | 11           | 12        | 13             | 4         | 5    | 6             | 7      | 8                  | 9                  | 10             | 3         | 4    | 5             | 6      | 7            | 8        | 9                |
| 14            | 15        | 16                       | 17     | 18           | 19        | 20             | 11        | 12   | 13            | 14     | 15                 | 16                 | 17             | 10        | 11   | 12            | 13     | 14           | 15       | 16               |
| 21            | 22        | 23                       | 24     | 25           | 26        | 27             | 18        | 19   | 20            | 21     | 22                 | 23                 | 24             | 17        | 18   | 19            | 20     | 21           | 22       | 23               |
| 28            | 29        | 30                       | 31     |              |           |                | 25        | 26   | 27            | 28     | 29                 |                    | - 7            | 24        | 25   | 26            | 27     | 28           | 29       | 30               |
| 20            | 25        | 30                       | 31     |              |           |                | 23        | 26   | 21            | 20     | 25                 |                    |                |           | 25   | 26            | LI     | 20           | 29       | 30               |
|               |           |                          |        |              |           |                |           |      |               |        |                    |                    |                | 31        |      |               |        |              |          |                  |
|               | •         | 0<br>Matinee             |        | 0<br>Evening | •         | 0<br>C/S Perf. |           |      | 0<br>Matinee  |        | 0<br>Evening       |                    | 0<br>C/S Perf. |           |      | 0<br>Matinee  |        | 0<br>Evening |          | 0<br>C/S Pen     |
|               |           |                          | RIL 20 |              |           | 64             |           |      |               | AY 202 |                    |                    | 9.4            |           |      | JU            | NE 20: | 24           |          | 0.1              |
| Sun.          | Mon.      | Tues.                    | Wed.   | Thurs.       | Fri.      | Sat.           | Sun.      | Mon. | Tues.         | 1      | Thurs.<br>2<br>Mat | Fri<br>3<br>Mat    | Sat.           | Sun.      | Mon. | Tues.         | wed.   | rnurs.       | Frì.     | Sat.<br>1<br>Mat |
| 7             | 8         | 9                        | 10     | 11           | 12        | 13             | 5<br>Mat  | 6    | 7             | 8      | 9<br>Mat           | 10<br>Mat          | 11<br>Mat      | 2<br>Mat  | 3    | 4             | 5      | 6<br>Mat     | 7<br>Mat | 8<br>C/Mat       |
| 14            | 15        | 16                       | 17     | 18           | 19        | 20             | 12        | 13   | 14            | 15     | 16                 | 17                 | 18             | 9         | 10   | 11            | 12     | 13           | 14       | 15               |
| 21            | 22        | 23                       | 24     | 25           | 26        | 27             | Mat<br>19 | 20   | 21            | 22     | Mat<br>23          | Mat<br>24          | C/Mat          | Mat<br>16 | 17   | 18            | 19     | 20           | 21       | 22               |
|               |           | E. I                     |        |              |           |                | Mat       |      |               |        | Mat                | Mat                | Mat            |           |      |               | ALL I  |              |          |                  |
| 28            | 29        | 30                       |        |              |           |                | 26<br>Mat | 27   | 28            | 29     | 30<br>Mat          | 31<br>Mat          |                | 30        | 24   | 25            | 26     | 27           | 28       | 29               |
|               |           |                          |        |              |           |                |           |      |               |        |                    |                    |                | 30        |      |               |        |              |          |                  |
|               | -         | 0<br>Matinee             | •      | 0<br>Evening | į         | 0<br>C/S Perf. |           | •    | 16<br>Matinee | •      | 0<br>Evening       |                    | 2<br>C/S Perf. |           | •    | 5<br>Matinee  | 7      | 0<br>Evening | 1        | 1<br>C/S Perf    |
| Full-card sir |           | schedule s<br>Informatio |        | change,      |           |                |           |      |               |        |                    |                    | -              | Totals    |      | 35<br>Matinee | - 1    | 0<br>Evening | ;        | 5<br>C/S Perf    |

Initial Date

#### DBPR PMW-3060 - Permitholder Application for License and Operating Dates



# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING

www.myfloridalicense.com

#### INSTRUCTIONS

This form is to be submitted in conjunction with Form DBPR PMW-3080 – Permitholder Calendar and Form DBPR PMW-3190 – Officers and Directors.

Check the box that designates the purpose of this form filing:

Application for Annual License and Operating Dates

Application for Amendment to Annual License and Operating Dates

| RINFORMATIO             | ONLY AND ADDRESS OF THE PARTY O |   |
|-------------------------|--|---|
| <sup>'ermit #</sup> 336 | FEID# or SSN *   |   |
|                         | 1  |   |
|                         |  |   |
| ADDRESS                 |  |   |
| Section 1995            |  |   |
|                         | State  | Zip Code (+4 optional)  |
|                         | FL   | 33180   |
| Country L               | ISA  |   |
| NFORMATION              |  |   |
| Title                   |  |   |
| VP Admi                 | nistration   |   |
| Fax Numb                | er   |   |
| 954-457-6               | 510  |   |
| Cell Phone              | Number   |   |
|                         |  |   |
| F PARI-MUTUEL           | FACILITY   |   |
|                         |  |   |
|                         |  |   |
|                         | State  | Zip Code (+4 optional)  |
|                         | FL   | 33009   |
| t another pari-mu       | ituel facility, the ap   | plicant shall attach a copy   |
|                         |  |   |
|                         |  |   |
|                         |  |   |
|                         |  |   |
|                         |  |   |
| nari-mutuel perf        | ormances pursuant  | to the lease agreement  |
|                         | Country UNFORMATION Title VP Admi Fax Numb 954-457-6 Cell Phone t another pari-mu  | State FL  Country USA  NFORMATION  Title VP Administration Fax Number 954-457-6510 Cell Phone Number  F PARI-MUTUEL FACILITY  State FL t another pari-mutuel facility, the ap |

\*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, 654; and Sections 409.2577, 409.2598, and 559.79, Florida Statutes. 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.

als: <u>LH</u> 3/8/2023

| ADDITIONAL   |  |
|--|--|
| Since the submission of your last application, has a permit recall/c   | L INFORMATION  |
| permit has not been recalled.  | f the Circuit Court or other authorized County Official certifying that the  |
| Has there been any change in ownership interest, officers, partner facility? If changed, state fully. If none, state "No change." Use a  | s, or directors; or a change in ownership or location of the pari-mutuel   |
| No change  |  |
|  | aws of which state? Florida  |
| Please list all officers and directors of the applicant using Form DB  |  |
| - Officers and Directors. It corporation, list name of corporation an  | rners of the entire stock of the applicant using Form DBPR PMW-3190 and stockholders; if partnership, list partners.   |
| Please list the stockholders of record of the applicant using Form D   | DBPR PMW-3190 – Officers and Directors.  |
| Properties parties assist and DDLK LMAA-2130 - Ollicels SUG DILe   | oting trust or have been pledged to a trustee or party other than the octors.  |
| Have any persons listed on Form DBPR PMW-3190 - Officers and   | Directors ever heen convicted of or had adjudication with a late-  |
| crime, or pled guilty or nolo contendere to any criminal charges (other lift yes, list the individual(s) name, license number and title: | her than minor traffic violations) in any state or county? Yes D No T  |
| **************************************   |  |
| *-   | PARTIES THE REST   |
|  |  |
| OPERATING SEA  | SON INFORMATION  |
| The applicant desires to conduct a racing/iai alai meet for the 20 23  | 20 74 season during the following  |
| period(s). Please follow instructions on calendars attached to permi   | it application to mark days, dates, and types of performances.   |
| Opening Date(s):<br>Nov 3, 2023/May 2/2024   | Closing Date(s):<br>November 25, 2022/June 9/2024  |
| Number of Dark Days:   | Number of Live Days:   |
| Performances   | 40   |
| Number of Evening Performances o   | The Control of the Co |
| Number of Matinee Performances 35 Number of Charity/Scholarship Performances 5   | типорилина   |
| Total Number of Performances 40  | Telefolium (Carlos)  |
| Number of races/games during evening performances:   | Number of races/games during matinee performances: 0.45  |
| Starting time: n/a   | Starting time: 11:00 am  |
| For greyhound tracks only:   | Otesting time.   |
| Do you intend to hold an additional charity day for the greyhound ad If yes, please indicate the date when the "Greyhound Adopt-a-Pet D  | doption program? Yes D No D  |
| in yes, presse malicate the date which the Greynoutid Adopters of a  | Jay" will be neid:   |
|  |  |
| 0/   | ATH MANAGEMENT OF THE PROPERTY |
| I swear or affirm that the information provided in this application is tr  | Market Market and Market Marke |
| information on this application could subject the applicant to criminal Sheri Holmes Stirling  VP Administration                         | de and complete. I understand that knowingly providing false all penalties relating to perjury or other offenses.  |
| Name (Please Print) Title (Please Print)   | Signature Date   |
| State of Florida.  |  |
| County of Broward  |  |
| Sworn to (or affirmed) and subscribed before me this 4th day of  | January <sub>20</sub> 23   |
| Sheri Holmes Stirling who i  | is personally known to me or produced the following as identification:   |
|  | TRACIFERGUSON  |
| Minin Tian O-  | Commission # HH 120396   |
| Notary Public  | Expires April 22, 2025 Bonded Thru Troy Fain Insurance 800-385-7919  |
| My Commission Evolute: C.A. V. A. J. A. J. A.  | A Professor tong ting time member and  |

# Jelks, La'Kesha

From: Hatzikonstantinou, Leah <Leah.Hatzikonstantinou@gulfstreampark.com>

Sent: Wednesday, March 8, 2023 3:18 PM To: Pouncey, Jamie; Jelks, La'Kesha

Cc: Holmes, Sheri RE: GPTARP 3060 Subject:

**Attachments:** Xerox Scan\_03082023152001.pdf

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Hi all—please see attached executed document.

Thanks,

Leah

From: Holmes, Sheri < Sheri. Holmes@gulfstreampark.com>

Sent: Wednesday, March 8, 2023 3:11 PM

To: Hatzikonstantinou, Leah <Leah.Hatzikonstantinou@gulfstreampark.com>

Cc: Pouncey, Jamie <Jamie.Pouncey@fgcc.fl.gov>; Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov>

**Subject:** GPTARP 3060

Please print page 1, initial at bottom where shown, date and scan to Jamie & La'Kesha who are cc'd here.

**Thanks** Sheri



SHERI HOLMES STIRLING VICE PRESIDENT ADMINISTRATION

901 S FEDERAL HWY HALLANDALE BEACH, FL 33009

P /1.954.457.6298 C /954.815.0027







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# Jelks, La'Kesha

From: Jelks, La'Kesha

Sent: Tuesday, March 7, 2023 5:20 PM

To:Sheri HolmesCc:Pouncey, JamieSubject:GPTRP(TBRD336)

Attachments: SPTLPMW0323030717250.pdf

# Greetings,

Please correct the physical address on the PMW-3060 form to <u>901 South Federal Highway</u>, <u>Hallandale Beach</u>, FL 33009.

Best,

La'Kesha Jelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

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# DBPR PMW-3060 - Permitholder Application for License and Operating Dates



# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING

www.myfloridalicense.com

#### INSTRUCTIONS

This form is to be submitted in conjunction with Form DBPR PMW-3080 - Permitholder Calendar and Form DBPR PMW-3190 - Officers and Directors.

Check the box that designates the purpose of this form filing.

Application for Annual License and Operating Dates

Application for Amendment to Annual License and Operating Dates

| PERMITHOLDE   | R INFORMATIO              | N The second   |                                       |
|---|---------------------------|--|---------------------------------------|
| Permitholder Name Gulfstream Park Thoroughbred After Racing Program Inc.  | Permit # 336              | FEID# or SSN *   |                                       |
| Doing Business As (D/B/A) Gulfstream Park Thoroughbred Racing Program Inc. (GTARP)  |                           | 117  | <del></del>                           |
| MAILING   | ADDRESS                   | THE PARTY OF THE P | NA 29 AVENTER DES                     |
| Street Address or P.O. Box<br>3051 NE 213th St.   |                           | -  |                                       |
| City<br>Aventura  |                           | State<br>FL  | Zip Code (+4 optional)<br>33180       |
| County<br>(if Florida address) Miami-Dade & Broward   | Country                   | JSA  | 1                                     |
| CONTACT   | NFORMATION                |  |                                       |
| Contact Name  | Title                     |  | · · · · · · · · · · · · · · · · · · · |
| Sheri Holmes Stirling   | VP Adm                    | inistration  |                                       |
| Primary Phone Number  | Fax Numb                  | er   | 100 100                               |
|   | 954-457-6                 | 6510   |                                       |
| Primary E-Mail Address  | Cell Phone                | Number   |                                       |
| PHYSICAL LOCATION O   | F PARI-MUTUE              | FACILITY   |                                       |
| Street Address  |                           |  |                                       |
| 3051 NE 213th St.   |                           |  |                                       |
| City  |                           | State  | Zip Code (+4 optional)                |
| Aventura  |                           | FL   | 33180                                 |
| If there is a lease agreement to operate live performances a of the lease agreement containing the following information:                 | t another pari-mu         | ituel facility, the ap   | pplicant shall attach a copy          |
| (1) The name of the applicant and the lessor:   |                           |  |                                       |
| <ul><li>(2) The address of the applicant and the lessor;</li><li>(3) The type of permit held by both the applicant and the less</li></ul> |                           |  |                                       |
| (4) The exact location where the applicant is currently permit  | ior;<br>ted to conduct no | ri mutual sadama   |                                       |
| (5) The exact location where the lessor is currently permitted  | to conduct pari-r         | m-mutuel periorma<br>nutuel performanc   | es and                                |
| (6) The exact location where the applicant intends to conduct   | t pari-mutuel perf        | ormances pursuan   | it to the lease agreement.            |

\*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, 654; and Sections 409.2577, 409.2598, and 559.79, Florida Statutes. 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 licensee 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.‡. 193, Sec. 317.

Pos

### Gulfstream Park Thoroughbred After Racing Program, Inc.

### Addendum to Form 3060

As further described in the attached documents, Gulfstream Park Thoroughbred After Racing Program, Inc. (GPTARP or the applicant), conducts its racing at Gulfstream Park Racing Association, Inc.'s (GPRA, or the lessor) facility pursuant to the lease dated June 30, 2011.

GPTARP holds a Thoroughbred racing permit and GPRA holds a Thoroughbred racing permit. The exact location of both permits is described in the attached legal description listed as "Attachment 1." The location contained in the attached legal description also describes all of the locations requested in questions 4-6 at the bottom of DBPR PMW Form 3060.

### Leave

This Lease Agreement is made on the 30 day of June , 2011, by and between Gulfriream Park Racing Association, Inc., a Florida Corporation ("GPRA") and Gulfriream Park Thoroughbred After Racing Program, Inc., a Florida por for-profit corporation ("GPTARP").

### WITNESSETH:

Whereas, GPRA holds point number PPM 536 issued by the State of Florida authorizing it to operate a quarter horse race most; and

Whereas, GPRA's racing facility is located upon the parcel of real property located at 901 S. Federal Highway, Hallandalo Beach, PL 33009 (the "Race Track"); and

Whereas, GPTARP intends to apply to the Division of Pari-mutual Wagering (the "Division") for the transfer of GPRA's quarter horse pannit, as provided in Section 350,3345, Florida Statutes, which when issued will authorize GPTARP to conduct limited theroughbred racing meets; and

Whates, GPRA has agreed with GPTARP that GPRA will lease the Race Track to GPTARP so that GPTARP may confinct limited thoroughbird racing meets at the Race Track under the permit GPTARP intends to seek from the Division on such lease terms and conditions as GPRA and GPTARP shall heretofore agree; and

Whereas, GPTARP has requested GPRA chter into this Agreement to provide evidence to the Division that GPTARP will have the right to conduct racing activities at the Race Track after the requested permit is issued.

In consideration of the mutual promises set forth herein, the parties agree as follows:

- 1. Recitals. All of the foregoing are true and correct.
- 2. Agreement to Lease. GPRA agrees to make the Race Track available to GPTARP to conduct limited thorough bred rate meets and other ancillary activities at its location.

Signed, scaled and delivered on the day and year set furth above.

Gulfstream Park Racing Association, Inc.

Authorized Signatory

Gulfstream Park Thoroughbred After

Racing Program, Inc.

,

#### DESCRIPTION

The East 180.6 feet of Lot 1 in Block 7, less the Horth 75 feet thereof for State Road Right-of-Hay: the South 300.00 feet of Lot 1 in Block 7. less the East 180.6 feet thereof, and also less the Hest 33.23 feet thereof; Lot 4 in Block 1 less the North 25.00 feet of the West 33.23 feet thereof; Lots 1 and 4 in Black 8; Lots 1, 2, 3 and 4 in Block 9; Lots 1, 2, 3 and 4 in Block 10, Lots 1, 2, 3 and 4 In Block 15: Lots 1. 2, 3 and 4 in Block 16; all the foregoing being of the subdivision in Section 27. Township 51 South, Range 42 East, according to the Plat of "Town OF MALLANDALE" as recorded in Plat Book "H" at Page 13 of the Public Records of Dade County, Florida: less and excepting from all the above those portions lying West of the East Right-of-Way of Federal Highway (U.S. No. 1), said East Right-of-May line being described as follows: BEGINATING at the intersection of the North line of said Lot 2, in Block 10, with a line that lies 90.00 feet fast of and parallel with the West line of the Southeast one-quarter (SE 1/4) of said Section 27; thence Southerly along said parallel line 4 distance of 1869.97 feet; to the point of curvature of a curve concave to the West and having a radius of 3909.d3 feet; thence Southerly along said curve through a central angle of 12"71" 38" for an arc distance of 823.01 feet to a POINT OF TERMINUS on the South line of the Southeast one-quarter (SE 1/4) of said Section 27. Said lands situate. lying and being in the City of Hallandale, Broward County. Florida.

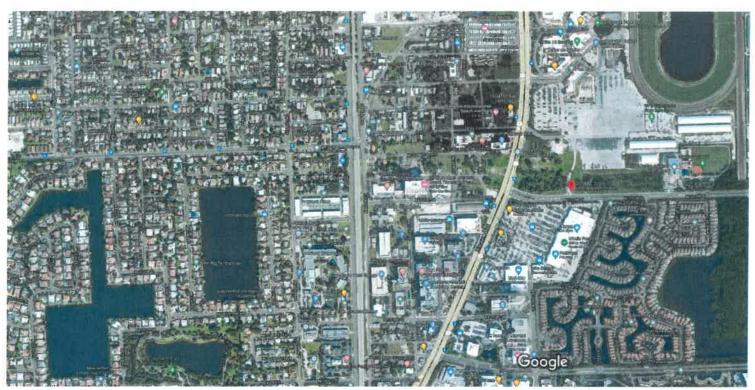
TOGETHER WITH all of the subdivision of "HOLLYDALE PARK" according to the Plat thereof as recorded in Plat Book 11, at Page 2, of the Public Records of Broward County, Florida, Jess and excepting therefrom all of Hibiscus Street as shown on said "HOLLYDALE PARK", a/k/a the North 25 freet of the Southwest one-quarter (SW 1/4) of the Southwest one-quarter (SW 1/4) of the Northeast one-quarter (HE 1/4) of Section 27, Township SI South, Range 42 East; and also excepting therefrom all that portion of said "HOLLYDALE PARK" lying West of a line 90.00 Feet East of and parallel with the West Time of the Southwest one-quarter (SW 1/4) of the Southwest one-quarter (SW 1/4) of the Southwest one-quarter (SW 1/4) of the Northeast one-quarter (HE 1/4) of Section 27, Township 51 South, Range 42 East. Said lands situate, lying and being in the City of Hallandale, Broward County, Florida.

TOGETHER WITH the West one-half (% 1/2) of the Southwest one-quarter (SW 1/4) of the Horthwest one-quarter (NW 1/4) of the Southwest one-quarter (SW 1/4) and the West one-half (W 1/2) of the Horthwest one-quarter (NW 1/4) of the Southwest one-quarter (SW 1/4) of Section 26. Township St South, Range 42 East. Said lands situate, lying and being in the City of Hallan-Jale, Broward County, Ficrida.

TOGETHER WITH the North 659.41 Feet of Tracts A and B of "DOWN ACRES" according to the Plat thereof as recorded in Plat Book 76, at Page 30 of the Public Records of Oade County, Florida.

Attachment 1

GPTARP, Inc. (TBRD336)



Imagery @2023 CNES / Airbus, Maxar Technologies, U.S. Geological Survey, Map data @2023 200 f



# 3051 NE 213th St



**Directions** 





Nearby







Send to phone

Share

0

3051 NE 213th St, Hallandale Beach, FL 33009

XVF5+5R Hallandale Beach, Florida

**Photos** 



# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING

www.myfloridalicense.com

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

| ORGANIZATION NAM  | Ε            |
|---|--------------|
| Name of Organization Gulfstream Park Thoroughbred After Racing Program Inc. | Permit # 336 |
| D/B/A or Trade Name<br>GPTARP   |              |

| LIMITED LIABILITY CORPORATION QUESTIONS   |
|---|
| If your corporation is a limited liability corporation (LLC), is the corporation member managed or manage |
| managed? You can check your Articles of Incorporation for this information.                               |
| Member Managed  Manager Managed   |

Please list below all Officers, Directors, Managers, and/or Shareholders with 5 percent or more interest in the business: Attach additional sheets as necessary.

|                                      | MANAGEME      | NT INFOR | MATION           |                |               |
|--------------------------------------|---------------|----------|------------------|----------------|---------------|
| Last Name<br>Badgett                 | First<br>Bill |          | Middle           | Title          | Suffix        |
| Office Held                          | License #     |          | Percent          | age of Ownersh | nip           |
| President/Chairman                   | 754881        |          | n/a              |                |               |
|                                      | RESIDE        | NCE ADDF | RESS             |                |               |
| Street Address or P.O. Box 1         | 313 Madison   | St.      |                  |                |               |
| City<br>Hollywood                    |               |          | State<br>FL      | Zip Code (     | (+4 optional) |
| County<br>(if Florida address) Browa | ırd           | Count    | <sup>y</sup> USA |                |               |

|  | MANAGEMEN          | TINFOR  | MATION           |                     |              |
|--|--------------------|---------|------------------|---------------------|--------------|
| Last Name<br>Holmes Stirling           | First<br>Sheri     |         | Middle<br>Lee    | Title<br>Mrs        | Suffix       |
| Office Held<br>Secretary               | License # 10444657 |         | Per<br>n/a       | centage of Ownersh  | ip           |
|  | RESIDEN            | CE ADDR | ESS              |                     |              |
| Street Address or P.O. Box 140         | 11 NW 94th T       | errace  |                  |                     |              |
| City<br>Plantation                     | ****               |         | State<br>FL      | Zip Code (<br>33322 | +4 optional) |
| County<br>(if Florida address) Broward | b                  | Countr  | <sup>y</sup> USA |                     |              |

License

Fed Tax #

Lic Type 1021 - PMW Professional Individual Occupational

Name BADGETT, WILLIAM JR

Extended To

File # 10510

License # 754881

Rank PIND - Professional Individual Occupational

Renewed On 06/17/2022

Expires On 06/30/2025

Entity # 754881

Lic Status Current

Address

Street # 1201

Street S OCEAN DR APT 14105

Line 2

Line 3

City HOLLYWOOD

State FL

Zip 33019

Routing

License

Fed Tax #

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

Expires On 06/30/2024

File # 4318

Name Stirling, Sheri Lee Holmes

Extended To

License # 10444657

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

Renewed On 06/25/2021

Entity # 10444657

Lic Status Current

Address

Street # 1401

Street NW 94TH TERRACE

Line 2

Line 3

City PLANTATION

State FL

Zip 33322

Routing

|                         | MANAGEMEN                             | T INFORM | MATION           | A Principal    |              |
|-------------------------|---------------------------------------|----------|------------------|----------------|--------------|
| Last Name<br>Rogers     | First<br>Michael                      |          | Middle<br>Murphy | Title          | Suffix       |
| Office Held<br>Director | License #                             | 2463     | Percent n/a      | age of Ownersh | nip          |
|                         | RESIDEN                               | CE ADDRE | ESS              |                |              |
|                         | Box 20 Hidden Fores                   | N DIIVE  |                  |                |              |
| City                    | · · · · · · · · · · · · · · · · · · · |          | State            | Zip Code (     | (+4 optional |
| Stouffville             |                                       |          | Canada           |                |              |

|                                | MANAGEMENT              | INFORM  | IATION         |   |              |
|--------------------------------|-------------------------|---------|----------------|---|--------------|
| Last Name                      | First<br>Fred           |         | Middle         | Title   | Suffix       |
| Office Held<br>Director        | License #<br>PIN2000418 |         | Percent<br>n/a | age of Ownersh  | ip           |
|                                | RESIDENC                | E ADDRE | ESS            |   |              |
| Street Address or P.O.         | Box 7600 NW 120th S     | St.     | Xanazamaz      | 1997 7-78 Mr 28 Steben un norstan material victorial p. 4 d |              |
| City<br>Reddick                |                         |         | State          | Zip Code (  | +4 optional) |
| County<br>(if Florida address) | arion                   | Country | USA            |   |              |

|                                   | MANAGEM          | ENT INFORM | MATION  |                |               |
|-----------------------------------|------------------|------------|---------|----------------|---------------|
| Last Name<br>Matthews             | First            |            | Middle  | Title          | Suffix        |
| Office Held<br>Director           | License # 673310 |            | Percent | age of Ownersl | hip           |
|                                   | RESIDE           | ENCE ADDRI | ESS     |                |               |
| Street Address or P.O. Bo         | × 15107 SE 47t   | h Ave.     |         |                |               |
| City<br>Summerfeld                | -                |            | State   | Zip Code       | (+4 optional) |
| County<br>(if Florida address) Ma | rion             | Country    | 'USA    |                |               |

|  |  | OATH   |   |                                    |
|--|--|--|---|------------------------------------|
| I swear or affirm that the infinite information on this application  | ormation provided in this application could subject the applicant to c | on is true and complete. I ur<br>riminal penalties relating to p | nderstand that kr<br>perjury or other c | nowingly providing false offenses. |
| Name (Please Print)  | Title (Please Print)   | Signature  |   | Date                               |
| State of Florida, County of  | _  |  |   |                                    |
| Sworn to (or affirmed) and s   | ubscribed before me this   | dayor  | , 20,                                   |                                    |
| And the second s |  | , who is personally known to                                     | me or produced                          | the following as identification:   |
| Notary Public  |  |  |   |                                    |
| My Commission Expires:   |  |  |   |                                    |

License

Fed Tax#

Lic Type 1055 - Slot/Cardroom/Parl-Mutuel Indiv Combo

Expires On 06/30/2025

File # 3517

Name ROGERS, MICHAEL M

Extended To

License # 1592463

Rank SCPL - Slot/Cardroom/Parl-Mutuel Indiv Combo

Entity # 1592463

Lic Status Current

Renewed On 12/23/2016

**Address** 

Street # 20

Street HIDDEN FOREST DRIVE

Line 2

Line 3

City CEDAR VALLEY

State 99

Zip LOG 1E0

Routing

License

Fed Tax #

Lic Type 1021 - PMW Professional Individual Occupational

File # 33503

Name BREI, FRED JOHN JR

License # 2000418

Rank PIND - Professional Individual Occupational

Extended To

Renewed On 06/17/2013

Expires On 06/30/2025

Entity # 2000418 Lic Status Current

Address

Street # 7600

Street NW 120TH STREET

Line 2 Line 3

City REDDICK

State FL

Zip 32686

Routing

License

Fed Tax #

Lic Type 1021 - PMW Professional Individual Occupational

File # 9511

Name MATTHEWS, PHILIP MICHAEL

Extended To

License # 673310

PIND - Professional Individual Rank Occupational

Renewed On 03/09/2022

Expires On 06/30/2024

Entity # 673310

Lic Status Current

**Address** 

Street # 9430

Street S MAGNOLIA AVE

Line 2

Line 3

City OCALA

State FL

Zip 34476

Routing

|                                    | MANAGEMENT  | INFORMATIO   | N   |                      |  |
|------------------------------------|---|--|---|----------------------|--|
| Last Name                          | First   | М  | iddle   | Title                | Suffix   |
| Office Held Director               | License #   | Lowry 795  | Percenta  | ge of Ownershi       | o  |
|                                    | RESIDENC  | E ADDRESS  | 100   |                      |  |
| Street Address or P.O. Box 95      | 21 SW 188th   | Terrace  |   | 17-1                 |  |
|                                    |   |  |   |                      |  |
| City<br>Dunnelton                  |   | State  | FL  | Zip Code (+          | 4 optional)  |
| County (if Florida address) Marion |   | Country US   | A   |                      |  |
|                                    |   |  |   |                      |  |
| Last Name                          | MANAGEMENT<br>First                                       |  | iddle   | Title                | Suffix   |
| Clark Rogers                       | Stac e  | 1  |   |                      |  |
| Office Held<br>Director            | License #<br>GIN1463                                      | 687  | Percenta<br>n/a   | ge of Ownership      | )  |
| prodo                              |   | E ADDRESS  | Illa  |                      |  |
| Street Address or P.O. Box 20      |   |  |   |                      | ***************************************            |
|                                    |   |  |   | 111                  |  |
| City                               |   | State  | 1   | Zip Code (+          | 4 optional)  |
| Stouffville                        |   | Country  |   | LOG 1E0              |  |
| (if Florida address)               |   | Ca   | nada  |                      |  |
| ntonenjaje marantunga mes          |   |  |   |                      |  |
|                                    | MANAGEMENT  | and the same of th | CONTRACTOR OF THE PARTY OF THE |                      | ***  |
| Last Name                          | First   | Mi   | ddle  | Title                | Suffix   |
| Office Held                        | License #<br>PIN1025314                                   |  |   | ge of Ownership      | )  |
|                                    |   | E ADDRESS  | <del>n/a</del>  |                      | production of the billion of the backwards and and |
|                                    | 71 NIA/ 100th 9   | SŁ   |   | 4                    | - moto   |
| Street Address or P.O. Box         | TATA I COULT  |  | ······  | 10                   | 4  |
| Street Address or P.O. Box 55      |   |  |   |                      | 4 ontional\  |
| Street Address or P.O. Box 55      | Parameter (1980) 24 to 1 to | State  |   | Zip Code (+          | 4 optional)  |
| City<br>Ocals<br>County            |   | FL   |   | Zip Code (+<br>34482 | 4 Optional)  |
| City<br>Ocala                      |   |  |   | Zip Code (+<br>34482 | 4 Optional)  |

Iswea informa Sheri Holmes Stirling Name (Please Print) Title (Please Print) Signature Date State of Florida, County of Broward 20\_23 Sworn to (or affirmed) and subscribed before me this 16th day of February Sheri Holmes Stirling personally known to me or produced the following as identification: TRACI FERGUSON Commission # HH 120390 Expires April 22, 2025 **Notary Public** My Commission Expires: 04

License

Fed Tax #

Lic Type 1021 - PMW Professional Individual Occupational

Expires On 06/30/2023

File # 66531

Name POWELL, TAYLOR LONNY

Rank PIND - Professional Individual Occupational

Extended To

License # 11596795 Entity # 11596795

Renewed On 05/15/2020

Address

Street # 9521

Street SW 188TH TERRACE

Lic Status Current

Line 2

Line 3

City **DUNNELLON** 

State FL

Zip 34432

Routing

License

Fed Tax #

Lic Type Occupational Individual

Expires On 06/30/2024

File # 70840

Name CLARK, STACIE LYNN

Extended To

License # 1463687

Rank PIND - Professional Individual Occupational

Renewed On

Entity # 1463687

Lic Status Current

Address

Street # 20

Street HIDDEN FOREST DRIVE

Line 2

Line 3

City STOUFFVILLE

State ON

Zip **L4A 1Z6** 

Routing

# Jelks, La'Kesha

From: Holmes, Sheri <Sheri.Holmes@gulfstreampark.com>

Sent: Friday, March 3, 2023 11:10 AM Pouncey, Jamie; Jelks, La'Kesha To:

Subject: GPTARP - License #336

Attachments: DBPRPMW-3190-revised & notarized 2-28-23.pdf; GSP org chart current (3).pptx;

DBPRPMW-3080 Notarized 2-28-2023.pdf

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Please see attached revised 3080 & 3190.

Organizational chart for Gulfstream Park Racing Association Inc. parent company of Gulfstream Park Thoroughbred After Racing Program is also attached.

In response to your email.

GPTARP does intend to accept wagers on intertrack and simulcast events.

Proof of Surety bond has been forwarded.

Philip Mathews license number has been changed from his VM license.

Revised Lonny Powell to reflect his name as per license.

Burton Brent Fernung has been removed as we have not received evidence of his license renewal. Should Mr. Fernung's license be renewed we will reinstate him to the Board and file a revised PMW-3190.

If I have missed anything, please let me know.

Thanks Sheri



SHERI HOLMES STIRLING VICE PRESIDENT ADMINISTRATION

901 S FEDERAL HWY HALLANDALE BEACH, FL 33009

P /1.954.457.6298 C /954.815.0027







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# Jelks, La'Kesha

From: Jelks, La'Kesha

Sent: Wednesday, January 25, 2023 2:11 PM

To: Lisa Sutor; Sheri Holmes

**Subject:** 2023/2024 Renewal Application for Gulfstream Park Thoroughbred Racing Program, Inc.

(TBRD336)

# Greetings,

The items listed below require submission and/or correction before the processing of <u>Gulfstream Park Thoroughbred Racing Program</u>, Inc. (TBRD336)'s application can be completed:

Provide the ownership breakdown of the permit

Proof of \$50,000 Surety Bond, pursuant to Florida Statute 550.125(3)(a)

Does the permitholder intend to accept wagers on intertrack or simulcast events

PMW3080 lists cardroom hours, being that the permit does not operate a cardroom, please remove the cardroom hours

Initial the first page on form PMW-3190

Provide the PMW license number for Phillip Mathews

The directors first is listed as Taylor in our system, however, form PMW3190 has the first name listed as Lonny

Director Burton Brent Fernung license expired on 06/30/2022; his last name reflets on Femung on form PMW3190 Wm Market

If you have any questions regarding the deficiencies, please contact me at your earliest convenience.

Best,

La'Kesha Jelks



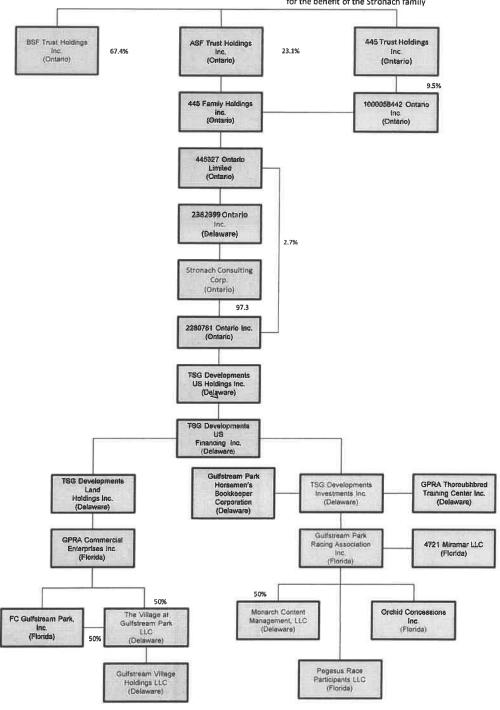
La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

The information contained in this transmission is intended solely for the use of the person(s) named herein. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply e-mail and destroy all copies of the original message.

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#### **GULFSTREAM PARK RACING & CASINO ORGANIZATION CHART**

These 3 entities are controlled by the Stronach family through Trusts for the benefit of the Stronach family



100% ownership unless otherwise noted

# Jelks, La'Kesha

From: Pouncey, Jamie

**Sent:** Monday, March 6, 2023 9:03 AM **To:** Holmes, Sheri; Jelks, La'Kesha

Subject: RE: Gulfstream Park - License 321 - Organizational Chart

\*\*

A nonprofit organization is not "owned" by the people who start it, nor their successors in leadership. These individuals operate in a position of trust and accountability for the public at large, who, allow nonprofits to operate exempt from the taxes that for-profit businesses must pay.

Most nonprofit corporations are run by a board of directors -- called trustees, others may be managed by voting members, some are managed by a combination of those.

Form 3190 indicates the permitted entity is manger managed. A manager-managed entity places management authority in the hands of a professional manager or one or more elected members. Please confirm, for the record, that the following are the elected managers:

Bill Badgett
Sheri Holmes
Michael Rogers
Fred Brei
Philip Mathews
Taylor Powell
Stacie Clark Rogers

# Jamie Pouncey

# **Program Administrator**

Florida Gaming Control Commission

Division of Pari-Mutuel Wagering

850.717.1073 Office 850.488.0550 FAX 850.556.7301 Cell

Important: Confidentiality & Public Records Statement

From: Holmes, Sheri [mailto:Sheri.Holmes@gulfstreampark.com]

Sent: Friday, March 3, 2023 5:13 PM

To: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Cc: Pouncey, Jamie < Jamie.Pouncey@fgcc.fl.gov>

Subject: RE: Gulfstream Park - License 321 - Organizational Chart

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Thank-you. I have a corrected check and will send it out via FedEx

Our corporate lawyers indicated that because GPTARP is a not-for-profit corporation it does not have shareholders, which now that I think about it makes sense. Let me know what you will need given that.

Thanks Sheri

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, March 03, 2023 3:47 PM

To: Holmes, Sheri < Sheri. Holmes@gulfstreampark.com >

Subject: RE: Gulfstream Park - License 321 - Organizational Chart

# **WARNING //** THIS E-MAIL ORIGINATED FROM AN **EXTERNAL SENDER**. BE CAUTIOUS WITH LINKS AND ATTACHMENTS.

Oh. Sorry. It should be made payable to FGCC. Thanks!

From: Holmes, Sheri [mailto:Sheri.Holmes@gulfstreampark.com]

Sent: Friday, March 3, 2023 3:35 PM

To: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Subject: RE: Gulfstream Park - License 321 - Organizational Chart

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

The check for poker table is made payable to DBPR and checking to see if it should be?

From: Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, March 03, 2023 3:32 PM

To: Holmes, Sheri < Sheri. Holmes@gulfstreampark.com >; Pouncey, Jamie < Jamie. Pouncey@fgcc.fl.gov >

Subject: RE: Gulfstream Park - License 321 - Organizational Chart

# WARNING // THIS E-MAIL ORIGINATED FROM AN EXTERNAL SENDER. BE CAUTIOUS WITH LINKS AND ATTACHMENTS.

I don't see DBPR listed.

From: Holmes, Sheri [mailto:Sheri.Holmes@gulfstreampark.com]

Sent: Friday, March 3, 2023 3:25 PM

To: Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov>; Pouncey, Jamie <<u>Jamie.Pouncey@fgcc.fl.gov</u>>

Subject: RE: Gulfstream Park - License 321 - Organizational Chart

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

I have the check but just occurred to me that we may need to change the payee as it is still to DBPR. Please advise.

Please see attached for the License 336 – Surety Bond paper Endorsement Awaiting the Org chart from Corporate.

Thanks Sheri

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Friday, March 03, 2023 3:19 PM

To: Holmes, Sheri < Sheri. Holmes@gulfstreampark.com >; Pouncey, Jamie < Jamie. Pouncey@fgcc.fl.gov >

Subject: RE: Gulfstream Park - License 321 - Organizational Chart

# **WARNING //** THIS E-MAIL ORIGINATED FROM AN **EXTERNAL SENDER**. BE CAUTIOUS WITH LINKS AND ATTACHMENTS.

Greetings,

Recap of what's deficient.

321:

\$1,000 table fees

336:

Surety Bond

Organizational Chart adding GPTARP

Best,

La'Kesha Gelks



La'Kesha Jelks Operations Review Specialist Florida Gaming Control Commission Pari-Mutuel Wagering

Phone: (850) 717-1095

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From: Holmes, Sheri [mailto:Sheri.Holmes@gulfstreampark.com]

Sent: Friday, March 3, 2023 11:57 AM

To: Pouncey, Jamie <Jamie.Pouncey@fgcc.fl.gov>; Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov>

Subject: RE: Gulfstream Park - License 321 - Organizational Chart

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Call my cell anytime 954-815-0027.

Thanks Sheri

From: Pouncey, Jamie < Jamie.Pouncey@fgcc.fl.gov>

Sent: Friday, March 03, 2023 11:55 AM

To: Holmes, Sheri <<a href="mailto:Sheri.Holmes@gulfstreampark.com">">Sheri <<a href="mailto:Sheri.Holmes@gulfstreampark.com">Sheri </a> <a href="mailto:Sheri.Holmes@gulfstreampark.com">Sheri <a href="mailto:Sheri.Holmes@g

Subject: RE: Gulfstream Park - License 321 - Organizational Chart

# **WARNING //** THIS E-MAIL ORIGINATED FROM AN **EXTERNAL SENDER**. BE CAUTIOUS WITH LINKS AND ATTACHMENTS.

Never mind – I got my brain wrapped around it now. – Other than the fact that GPTARP is not indicated on this chart

# **Jamie Pouncey**

# **Program Administrator**

Florida Gaming Control Commission

Division of Pari-Mutuel Wagering

850.717.1073 Office 850.488.0550 FAX 850.556.7301 Cell

Important: Confidentiality & Public Records Statement

From: Pouncey, Jamie

Sent: Friday, March 3, 2023 11:33 AM

To: 'Holmes, Sheri' <Sheri.Holmes@gulfstreampark.com>; Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov>

Subject: RE: Gulfstream Park - License 321 - Organizational Chart

I feel dumb. Please call me

# Jamie Pouncey

# **Program Administrator**

Florida Gaming Control Commission

**Division of Pari-Mutuel Wagering** 

850.717.1073 Office 850.488.0550 FAX 850.556.7301 Cell

Important: Confidentiality & Public Records Statement

From: Holmes, Sheri [mailto:Sheri.Holmes@gulfstreampark.com]

Sent: Friday, March 3, 2023 10:46 AM

To: Pouncey, Jamie < Jamie.Pouncey@fgcc.fl.gov >; Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov >

Subject: Gulfstream Park - License 321 - Organizational Chart

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Please advise if this will suffice for the Ownership explanation.

GPTARP 336 is a not-for profit, managed by a Board but owned by Gulfstream Park Racing Association Inc. so would apply to that license as well.

Rest is coming asap.

Thanks Sheri



SHERI HOLMES STIRLING VICE PRESIDENT ADMINISTRATION

901 S FEDERAL HWY HALLANDALE BEACH, FL 33009

P /1.954.457.6298 C /954.815.0027







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### **DBPR PMW-3190 - Officers and Directors**



### STATE OF FLORIDA **DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING**

www.myfloridalicense.com

|  | 00041                | ZATION NAME          |                         |                                 |   |  |  |
|--|----------------------|----------------------|-------------------------|---------------------------------|---|--|--|
| Name of Organization   |                      | ZATION NAME          |                         | Permit # 336                    |   |  |  |
| Gulfstream Park Thoroughbred After                             | er Racing Program In | C.                   |                         | 336                             |   |  |  |
| D/B/A or Trade Name<br>GPTARP                                  |                      |                      |                         |                                 |   |  |  |
|  | TED LIABILITY CO     | ORPORATION O         | UESTIO                  | NS DEVICE DE                    | name sin                                      |  |  |
| If your corporation is a limited li managed? You can check you | ability corporation  | (LLC), is the cor    | oration r               | nember manage                   | d or manag                                    |  |  |
| e list below all Officers, Directors,                          | Managers and/or      | Shareholders wit     | h 5 norce               | ant or more intere              | et in the hu                                  |  |  |
|  | iwanagers, and/or    | Silaienolueis Wil    | ii o perce              | ant or more intere              | still the Du                                  |  |  |
| additional sheets as necessary.                                |                      |                      |                         |                                 |   |  |  |
|  |                      | NT INFORMATIO        | -                       |                                 |   |  |  |
| Last Name<br>Badgett   | First<br>Bill        | N                    | iddle                   | Title                           | Suffix  |  |  |
| Office Held  | License #            |                      | Percentage of Ownership |                                 |   |  |  |
| President/Chairman   | 754881               |                      | n/a                     |                                 |   |  |  |
|  | RESIDEN              | ICE ADDRESS          | 1                       |                                 |   |  |  |
| Street Address or P.O. Box 13                                  | 113 Madison S        | St.                  |                         |                                 | _11   |  |  |
|  |                      |                      |                         | 4                               |   |  |  |
| City<br>Hollywood  |                      | State                | •                       | Zip Code (+4 optional)<br>33019 |   |  |  |
| County<br>(if Florida address) Browa                           | rd                   | Country USA          |                         |                                 |   |  |  |
|  |                      |                      |                         |                                 | (4)(0)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1) |  |  |
|  |                      | NT INFORMATIO        |                         |                                 |   |  |  |
| Last Name<br>Holmes Stirling                                   | First<br>Sheri       | ***                  | iddle<br>.ee            | Title<br>Mrs                    | Suffix  |  |  |
| Office Held  | License #            |                      |                         | age of Ownershi                 | р   |  |  |
| Secretary  | 10444657             |                      | n/a                     |                                 |   |  |  |
| Street Address or P.O. Box 14                                  | O1 NW 94th           | ICE ADDRESS  Terrace |                         | ******                          |   |  |  |
| 31   |                      |                      |                         |                                 |   |  |  |
| City   |                      | State                | •                       | Zip Code (-                     | +4 optional)                                  |  |  |
| Plantation   |                      | FL                   |                         | 33322                           |   |  |  |

|                                | MANAGEMENT           | INFORMATIO     | N        |                |               |  |
|--------------------------------|----------------------|----------------|----------|----------------|---------------|--|
| Last Name<br>Rogers            | First<br>Michael     | rst Middle     |          |                | Suffix        |  |
| Office Held<br>Director        | License # 15924      | 63             | Percenta | age of Ownersh | nip           |  |
|                                | RESIDENCE            | ADDRESS        |          |                |               |  |
|                                | Box 20 Hidden Forest | Drive          |          |                |               |  |
| City<br>Stoutfville            |                      | State          | State    |                | (+4 optional) |  |
| County<br>(if Florida address) |                      | Country Canada |          |                |               |  |

|                                  | MANAGI             | EMENT INF            | ORMATION      |                         |        |  |  |  |
|----------------------------------|--------------------|----------------------|---------------|-------------------------|--------|--|--|--|
| Last Name<br>Brei                | First              | V-25                 | Middle        | Title                   | Suffix |  |  |  |
| Office Held<br>Director          | License #<br>PIN20 | 000418               | Percen<br>n/a | Percentage of Ownership |        |  |  |  |
|                                  | RES                | IDENCE AD            | DRESS         | •                       |        |  |  |  |
| Street Address or P.O.           | Box 7600 NW 12     | 20th St.             |               | 144.4                   |        |  |  |  |
| City<br>Reddick                  | State FL.          | Zip Code (+4 options |               |                         |        |  |  |  |
| County<br>(if Florida address) M | arion              | Соц                  | Country USA   |                         |        |  |  |  |

|                                   | MANAGEME            | NT INFORMA    | ATION                   |          |               |  |  |  |
|-----------------------------------|---------------------|---------------|-------------------------|----------|---------------|--|--|--|
| Last Name<br>Meithews             | First<br>Prilip     |               | Middle<br>M             | Title    | Suffix        |  |  |  |
| Office Held<br>Director           | License #<br>VM2956 | 1000 70 70 50 | Percentage of Ownership |          |               |  |  |  |
|                                   | RESIDEN             | NCE ADDRES    | S\$ .                   |          |               |  |  |  |
| Street Address or P.O. B          | 30x 15107 SE 47th   | Ave.          |                         |          |               |  |  |  |
| City<br>Summerfeld                |                     | S             | tate                    | Zip Code | (+4 optional) |  |  |  |
| County<br>(if Florida address) Ma | arion               | Country       | USA                     |          |               |  |  |  |

|  |   | OATH  |   |
|--|---|---|---|
| I swear or affirm that the in information on this applicat   | formation provided in this application could subject the applicant to c | on is true and complete. I understa<br>criminal penalties relating to perjury | and that knowingly providing false or other offenses. |
| Name (Please Print)  | Title (Please Print)  | Signature   | Date  |
| State of Florida,<br>County of<br>Sworn to (or affirmed) and | subscribed before me this   | day of  | , 20, produced the following as identification:       |
| Notary Public<br>My Commission Expires:                      |   |   |   |

|  | MANAGE  | MENT INFOR  | MATION                             |  |  |   |
|--|---|---|------------------------------------|--|--|---|
| Last Name<br>Powell  | First<br>Lonny  |   | Mido                               | dle  | Title  | Suffix                                  |
| Office Held  | License #   |   |                                    |  | of Owners  | hip                                     |
| Director   |   | 11596795  |                                    | n/a  |  |   |
| Street Address or P.O. Box 9   | COA CIAL 400  | DENCE ADDR  | ESS                                |  |  |   |
| 9.   | 521 SW 188  | sth Terrac  | e                                  |  |  |   |
| City   |   |   | State                              |  | Zio Code   | (+4 optional)                           |
| Dunnellon  |   | 10.   | FL                                 |  | 34432  | (** Optional)                           |
| County<br>(if Florida address) Marion  |   | Countr  | y USA                              |  |  |   |
|  | MANAGE  | WENT INCOM  | ATION                              |  |  |   |
| Last Name  | MANAGEN<br>First  | MENT INFOR  | MATION<br>Mide                     |  | Title  | Suffix                                  |
| Clark Rogers   | Stacie  |   | L                                  |  |  |   |
| Office Held  | License #   | 11.400007   |                                    |  | of Owners  | hip                                     |
| Director   |   | N1463687<br>DENCE ADDR  |                                    | n/a  |  |   |
| Street Address or P.O. Box 20  |   |   | ESS                                |  |  |   |
| Direct Address of F.O. Dox 2   | U Midden Fo   | rest Dr   |                                    |  |  |   |
| City   |   |   | State                              |  | Zip Code   | (+4 optional)                           |
| Stoutfville  |   | 10  | ON                                 |  | L0G 1E0  | ( , , , , , , , , , , , , , , , , , , , |
| County<br>(if Florida address)   |   | Countr  | y Can                              | ada  |  | 1                                       |
| (II I londa address)   | CONTRACT CONTRACTOR   |   |                                    |  |  |   |
|  |   |   |                                    |  | and the state of t |   |
| Last Name  | MANAGEN<br>First  | MENT INFOR  | MATION<br>Midd                     |  | TiAlo  | C. Æs                                   |
| Last Name<br>Femung  | Burton  |   | IVIIOC<br>Brent                    |  | Title  | Suffix                                  |
| Office Held  | License #   |   |                                    |  | of Owners  | hip                                     |
|  |   |   |                                    | -  |  |   |
| Director   | PIN1025314  | TOOL YDDD   | n/s                                | a  |  |   |
|  | RESID   | ENCE ADDR   |                                    | a  | ****   |   |
| Street Address or P.O. Box 5   | RESID   | ENCE ADDR<br>Oth St   |                                    | a  |  |   |
| Street Address or P.O. Box 5   | RESID   | DENCE ADDR<br>Oth St  |                                    | a  |  |   |
|  | RESID   | Oth St  |                                    | a  | Zip Code   | (+4 optional)                           |
| Street Address or P.O. Box 5.  | RESID   | Oth St  | State FL                           |  | Zip Code   | (+4 optional)                           |
| Street Address or P.O. Box 5.  | RESID   | Oth St  | ESS                                |  | Zip Code<br>344B2  | (+4 optional)                           |
| Street Address or P.O. Box 5.  | RESID   | Oth St  | State FL                           |  | Zip Code<br>34482  | (+4 optional)                           |
| Street Address or P.O. Box 5.  City Ocalla County (if Florida address) Marion or affirm that the information provided  | RESID 571 NW 100  | Country  OATH  is true and cor  | State FL USA                       | understand                                       | that knowing   | aly providing false                     |
| City Ocalia County (if Florida address) Marion or affirm that the information provided on on this application could subject to   | RESID 571 NW 100  d in this application the applicant to crit   | Country  OATH  is true and comminal penalties                                 | State FL USA                       | understand                                       | that knowing   | gly providing false                     |
| City Ocalia County (if Florida address) Marion or affirm that the information provided on on this application could subject to lolmes Stirling  VP Admin   | RESID 571 NVV 100  d in this application the applicant to critinistration/Secreta   | Country  OATH  is true and comminal penalties ary                             | State FL USA mplete. I relating to | understand                                       | that knowing   | gly providing false es.                 |
| City Ocalia County (if Florida address) Marion or affirm that the information provided on on this application could subject to lolmes Stirling Please Print)  Title (Please  | RESID 571 NVV 100  d in this application the applicant to critinistration/Secreta   | Country  OATH  is true and comminal penalties                                 | State FL USA mplete. I relating to | understand                                       | that knowing   | gly providing false                     |
| City Ocalia County (if Florida address) Marion  or affirm that the information provided on on this application could subject to lolmes Stirling Please Print)  Title (Please Florida,  | RESID 571 NVV 100  d in this application the applicant to critical residual control of the desired control of the | Country  OATH  In is true and comminal penalties ary  Signatur                | State FL USA mplete. I relating to | understand                                       | that knowing   | gly providing false es.                 |
| City Ocala County (if Florida address) Marion  or affirm that the information provided on on this application could subject to the stirling of | RESID 571 NW 100  d in this application the applicant to crit nistration/Secreta ase Print)   | Country  OATH  In is true and comminal penalties ary  Signatur                | State FL USA mplete. I relating to | understand<br>o perjury or                       | that knowing   | gly providing false es.                 |
| City Ocalis County (if Florida address) Marion  or affirm that the information provided on on this application could subject to the following stirling of the county of th | RESID 571 NW 100  d in this application the applicant to crimistration/Secreta ase Print)  e me this 4th di   | Country  OATH  In is true and comminal penalties ary  Signatur  ay of January | State FL USA mplete. I relating to | understand<br>o perjury or<br>NA                 | that knowing other offense welling of 23   | gly providing false es. 1/4/23          |
| City Ocala County (if Florida address) Marion  or affirm that the information provided on on this application could subject to the stirling of | RESID 571 NW 100  d in this application the applicant to crimistration/Secreta ase Print)  e me this 4th di   | Country  OATH  In is true and comminal penalties ary  Signatur  ay of January | State FL USA mplete. I relating to | understand<br>o perjury or<br>, 2<br>to me or pr | that knowing other offense welling of 23   | gly providing false es.                 |
| City Ocalis County (if Florida address) Marion  or affirm that the information provided on on this application could subject to the following stirling of the county of th | RESID 571 NW 100  d in this application the applicant to crimistration/Secreta ase Print)  e me this 4th di   | Country  OATH  In is true and comminal penalties ary  Signatur  ay of January | State FL USA mplete. I relating to | understand<br>o perjury or<br>, 2<br>to me or pr | that knowing other offense of the control of the control of the fooduced the fooduc | gly providing false es. 1/4/23          |
| City Ocalis County (if Florida address) Marion  or affirm that the information provided on on this application could subject to the following stirling of the county of th | RESID 571 NW 100  d in this application the applicant to crimistration/Secreta ase Print)  e me this 4th di   | Country  OATH  In is true and comminal penalties ary  Signatur  ay of January | State FL USA mplete. I relating to | understand<br>o perjury or<br>, 2<br>to me or pr | that knowing other offense of the control of the co | gly providing false es. 1/4/23          |

# Certificate CLERK OF THE CIRCUIT COURT

as Clerk of

# The Board of County Commissioners

I, HARVEY RUVIN, being the Clerk of the Circuit Court in and for Miami-Dade County, Florida, and as such being Clerk of the Board of County Commissioners of said County, do hereby certify that there has been no election in said County resulting in a recall of the para-mutual permit now held by *Gulfstream Park Thoroughbred After Racing Program*, *Inc.*, since the date of its issuance.

WITNESS my Hand and Official Seal as Clerk aforesaid this 1st day of December, A.D. 2022.

(OFFICIAL STAL)





Deputy Clerk, Clerk of the Board

# Certificate of CLERK OF THE CIRCUIT COURT

As ex-officio Clerk of The Board of County Commissioners

| Monica Cepero  | ng the ex-officio clerk of the Board of Broward County   |
|--|--|
| Commissioners in and for Broward Cou<br>County, do hereby certify that there ha  | inty, and as such being ex- officio Clerk of the Board of said is been no election in said County resulting in a recall of the Park Thoroughbred After Racing Program, Inc., since the date of |
| Witness my hand and official seal as cle   | erk aforesaid this 1949 day of December, 2022.   |
| (Official Seal)  COM M/S STATED  CREATED  CREATED  BO OCT 1st & SO COUNTY AND | As ex-officio Clerk of the Board of County Commissioners   |

# Jelks, La'Kesha

From: Jelks, La'Kesha

**Sent:** Friday, March 3, 2023 3:19 PM **To:** 'Holmes, Sheri'; Pouncey, Jamie

Subject: RE: Gulfstream Park - License 321 - Organizational Chart

Greetings,

Recap of what's deficient.

321:

\$1,000 table fees

336:

Surety Bond

Organizational Chart adding GPTARP

Best,

La'Kesha Jelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari Mutual Wagering

Pari-Mutuel Wagering Phone: (850) 717-1095

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From: Holmes, Sheri [mailto:Sheri.Holmes@gulfstreampark.com]

Sent: Friday, March 3, 2023 11:57 AM

To: Pouncey, Jamie <Jamie.Pouncey@fgcc.fl.gov>; Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov>

Subject: RE: Gulfstream Park - License 321 - Organizational Chart

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Call my cell anytime 954-815-0027.

Thanks Sheri



### **ENDORSEMENT NO. 1**

To be attached to and form part of Bond No.:

The Gulfstream Park Thoroughbred After Racing

Program, Inc.

Issued in favour of as Obligee:

Issued on behalf of as Principal:

Governor of the State of Florida

Bond Effective Date

December 15, 2013

#### IT IS HEREBY UNDERSTOOD AND AGREED THAT:

The OBLIGEE NAME as noted on the Bond is hereby amended:

From:

Governor of the State of Florida

To:

Governor of the State of Florida and Her or His Successors in Office

All other terms and conditions of the said bond remain unchanged.

Signed, sealed and dated this 21st day of February, 2023.

The Gulfstream Park Thoroughbred After Racing Program, Inc.

Principal

U.S. Specialty Insurance Company

Annette Auditot Attorney-in-Fact FL Non-Resident License #W311780



#### **POWER OF ATTORNEY**

# AMERICAN CONTRACTORS INDEMNITY COMPANY TEXAS BONDING COMPANY UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY

KNOW ALL MEN BY THESE PRESENTS: That American Contractors Indemnity Company, a California corporation, Texas Bonding Company, an assumed name of American Contractors Indemnity Company, United States Surety Company, a Maryland corporation and U.S. Specialty Insurance Company, a Texas corporation (collectively, the "Companies"), do by these presents make, constitute and appoint:

Annette Audinot, Kristin S. Bender, Theresa Giraldo, Terry Ann Gonzales-Selman, Jessica Iannotta, Mariya Leonidov, Kelly L. O'Malley, Francesca Papa, or April D. Perez

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, The Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 1st day of June, 2018.

AMERICAN CONTRACTORS INDEMNITY COMPANY TEXAS BONDING COMPANY UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY

State of California

County of Los Angeles



Ву:

Daniel P. Aguilar, Vice President

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

On this 1st day of June, 2018, before me, Sonia O. Carrejo, a notary public, personally appeared Daniel P. Aguilar, Vice President of American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company and U.S. Specialty Insurance Company who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature (seal)

Sona O. CARREDO Notary Public. California Loui Angeles (county)

Signature (seal)

Sona O. CARREDO Notary Public. California
Loui Angeles (county)

Committed at 2131479

My Comm. Expires Apr 23, 2022

I, Kio Lo, Assistant Secretary of American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company and U.S. Specialty Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Los Angeles, California this 21st day of February \_\_\_\_\_, 2023 \_\_.

Bond No.

Agency No. 16423 - PDF POA









Kio Lo, Assistant Secretary

### DBPR PMW-3080 - Permitholder Calendar



# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING www.myfloridalicense.com

**PERMITHOLDER INFORMATION** 

| Name  | Gulfs  | tream Pa | ark Thoroughbred After Racing Program |       |          |                  |             |        | rmit #            | 336               |             |          |            |  |  |  |
|---|--|----------|---------------------------------------|-------|----------|------------------|-------------|--------|-------------------|-------------------|-------------|----------|------------|--|--|--|
| INSTRUCTIONS  |  |          |                                       |       |          |                  |             |        |                   |                   |             |          |            |  |  |  |
| Submit this form in conjunction with the form DBPR PMW-3060 — Permitholder Application for License and Operating Dates. |  |          |                                       |       |          |                  |             |        |                   |                   |             |          |            |  |  |  |
| Please do not overlook the cardroom section and the required application oath on page 4.                                |  |          |                                       |       |          |                  |             |        |                   |                   |             |          |            |  |  |  |
| Please<br>perforn   | Please fill in appropriate year, and date below and on the following pages. Using the letter code below, write the type of performance in each box. Fill in the total number of performances for each month. |          |                                       |       |          |                  |             |        |                   |                   |             |          |            |  |  |  |
| LETTER CODES  |  |          |                                       |       |          |                  |             |        |                   |                   |             |          |            |  |  |  |
| M =   | = Matine   | 8        |                                       | E     | = Evenir | ig               |             | C = Ch | arity             |                   |             | S = Scho | plarship   |  |  |  |
|   | Example  |          |                                       |       | 8        | 2<br>E<br>9<br>M | 3<br>M<br>E | 4 M    | 5<br>S<br>M<br>12 | 6<br>C<br>E<br>13 | 7<br>C<br>E |          |            |  |  |  |
|   | J  | uly      |                                       | Year: | 20:      | 23               |             | August |                   |                   |             |          | Year: 2023 |  |  |  |
| Sun   | Mon  | Tues     | Wed                                   | Thurs | Fri      | Sat              | Sun         | Mon    | Tues              | Wed               | Thurs       |          | Sat        |  |  |  |
|   |  | Н        |                                       | Н     | H        | 1                |             |        | 1                 | 2                 | 3           | 4        | 5          |  |  |  |
| 2   | 3  | 4        | 5                                     | 6     | 7        | 8                | 6           | 7      | 8                 | 9                 | 10          | 11       | 12         |  |  |  |
| 9   | 10   | 11       | 12                                    | 13    | 14       | 15               | 13          | 14     | 15                | 16                | 17          | 18       | 19         |  |  |  |
| 16  | 17   | 18       | 19                                    | 20    | 21       | 22               | 20          | 21     | 22                | 23                | 24          | 25       | 26         |  |  |  |
| 23  | 24   | 25       | 26                                    | 27    | 28       | 29               | 27          | 28     | 29                | 30                | 31          |          | H          |  |  |  |
| 30  | 31   |          |                                       |       |          |                  |             |        |                   |                   |             | F        | P          |  |  |  |
| M   | 0  | E        | 0                                     | (     | )/S      | 0                | M           | 0      | E                 | 0                 | . C         | :/s      | 0          |  |  |  |
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September Year: 2023 October Year: 2023 Sun Mon Tues Wed Thurs Fri Sat Sun Mon Tues Wed Thurs Fri Sat M 0 E 0 C/S 0 M <u>0</u> E <u>0</u> C/S <u>0</u> Total 0 Total 0

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|-----|------|----------|-------------|-------|------|------|----------|-----|------|-----|-------|-----|-----|
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| M   |      |          |             | M     | М    | M    |          |     |      |     |       |     |     |
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| M   |      |          |             | M     | M    | M    |          |     |      |     |       |     |     |
| 19  | 20   | 21       | 22          | 23    | 24   | 25   | 17       | 18  | 19   | 20  | 21    | 22  | 23  |
| M   | ·    |          | M           | М     | М    | M    |          |     |      |     |       |     |     |
| 27  | 28   | 29       | 30          | ш     |      |      | 24       | 25  | 26   | 27  | 28    | 29  | 30  |
|     |      |          |             |       |      |      | 31       |     |      |     |       |     |     |
| М   | 14   |          | 0           |       | /s   | 2    | M        | 0   | *    | 0   | •     | /S  | 0   |
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January Year: 2024 February Year: 2024 Tues Wed Thurs Sun Mon Fri Sat Sun Mon Tues Wed Thurs Fri Sat M \_ 0 E \_ 0 C/S \_ 0 M 0 E 0 C/S 0 Total 0 Total 0

March Year: 2024 April Year: 2024 Sun Mon Tues Wed Thurs Fri Sat Sun Mon Tues Wed Thurs Fri Sat M 0 E 0 C/S 0 M 0 E 0 C/S 0 Total 0 Total 0

May Year: 2024 June Year: 2024 Sun Mon Tues Wed **Thurs** Fri Sat Sun Mon Tues Wed Thurs Fri Sat 1 2 3 4 1 C M 5 7 6 8 9 10 2 3 11 4 6 8 5 7 M M M M M 12 13 14 15 16 17 18 11] 9 10 13 12 14 15 M M M 19 20 21 22 23 24 25 16 17 18 19 21 20 22 M M 26 27 28 29 30 31 23 24 25 26 27 28 29 M M M 30 31 E 0 C/S 2 16 E 0 C/S 1 M M 5 Total 18 Total 6

|             |                              | CARD    | ROOM OPERATORS | SONLY      |        |          |  |  |  |
|-------------|------------------------------|---------|----------------|------------|--------|----------|--|--|--|
|             | Hours of Cardroom Operations |         |                |            |        |          |  |  |  |
| Sunday      | Monday                       | Tuesday | Wednesday      | Thursday   | Friday | Saturday |  |  |  |
|             |                              |         |                |            |        |          |  |  |  |
|             |                              |         |                |            |        | onese.   |  |  |  |
| Year Round? | Yes                          | □ No    | lf f           | No, Dates: |        |          |  |  |  |

| rear Hound? Yes   | No No  | If No,  | Dates:                           | WARRANT CONTROL OF THE PROPERTY OF THE PROPERT |
|---|--|---|----------------------------------|--|
|   |  | OATH  |                                  |  |
| I swear or affirm that the information this application could subject the ap                            | micent to criminal nonaltice rol   | ating to parium or other  | r offenses                       |  |
| SHELL HUMBS STELLAR<br>Name (Please Print)  | Title (Please Print)   | son Academa<br>Signature  | medstilling                      | 3 2/28/2023<br>Date  |
| State of Florida<br>County of Brown AD<br>Sworn to (or affirmed) and subscribe<br>Street Holmes Starled | white the second country and the second country are a second country and the second country and the second country | of Telegraphy of the personally known to                                | , 202 3, one or produces the fol | llowing as identification:   |
| Notary Public My Commission Expires: 04/2 z   | 12025  | TRACI FERGUSO Commission # HH Expires April 22, 2 Bonded Thru Tray Fein | 120396                           |  |



Name

# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING www.myfloridalicense.com

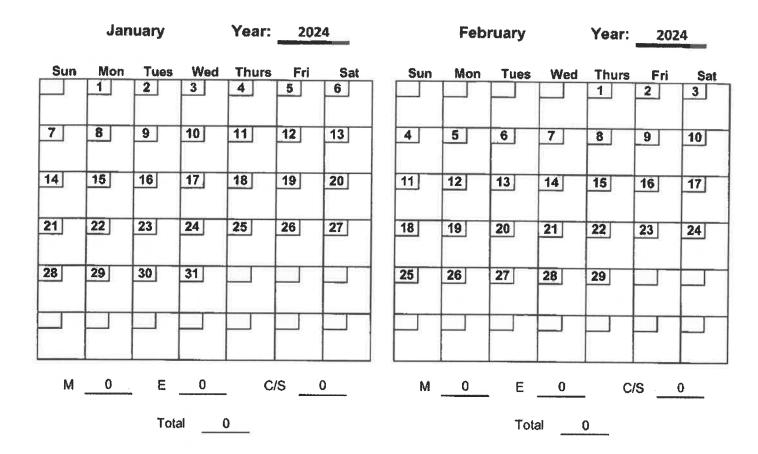
**PERMITHOLDER INFORMATION** 

Permit #

| <u> </u>         | Guirstream Park Thoroughbred After Racing Program 336 |            |            |            |           |             |                   |                  |                   |                 |             |             |             |
|------------------|---|------------|------------|------------|-----------|-------------|-------------------|------------------|-------------------|-----------------|-------------|-------------|-------------|
| 81,00            | -44   |            |            |            | - 120     | INSTI       | RUCTION           | S                |                   |                 |             |             |             |
| Submit<br>Dates. | this form   | n in conji | unction v  | vith the f | orm DB    | PR PMW      | -3060 <b>–</b> Pe | ermitholde       | r Applica         | ation for I     | icense a    | and Ope     | rating      |
| Please           | do not o  | verlook l  | the cardr  | oom sec    | ction and | d the requ  | ired applic       | ation oath       | on page           | <del>2</del> 4. |             |             |             |
| Please           | fill in ap  | propriate  | vear, ar   | nd date t  | elow ar   | nd on the t | following p       | ages. Us         | ing the le        | etter code      | e below i   | write the   | e type of   |
| perforn          | nance in  | each bo    | x. Fill in | the total  | numbe     | r of perfor | mances fo         | or each m        | onth.             |                 |             |             | , type o.   |
|                  |   |            |            | it is the  |           |             | ER CODE           |                  |                   |                 |             |             |             |
| M =              | : Matine  | B<br>      |            | E =        | Evenin    | g           |                   | C = CI           | narity            |                 |             | S = Scho    | olarship    |
|                  |   |            |            |            | Examp     | ole         | 8                 | 2<br>E<br>9<br>M | 3<br>M<br>E<br>10 | 4 M             | 5<br>S<br>M | 6<br>C<br>E | 7<br>C<br>E |
|                  | July Year:  |            |            |            |           |             |                   |                  | gust              |                 | Year:       | 202         | 23          |
| Sun              | Mon   | Tues       | Wed        | Thurs      | Fri       | Sat         | Sur               | n Mon            | Tues              | Wed             | Thurs       | Fri         | Sat         |
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| 9                | 10  | 11         | 12         | 13         | 14        | 15          | 13                | 14               | 15                | 16              | 17          | 18          | 19          |
|                  |   |            |            |            |           |             |                   |                  |                   |                 |             |             |             |
| 16               | 17  | 18         | 19         | 20         | 21        | 22          | 20                | 21               | 22                | 23              | 24          | 25          | 26          |
|                  |   |            |            |            |           |             |                   |                  |                   |                 |             |             |             |
| 23               | 24  | 25         | 26         | 27         | 28        | 29          | 27                | 28               | 29                | 30              | 31          |             |             |
|                  |   |            |            |            |           |             |                   |                  |                   |                 |             |             |             |
| 30               | 31  |            |            |            |           |             |                   |                  |                   |                 |             |             |             |
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| 24  | 25   | 26    | 27          | 28   | 29    | 30    | 29      | 3   | 30       | 31     |       |       |       |     |
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|      | Nove | mber |         | Year:    | 202     | 23    |   |     | Dece | ember |          | Year: | 202 | 23  |
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| 12 M | 13   | 14   | 15      | 16 M     | 17 M    | 18 M  |   | 10  | 11   | 12    | 13       | 14    | 15  | 16  |
| 19 M | 20   | 21   | 22      | M<br>23  | M<br>24 | 25 M  |   | 17  | 18   | 19    | 20       | 21    | 22  | 23  |
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| =-   | 20]  | 23   | 30      |          |         |       |   | 24  | 25   | 26    | 27       | 28    | 29  | 30  |
|      |      |      |         |          |         |       |   | 31  |      |       |          |       |     |     |
| M    | 14   |      | 0       |          | /S      | 2     |   | M   | 0    | E     | 0        |       | 10  |     |
| **1  |      | Tota |         | <u>6</u> |         |       |   | IVI |      | Tota  | 0<br>al( |       | 'S  | 0   |



|     | Ma  | rch  |     | Year: | 202   | 24    |     | A     | pril   |       | Year: | 202      | 24       |
|-----|-----|------|-----|-------|-------|-------|-----|-------|--------|-------|-------|----------|----------|
| Sun | Mon | Tues | Wed | Thurs | Fri 1 | Sat 2 | Sun | Mon 1 | Tues 2 | Wed 3 | Thurs | Fri<br>5 | Sat 6    |
| 3   | 4   | 5    | 6   | 7     | 8     | 9     | 7   | 8     | 9      | 10    | 11    | 12       | 13       |
| 10  | 11  | 12   | 13  | 14    | 15    | 16    | 14  | 15    | 16     | 17    | 18    | 19       | 20       |
| 17  | 18  | 19   | 20  | 21    | 22    | 23    | 21  | 22    | 23     | 24    | 25    | 26       | 27       |
| 24  | 25  | 26   | 27  | 28    | 29    | 30    | 28  | 29    | 30     |       |       |          |          |
| 31  |     |      |     |       |       |       |     |       |        |       |       |          | $\Box$   |
| M   | 0   | E    | 0   | . C   | /s    | 0     | М   |       | . E    | 0     | . C   | /s       | <u> </u> |
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May Year: 2024 June Year: 2024 Sun Mon Tues Wed Thurs Fri Sat Sun Mon Tues Wed **Thurs** Fri Sat M M M M M M C M M M M M M M M E C/S M E C/S Total Total 

|                                  | CARDROOM OPERATORS ONLY |          |           |          |          |          |  |  |  |
|----------------------------------|-------------------------|----------|-----------|----------|----------|----------|--|--|--|
| Hours of Cardroom Operations     |                         |          |           |          |          |          |  |  |  |
| Sunday                           | Monday                  | Tuesday  | Wednesday | Thursday | Friday   | Saturday |  |  |  |
| 10:00 AM                         | 10:00 AM                | 10:00 AM | 10:00 AM  | 10:00 AM | 24 Hours | 24 Hours |  |  |  |
| 4:00 AM                          | 4:00 AM                 | 4:00 AM  | 4:00 AM   | 4:00 AM  |          | anonema  |  |  |  |
| Year Round? Yes No If No, Dates: |                         |          |           |          |          |          |  |  |  |

| Year Round?                          | Yes No                            | If No, Dates:  |             |   |
|--------------------------------------|-----------------------------------|--|-------------|---|
|                                      |                                   | OATH   |             |   |
| this application could sub           | ject the applicant to criminal pe | dication is true and complete. I understand<br>nalties relating to perjury or other offenses | 8,          |   |
| State of Florida                     | ul d'a                            | Signature  Signature  Jahualy  , who is personally known to me or p                          | 20 23.      |   |
| Notary Public My Commission Expires: | apil 22,2025                      | Expires Apri   | n#HH 120396 | 9 |

#### nt of Business

#### State of Florida

## Department of Business and Professional Regulation Chronology Report

Case #:

2023004601

Incident date: 01/04/2023

Status: 10 - Initial Review

Lic Type:

1001

Disposition:

Case Type:

Complaint

Responsible: ljelks - JELKS, LA'KESHA

Complainant:

GULFSTREAM PARK THOROUGHBRED AFTER RACING PROGRAM, INC.

3051 NORTHEAST 213TH STREET, AVENTURA, FL 33180

Respondent:

FGCC, PARI-MUTUEL WAGERING

2601 BLAIR STONE ROAD, TALLAHASSEE, FL 32399

Summary:

2023/2024 OPERATING RENEWAL APPLICATION Gulfstream Park (TBRD336)

Chronology:

| Effective Date | Type | Lic Type | Code   | Description     | Responsible Party | Respondent |
|----------------|------|----------|--------|-----------------|-------------------|------------|
| 01/25/2023     | R    |          | ljelks | JELKS, LA'KESHA | ljelks            |            |
| 01/25/2023     | S    | 1001     | 10     | Initial Review  | ljelks            |            |

# 11. Discussion of License Application for Quarterhorse Permitholders

#### **MEMORANDUM**

To: The Florida Gaming Control Commission

From: Division of Pari-Mutuel Wagering

Re: Tampa Bay Downs, Inc.(QHRS537) (Tampa)

2023-001487 Pari-Mutuel Operating License Renewal

Does not have a Cardroom License

Date: January 30, 2023

#### Executive Summary

A permitholder submitted an application to renew its operating license for a pari-mutuel facility ("operating license"). The Commission should approve this request.

#### **Background**

Annually, a permitholder must renew its operating and cardroom licenses by submitting the required documentation to the Commission. Tampa Bay Downs, Inc. ("Tampa") possesses a quarter horse permit. Tampa currently holds an operating license for the 2022-2023 Fiscal Year. For the 2023-2024 Fiscal Year, Tampa has requested to operate zero performances<sup>2</sup> and does not have card tables<sup>3</sup>.

#### Analysis

The Commission must confirm that: each permitholder has submitted proof with their annual application for a license; the permitholder continues to possess the qualifications prescribed by chapter 550, Florida Statutes; and the permit has not been disapproved by voters in an election.<sup>4</sup> In addition, each permitholder must indicate whether the permitholder intends to accept wagers on intertrack or simulcast events.<sup>5</sup> Tampa has satisfied all of these requirements.

<u>Recommendation:</u> The Florida Gaming Control Commission should approve Tampa Bay Downs, Inc.'s request to renew its operating license for fiscal year 2023-2024.

<sup>&</sup>lt;sup>1</sup> "Each permitholder shall annually, during the period between December 15 and January 4, file in writing with the commission its application for an operating license for a pari-mutuel facility for the conduct of pari-mutuel wagering during the next state fiscal year, including intertrack and simulcast race wagering." § 550.01215(1), Fla. Stat.

<sup>&</sup>lt;sup>2</sup> "Performance" means "a series of events, races, or games performed consecutively under a single admission charge." § 550.002(25), Fla. Stat.

<sup>&</sup>lt;sup>3</sup> See generally § 849.086, Fla. Stat.

<sup>&</sup>lt;sup>4</sup> § 16.712(7), Fla. Stat.

<sup>&</sup>lt;sup>5</sup> § 550.01215(1)(a), Fla. Stat.

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

License Number: 537
Permit Type: QHRS

Permit County: Hillsborough

## LICENSE TO CONDUCT PARI-MUTUEL WAGERING

For:

Tampa Bay Downs, Inc.

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

11225 Race Track Road Tampa, FL 33626 Hillsborough County

Valid From: <u>July 1, 2023</u> Expires On: <u>June 30, 2024</u>

Permitholder does intend to accept wagers on intertrack or simulcast events.

Issued and dated, this \_\_\_\_\_ day of March, 2023.

y\_\_\_\_\_

Louis Trombetta, Executive Director Florida Gaming Control Commission



This license is issued in accordance with the Florida Pari-Mutuel Wagering Act and the rules promulgated thereunder. This license shall be operated at the location of a parimutuel permit and is subject to any and all laws of the State of Florida.

#### TAMPA BAY DOWNS, INC. P.O. BOX 1775 TAMPA, FL 33601 813-374-8830 FAX: 813-374-8839

RECEIVED
2022 DEC 16 PM 12: 09

December 12, 2022

FLORIDA GAMING CONTROL COMMISSION

#### VIA E-MAIL AND AND FEDERAL EXPRESS

Ms. Jamie Pouncey Division of Pari-Mutuel Wagering 2601 Blair Stone Road Tallahassee, FL 32399-1035

RE: TAMPA BAY DOWNS, INC.—2023-2024 Season License No. 537- Quarter Horse Racing

Dear Ms. Pouncey:

Enclosed please find the following:

- 1. Permitholder Application for Annual License and Operating Dates, Form DBPR PMW-3060, for Quarter Horse racing for the 2023-2024 season.
  - Permitholder Calendar, Form DBPR PMW-3080.
  - 3. Form DBPR PMW-3190, Officers and Directors.
- 4. Certificate of the Clerk of the Circuit Court of Hillsborough County as Clerk of the Board of County Commissioners certifying that the permit formerly issued has not been recalled.
- 5. Letter from BKS Insurance directed to State of Florida, Division of Pari-Mutuel Wagering, regarding continuation of this company's bond.
  - 6. Legal description of the property where the facility is located.

Tampa Bay Downs, Inc. intends to accept wagers on intertrack or simulcast events.

Thank you for your attention to this matter.

Very truly yours,

Stella F. Though

Enclosures

#### DBPR PMW-3060 - Permitholder Application for License and Operating Dates



#### STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING www.myfloridalicens

INSTRUCTIONS

| This form is to be submitted in conjunction with Form DBPR PMW-3080 – Permitholder Calendar and Form DBPR PMW- |
|--|
| 3190 – Officers and Directors.   |
| Check the box that designates the purpose of this form filing:   |

Application for Annual License and Operating Dates

| Application for Amendment to Annual License and Operating Dates  |                               |  |                                 |  |  |  |
|--|-------------------------------|--|---------------------------------|--|--|--|
| PERMITHOLDER IN  | FORMATIO                      | N                                      |                                 |  |  |  |
| Permitholder Name Permit TAMPA BAY DOWNS, INC. 0000537  Doing Business As (D/B/A)  |                               | FEID# or SSN                           |                                 |  |  |  |
| MAILING ADD  | RESS                          |  |                                 |  |  |  |
| Street Address or P.O. Box<br>P.O. Box 2007  |                               |  |                                 |  |  |  |
| City<br>Oldsmar  |                               | State<br>FL                            | Zip Code (+4 optional)<br>34677 |  |  |  |
| County Pinellas (if Florida address)   | Country<br>USA                | 11.                                    |                                 |  |  |  |
| CONTACT INFO   |                               |  |                                 |  |  |  |
| Contact Stella Thayer  | Title<br>President            |  |                                 |  |  |  |
| Primary Phone Number Fax Number 813-374-8839   |                               |  |                                 |  |  |  |
| Primary E-Mail Address   | Cell Phone                    | Number                                 |                                 |  |  |  |
| PHYSICAL LOCATION OF PA  | RI-MUTUEL                     | FACILITY                               | MASSING (1) (1) (2) (2) (2) (3) |  |  |  |
| Street Address<br>11225 Race Track Road  |                               |  |                                 |  |  |  |
| City<br>Tampa  |                               | State<br>FL                            | Zip Code (+4 optional)<br>33626 |  |  |  |
| If there is a lease agreement to operate live performances at and of the lease agreement containing the following information:  (1) The name of the applicant and the lessor;  (2) The address of the applicant and the lessor;  (3) The type of permit held by both the applicant and the lessor;  (4) The exact location where the applicant is currently permitted to (5) The exact location where the lessor is currently permitted to (6) The exact location where the applicant intends to conduct paris | o conduct pa<br>enduct pari-n | ri-mutuel perform<br>nutuel performano | ances;<br>ces; and              |  |  |  |

<sup>\*</sup>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, 654, and Sections 409.2577, 409.2598, and 559.79, Florida Statutes. 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.

|  | L INFORMATION  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  | ancellation election been held in your county? If the Circuit Court or other authorized County Official certifying that the                    |  |  |  |  |  |  |  |
| permit has not been recalled.  Has there been any change in ownership interest, officers, partners, or directors; or a change in ownership or location of the pari-mutuel facility? If changed, state fully. If none, state "No change." Use additional pages, if necessary.  No change.   |  |  |  |  |  |  |  |  |
| Is the applicant incorporated? Yes ⊠ No ☐ If yes, under the  | aws of which state? Florida  |  |  |  |  |  |  |  |
| Please list all officers and directors of the applicant using Form DBPR PMW-3190 – Officers and Directors.   |  |  |  |  |  |  |  |  |
| Please document persons who are the bona fide and beneficial ov  — Officers and Directors. If corporation, list name of corporation are  | vners of the entire stock of the applicant using Form DBPR PMW-3190 and stockholders; if partnership, list partners.                           |  |  |  |  |  |  |  |
| Please list the stockholders of record of the applicant using Form I   | DBPR PMW-3190 – Officers and Directors.  |  |  |  |  |  |  |  |
| Please list the stockholders of the applicant who are subject to a v   | oting trust or have been pledged to a trustee or party other than the  |  |  |  |  |  |  |  |
| Have any persons listed on Form DBPR PMW-3190 – Officers and   | d Directors ever been convicted of or had adjudication withheld for any ther than minor traffic violations) in any state or county? Yes ロ No 区 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| According to the Control of the Cont |  |  |  |  |  |  |  |  |
| OPERATING SEA  | SON INFORMATION  |  |  |  |  |  |  |  |
| The applicant desires to conduct a racing/jai alai meet for the 20 2   | 3 - 20 24 season during the following  |  |  |  |  |  |  |  |
| period(s). Please follow instructions on calendars attached to perm<br>Opening Date(s):  |  |  |  |  |  |  |  |  |
| N/A  | Closing Date(s): N/A   |  |  |  |  |  |  |  |
| Number of Dark Days:<br>N/A  | Number of Live Days:<br>N/A  |  |  |  |  |  |  |  |
| Performances Number of Evening Performances N/A  | 08 5 17  |  |  |  |  |  |  |  |
| Number of Evening Performances N/A  Number of Matinee Performances N/A   |  |  |  |  |  |  |  |  |
| Number of Charity/Scholarship Performances N/A   |  |  |  |  |  |  |  |  |
| Total Number of Performances N/A   |  |  |  |  |  |  |  |  |
| Number of races/games during evening performances: N/A   | Number of races/games during matinee performances. N/A   |  |  |  |  |  |  |  |
| Starting time:   | Starting time:   |  |  |  |  |  |  |  |
| For greyhound tracks only:  Do you intend to hold an additional charity day for the greyhound at lf yes, please indicate the date when the "Greyhound Adopt-a-Pet I  | doption program? Yes □ No □ Day" will be held: N/A   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | ATH  |  |  |  |  |  |  |  |
| I swear or affirm that the information provided in this application is information on this application could subject the applicant to crimin   | true and complete. I understand that knowingly providing false al penalties relating to perjury or other offenses.                             |  |  |  |  |  |  |  |
| Stella Thayer President  | Hello Thayer December 13 2022  |  |  |  |  |  |  |  |
| Name (Please Print) Title (Please Print)   | Signature / Date /   |  |  |  |  |  |  |  |
| State of Florida,  |  |  |  |  |  |  |  |  |
| County of <u>Hillsborough</u><br>Sworn to (or affirmed) and subscribed before me this <u>/3</u> th   | f December , 20 22,  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Stella Thayer , who  | is personally known to me or produced the following as identification:  Notary Public State of Florida   |  |  |  |  |  |  |  |
|  | Rosanne M Watson My Commission HH 029126   |  |  |  |  |  |  |  |
| Kosanne M. Watson  | Expires 11/27/2024   |  |  |  |  |  |  |  |
| Notary Public My Commission Expires:   |  |  |  |  |  |  |  |  |
| My Commission Expires.   |  |  |  |  |  |  |  |  |



## CONTROL ON THE ON STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION **DIVISION OF PARI-MUTUEL WAGERING**

www.myfloridalicense.com

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

| Street fills to a step to the street of       | RGANIZATION NAME    |
|---|---------------------|
| Name of Organization<br>TAMPA BAY DOWNS, INC. | Permit # 59-2747715 |
| D/B/A or Trade Name<br><sub>N/A</sub>         | π537                |

| 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 ☐ Manager Managed ☐   |  |  |  |  |  |

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<br>STELLA | N          | Vliddle<br>F. | Title               | Suffix        |  |  |
| Office Held                              | License #       |            |               | ge of Ownersh       | nip           |  |  |
| President/Treasurer/Director             |                 |            |               |                     |               |  |  |
| RESIDENCE ADDRESS                        |                 |            |               |                     |               |  |  |
| Street Address or P.O. Box 1531          |                 |            |               |                     |               |  |  |
|  |                 |            |               |                     |               |  |  |
| City<br>TAMPA                            |                 | Star<br>FL | te            | Zip Code (<br>33601 | (+4 optional) |  |  |
| County<br>(if Florida address) Hillsboro | ugh             | Country U  | SA            |                     |               |  |  |

| MANAGEMENT INFORMATION                           |                  |        |             |                  |                     |              |  |
|--|------------------|--------|-------------|------------------|---------------------|--------------|--|
| Last Name<br>FERGUSON                            | First<br>HOWELL  |        | Mi          | ddle<br>Ļ.       | Title               | Suffix       |  |
| Office Held<br>Vice President/Secretary/Director | License # 298008 |        |             | Percentag<br>35% | e of Ownersh        | ip           |  |
| RESIDENCE ADDRESS                                |                  |        |             |                  |                     |              |  |
| Street Address or P.O. Box 150                   |                  |        |             |                  |                     |              |  |
|  |                  |        |             |                  |                     |              |  |
| City<br>TALLAHASSEE                              |                  |        | State<br>FL |                  | Zip Code (<br>32302 | +4 optional) |  |
| County<br>(if Florida address) LEON              |                  | Countr | y US        | A                |                     |              |  |

License

Fed Tax #

Lic Type 1021 - PMW Professional Individual Occupational

Name THAYER, STELLA

Rank PIND - Professional Individual Occupational License # 232146

Entity # 232146 Lic Status Current Expires On 06/30/2025

Extended To

Renewed On

Address

Street # 11225

File # 3979

Street RACETRACK RD

Line 2 Line 3

City TAMPA

State FL

Zip 33626

Routing

License

Fed Tax #

File # 4743

License # 298008

Lic Type 1021 - PMW Professional Individual Occupational

Name FERGUSON, HOWELL LYKES

Rank PIND - Professional Individual Occupational

Lic Status Current Entity # 298008

Expires On 06/30/2024

**Extended To** 

Renewed On 02/01/2022

Address

Street #

Street PO BOX 150

Line 2 Line 3

City TALLAHASSEE

State FL

Zip 32302

Routing

| MANAGEMENT INFORMATION                  |                      |           |                 |                  |           |  |  |
|---|----------------------|-----------|-----------------|------------------|-----------|--|--|
| Last Name<br>BERUBE                     | First<br>PETER       | <u> </u>  | Middle<br>N     | Title            | Suffix    |  |  |
| Office Held<br>Vice President           | License #<br>1379166 |           | Percent<br>None | age of Ownership | 7         |  |  |
|   | RESIDENC             | E ADDRESS |                 | 700              | 9 1       |  |  |
| Street Address or P.O. Box 2007         |                      |           |                 |                  |           |  |  |
| ONE P                                   |                      |           |                 |                  |           |  |  |
| City State Zip Code (74 opti            |                      |           |                 |                  | optional) |  |  |
| County<br>(if Florida address) Pinellas |                      | Country U | SA              |                  | 60        |  |  |

| MANAGEMENT INFORMATION                   |                      |                              |      |       |       |               |  |
|--|----------------------|------------------------------|------|-------|-------|---------------|--|
| Last Name<br>GELYON                      | First<br>GREG        |                              | M    | iddle | Title | Suffix        |  |
| Office Held<br>Vice President of Finance | License #<br>2015132 | Percentage of Ownership None |      |       | nip   |               |  |
|  | RESIDENCE ADDRESS    |                              |      |       |       |               |  |
| Street Address or P.O. Box 2007          |                      |                              |      |       |       |               |  |
|  |                      |                              |      |       |       |               |  |
| City State Zip Code (+4 optional)        |                      |                              |      |       |       | (+4 optional) |  |
| County<br>(if Florida address) Pinellas  |                      |                              | y US | SA    |       |               |  |

| MANAGEMENT INFORMATION                    |                      |                              |       |      |            |               |  |
|---|----------------------|------------------------------|-------|------|------------|---------------|--|
| Last Name                                 | First<br>MARGO       |                              | Mi    | ddle | Title      | Suffix        |  |
| Office Held VP of Marketing and Publicity | License #<br>1435733 | Percentage of Ownership None |       |      | nip        |               |  |
| RESIDENCE ADDRESS                         |                      |                              |       |      |            |               |  |
| Street Address or P.O. Box 2007           |                      |                              |       |      |            |               |  |
|   |                      |                              |       |      |            |               |  |
| City<br>Oldsmar                           |                      | FI                           | State | :    | Zip Code ( | (+4 optional) |  |
| County<br>(if Florida address) Pinellas   | Country              | US                           | A     | - 13 |            |               |  |

| <b>建工作的基本</b>  |                          | OATH   |  |
|--|--------------------------|--|--|
|  |                          | tion is true and complete. I under<br>criminal penalties relating to perju | stand that knowingly providing false<br>ury or other offenses. |
| Name (Please Print)  | Title (Please Print)     | Signature  | Date   |
| State of Florida,<br>County of<br>Sworn to (or affirmed) and s | ubscribed before me this | _day of  | , 20,  |
|  |                          | _, who is personally known to me   | or produced the following as identification:                   |
| Notary Public<br>My Commission Expires:                        |                          |  |  |

License

Fed Tax #

Lic Type 1031 - PMW/CR Combo Supervisor

Expires On 06/30/2023

File # 965

Name BERUBE, PETER N

Extended To

License # 1379166

Rank PCSU - Cardroom supervisor

Renewed On

Entity # 1379166

Lic Status Current

**Address** 

Street # 4812

Street SCOTT ROAD

Line 2

Line 3

City LUTZ

State FL

Zip 33558

Routing

License

Fed Tax #

Lic Type Occupational Individual

Expires On 06/30/2023

File # 36622

Name GELYON, GREGORY A

Extended To

License # 2015132

Rank PIND - Professional Individual Occupational

Entity # 2015132

Lic Status Current

Renewed On 06/02/2017

**Address** 

Street # 10005

Street TARPON SPRING RD.

Line 2 Line 3

City ODESSA

State FL

Zip 33556

Routing

License

Fed Tax#

Lic Type 1021 - PMW Professional Individual Occupational

Expires On 06/30/2024

File # 27135

Name FLYNN, MARGO J

Extended To

License # 1435733

Rank PIND - Professional Individual Occupational

Renewed On 05/21/2021

Entity # 1435733

Lic Status Current

**Address** 

Street # 101

Street S BAYSHORE BLVD UNIT 34

Line 2 Line 3

City SAFETY HARBOR

State FL

Zip 34695

Routing

|  |                      |                |                  |   |        | autoria de   |  |  |
|--|----------------------|----------------|------------------|---|--------|--|--|--|
|  | MANAGEMEN            | IT INFORMATION | ON               |   |        |  |  |  |
| Last Name<br>MCLAUGHLIN                            | First<br>THOMAS      | IV             | liddle           | Title   | Su     | <sub>a</sub> ffix  |  |  |
| Office Held<br>VP of Facilities and Track Surfaces | License # 447376     |                | Percenta<br>None | age of Owners   | ip     |  |  |  |
| RESIDENCE ADDRESS                                  |                      |                |                  |   |        |  |  |  |
| Street Address or P.O. Box 2007                    |                      |                |                  |   |        | applicate a service a serv |  |  |
|  |                      |                |                  | iii. The second |        |  |  |  |
| City-<br>TAMPA                                     |                      | State          | 9                | Zip Code  | +4 opt | hal)   |  |  |
| County (if Florida address) PINELLA                | 48                   | Country US     | SA.              | di-   | • •    | >  |  |  |
|  | V 22 - 100p - 00pped |                |                  |   |        |  |  |  |
|  | MANAGEMEN            | T INFORMATIO   | Ň                |   |        |  |  |  |
| Look Money   | F**:                 |                | C -1 - 11 -      | 711   |        |  |  |  |

| MANAGEMENT INFORMATION                 |                      |                             |       |     |                   |               |  |
|--|----------------------|-----------------------------|-------|-----|-------------------|---------------|--|
| Last Name<br>THAYER                    | First<br>susannah    |                             | Midd  | dle | Title             | Suffix        |  |
| Office Held<br>None                    | License #<br>7650399 | Percentage of Ownership 15% |       |     | ship              |               |  |
| RESIDENCE ADDRESS                      |                      |                             |       |     |                   |               |  |
| Street Address or P.O. Box 1531        |                      |                             |       |     |                   |               |  |
|  |                      |                             |       |     |                   |               |  |
| City<br>TAMPA                          |                      |                             |       |     | Zip Code<br>33601 | (+4 optional) |  |
| County<br>(if Florida address) HILLSBC | ROUGH                | Countr                      | y USA |     |                   |               |  |

| MANAGEMENT INFORMATION                |                   |           |               |                |               |  |  |  |
|---------------------------------------|-------------------|-----------|---------------|----------------|---------------|--|--|--|
| Last Name<br>FERGUSON                 | First<br>ELIOT    |           | Middle<br>L.  | Title          | Suffix        |  |  |  |
| Office Held<br>None                   | License #         |           | Percent<br>3% | age of Ownersh | nip           |  |  |  |
|                                       | RESIDENCE ADDRESS |           |               |                |               |  |  |  |
| Street Address or P.O. Box 150        |                   |           |               |                |               |  |  |  |
|                                       |                   |           |               |                |               |  |  |  |
| City State Zip Code (+4 options 32302 |                   |           |               |                | (+4 optional) |  |  |  |
| County<br>(if Florida address) LEON   |                   | Country U | ISA           |                |               |  |  |  |

|  |  | OATH   |  |
|--|--|--|--|
| I swear or affirm that the info<br>information on this application | ormation provided in this applica<br>on could subject the applicant to | ation is true and complete. I unde<br>o criminal penalties relating to per | erstand that knowingly providing false jury or other offenses. |
| Name (Please Print)  | Title (Please Print)   | Signature  | Date   |
| State of Florida, County of Sworn to (or affirmed) and si          | ubscribed before me this   | _ day of, who is personally known to m                                     | , 20, e or produced the following as identification:           |
| Notary Public My Commission Expires:                               |  |  |  |

License

Lic Type 1021 - PMW Professional Individual Occupational Fed Tax #

Expires On 06/30/2023

File # 39409

Name MCLAUGHLIN, THOMAS JOHN

Extended To

License # 447376

Rank PIND - Professional Individual Occupational

Entity # 447376

Lic Status Current

Renewed On

**Address** 

Street # 4748

Street WOLFRUN LANE

Line 2

Line 3

City NEW PORT RICHEY

State FL

Zip 34653

Routing

License

Fed Tax #

Lic Type 1021 - PMW Professional Individual Occupational

Expires On 06/30/2023

File # 46112

Name THAYER, SUSANNAH

Extended To

License # 7650399

PIND - Professional Individual

Renewed On

Rank Occupational

Entity # 7650399

Lic Status Current

Address

Street # Street PO BOX 429

Line 2

Line 3

City THONOTOSASSA

State FL

Zip 33592

Routing

| Barrers Commence                  | MANAGEM          | ENT INFORMATION |                   |               |
|-----------------------------------|------------------|-----------------|-------------------|---------------|
| Last Name FERGUSON                | First<br>DEREK   | Middle<br>c.    | Title             | Suffix        |
| Office Held License #             |                  |                 | tage of Ownersl   | nip           |
|                                   | RESIDE           | NCE ADDRESS     |                   |               |
| Street Address or P.O.            | Box P.O. Box 150 |                 |                   |               |
| City<br>TALLAHASSEE               |                  | State           | Zip Code          | (+4 optional) |
| County<br>(if Florida address) LE | ON               | Country USA     |                   |               |
| (II Florida address) ——           |                  | ENT INFORMATION | The Date No. 2017 |               |
| Last Name                         | Firet            | Middle          | Titlo             | Cuffix        |

| MANAGEMENT INFORMATION                 |               |             |                |          |               |  |
|--|---------------|-------------|----------------|----------|---------------|--|
| Last Name<br>evers-swindell            |               |             |                | Title    | Suffix        |  |
| Office Held License # Percentage of 3% |               |             | tage of Owners | hip      |               |  |
|  | RESIDE        | NCE ADDRESS |                |          |               |  |
| Street Address or P.O. Bo              | × P.O. Box150 |             |                |          |               |  |
| City<br>TALLAHASSEE                    |               | Sta         | te             | Zip Code | (+4 optional) |  |
| County (if Florida address) LEON       |               |             | SA             | 1        |               |  |

| MANAGEMENT INFORMATION                                 |                             |                                      |                  |  |        |  |
|--|-----------------------------|--------------------------------------|------------------|--|--------|--|
| Last Name<br>SAVAGE                                    | First<br>colin              |                                      | Middle Title     |  | Suffix |  |
| Office Held<br>None                                    | License #                   | License # Percentage of Ownership 3% |                  |  |        |  |
|  | RESIDEN                     | ICE ADDF                             | RESS             |  |        |  |
| Street Address or P.O. I                               | <sup>Box</sup> P.O. Box 150 |                                      | 21               |  |        |  |
|  |                             |                                      |                  |  |        |  |
| City State Zip Code (+4 optional) TALLAHASSEE FL 32302 |                             |                                      |                  |  |        |  |
| County<br>(if Florida address) LEON                    |                             |                                      | <sup>y</sup> USA |  |        |  |

|  |   | OATH  |   |
|--|---|---|---|
| I swear or affirm that the infi<br>information on this applicati | ormation provided in this applicated could subject the applicant to | tion is true and complete. I un<br>criminal penalties relating to p | nderstand that knowingly providing false perjury or other offenses. |
| Name (Please Print)  | Title (Please Print)  | Signature   | Date  |
| State of Florida,<br>County of<br>Sworn to (or affirmed) and s   | ubscribed before me this  | _day of   | , 20,   |
|  |   | _, who is personally known to                                       | me or produced the following as identification:                     |
| Notary Public My Commission Expires:                             |   |   |   |

|   | MANAGEMENT                        | INFORMATION   | Desil's moliti        |              |
|---|-----------------------------------|---|-----------------------|--------------|
| Last Name   | First<br>HEATHER                  | Middle<br>savage  | Title                 | Suffix       |
| Office Held   | License #                         | Percentag   | ge of Ownershi        | р            |
| None  | RESIDENC                          | 3%<br>E ADDRESS   |                       |              |
| Street Address or P.O. Bo   | × P.O. Box 150                    |   |                       |              |
|   |                                   |   |                       |              |
| City<br>TALLAHASSEE   | ,                                 | State   | Zip Code (+           | 4 optional   |
| County  | NI                                | Country USA   | 32302                 |              |
| (if Florida address) LEC  | /IN                               | USA   |                       |              |
|   | MANAGEMENT                        | INFORMATION   |                       |              |
| Last Name   | First                             | Middle  | Title                 | Suffix       |
| Office Held   | License #                         | Percentag   | ge of Ownership       | 0            |
|   | RESIDENC                          | E ADDRESS   |                       |              |
| Street Address or P.O. Bo   |                                   | ·- <del>-</del>   |                       |              |
|   |                                   |   |                       |              |
| City  |                                   | State   | Zip Code (+           | 4 optional   |
| County  |                                   | Country   |                       |              |
| (if Florida address)  |                                   |   |                       |              |
|   |                                   | INFORMATION   |                       |              |
| Last Name   | MANAGEMEN I<br>First              | INFORMATION Middle  | Title                 | Suffix       |
| Office Held   | License #                         | Percentad   | ge of Ownership       |              |
|   |                                   | E ADDRESS   |                       |              |
| Street Address or P.O. Bo   |                                   | E WOOLESS   |                       |              |
|   |                                   |   |                       |              |
| City  |                                   | State   | Zip Code (+           | 4 optional   |
| County  |                                   | Country   | <u> </u>              |              |
| (if Florida address)  |                                   | ,   |                       |              |
|   |                                   | 711   |                       |              |
|   |                                   | TH  | overprofit is the re- | n Yest I = 3 |
| r affirm that the information pro<br>on on this application could sul |                                   |   |                       |              |
| hayer Pre   | sident                            | stelle Thay   | es o                  | ceerder 1    |
| lease Print) Title  | (Please Print)                    | Signature   | Dat                   | е            |
| lorida,   | A = L1                            |   |                       |              |
| Hillsborough (or affirmed) and subscribed b                           | efore me this <u>/3</u> th day of | December  | 2022.                 |              |
| hayer, by means of physi  |                                   | s personally known to me or<br>lotary Public State of Florida | produced the foll     | owing as id  |
|   | 2 4                               | Rosanne M Watson My Commission HH 029126                      |                       |              |
| anne M. Watsor  | 2 Norman E                        | expires 11/27/2024  |                       |              |
| blic<br>ission Expires:   |                                   |   |                       |              |
|   |                                   |   |                       |              |

| Thayer           | 35%  |
|------------------|------|
| Ferguson         | 35%  |
| Thayer, Susannah | 15%  |
| Ferguson, Eliot  | 3%   |
| Ferguson, Derek  | 3%   |
| Evers-Swindell   | 3%   |
| Savage           | 3%   |
| Telfer           | 3%   |
| Total            | 100% |

#### L. Jelks

#### Certificate of

#### CLERK OF THE CIRCUIT COURT

#### as Clerk of

#### The Board of County Commissioners

I, CINDY STUART, being the Clerk of the Circuit Court in and for Hillsborough County, and as such being Clerk of the Board of County Commissioners of said County, do hereby certify that there has been no election in said County resulting in a recall of the Racing Permit now held by Tampa Bay Downs, Inc. since the date of its issuance.

WITNESS my hand and official seal as clerk aforesaid this  $\frac{2nd}{}$  day of December, 2022.

Trywan K. Tort -- Deputy Clerk

As Clerk of the Board of County Commissioners

(OFFICIAL SEAL)





#### Travelers Casualty and Surety Company of America Hartford, CT 06183

License No.

## CONTINUATION CERTIFICATE FIDELITY OR SURETY BONDS/POLICIES

| In consideration of \$0.00 dollars renewal premium, the term of Bond/Policy No.  |
|--|
| amount of \$50,000.00 , issued on behalf of TAMPA BAY DOWNS, INC. QUARTER HORSE RACING                                     |
| whose address is 11225 RACE TRACK ROAD, TAMPA, FL 33626  |
| in favor of GOVERNOR OF THE STATE OF FLORIDA AND HIS OR HER SUCCESSORS IN OFFICE ,   |
| whose address is 4070 ESPLANADE WAY, SUITE 250, DIVISION OF PARI-MUTUEL WAGERING, TALLAHASSEE, FL 32399                    |
| in connection with Pari-Mutuel Wagering Bond is hereby extended to December 19, 2023,                                      |
| subject to all covenants and conditions of said bond/policy.   |
|  |
| This certificate is designed to extend only the term of the bond/policy. It does not increase the amount which may be      |
| payable thereunder. The aggregate liability of the Company under the said bond/policy together with this certificate shall |
| be exactly the same as, and no greater than it would have been, if the said bond/policy had originally been written to     |
| expire on the date to which it is now being extended.  |
|  |
| Signed, sealed and datedMarch 07, 2023   |
|  |
|  |
| Travelers Casualty and Surety Company of America   |
| By:  |

Robert L. Raney, Senior Vice President

#### Jelks, La'Kesha

From: Mary Langley <Mary.Langley@bks-partners.com>

Sent:Tuesday, March 7, 2023 2:05 PMTo:Jelks, La'Kesha; Greg A. GelyonCc:pnberube@tampabaydowns.comSubject:RE: Bonds with changes requested

**Attachments:** 106160026\_14\_27269233.pdf; 106619192\_9\_27269272.pdf

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

#### La'Kesha

Thank you for sending the explanation, it was very helpful to the underwriter to make sure that we provided what is needed.

Please see the attached documents the underwriter provided to us. Let us know if you need anything else.

Thank you again and have a great day 😂

Mary Langley | Client Manager | BKS-Partners | T 813.470.5066 | E mary.langley@bks-partners.com



Resources are available **here** to help in your COVID-19 response plans. Please note, our colleagues are conducting business virtually to avoid any disruption in our ability to safely serve you.

**Email Disclaimer** 

From: Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov>

Sent: Tuesday, March 7, 2023 1:19 PM

To: Mary Langley < Mary.Langley@bks-partners.com>; Greg A. Gelyon < GAGelyon@tampabaydowns.com>

**Cc:** pnberube@tampabaydowns.com **Subject:** RE: Bonds with changes requested

#### CAUTION: External Message. Beware any links or attachments

#### Mary,

Attached is the latest documentation the Florida Gaming Control Commission received to fulfill the Surety Bond/Continuation Certificate for TBD Entertainment, LLC (GHND140), Tampa Bay Downs, Inc. (TBRD320) thoroughbred, and Tampa Bay Downs, Inc. (QHRS537) quarter horse. The documentation for Tampa Bay, Inc. (TBRD320) thoroughbred fulfills the Surety Bond/Continuation Certificate requirement.

If the Florida Gaming Control Commission does not receive the correct documentation to fulfill the Surety Bond/Continuation Certificate requirement for TBD Entertainment, LLC (GHND140) and Tampa Bay Downs, Inc. (QHRS537) quarter horse by close of business today, the facilities risk denial of their pari-mutuel wagering operating and/or cardroom licenses for the 2023/2024 fiscal year at the Commissions meeting on March 10, 2023.

Any assistance you can provide to expedite the submission of these documents will be greatly appreciated. Thank you for your time and efforts.

Best,

## La'Kesha Jelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

The information contained in this transmission is intended solely for the use of the person(s) named herein. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact me by reply e-mail and destroy all copies of the original message.

The State of Florida has a very broad public records law pursuant to Chapter 119, Florida Statutes. Most written communications to and from state officials regarding state business are public records, available to the public and media upon request. Therefore, your e-mail communications may be subject to public disclosure. <u>LARGER VIEW</u>

From: Pouncey, Jamie

Sent: Monday, March 6, 2023 12:52 PM

To: Greg A. Gelyon <GAGelyon@tampabaydowns.com>; Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov>;

Mary.Langley@bks-partners.com

Cc: Peter N. Berube < PNBerube@tampabaydowns.com>

Subject: RE: Bonds with changes requested

Importance: High

Any update on corrected surety bonds for permit # 140 - TBD Entertainment, LLC and permit # 320 - Tampa Bay Downs, Inc.

#### **Jamie Pouncey**

#### **Program Administrator**

Florida Gaming Control Commission
Division of Pari-Mutuel Wagering

850.717.1073 Office 850.488.0550 FAX 850.556.7301 Cell

Important: Confidentiality & Public Records Statement

From: Greg A. Gelyon [mailto:GAGelyon@tampabaydowns.com]

Sent: Friday, March 3, 2023 1:54 PM

To: Jelks, La'Kesha <La'Kesha.Jelks@fgcc.fl.gov>; Pouncey, Jamie <Jamie.Pouncey@fgcc.fl.gov>; Mary.Langley@bks-

partners.com

Cc: Peter N. Berube < PNBerube@tampabaydowns.com>

Subject: RE: Bonds with changes requested

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.

Mary,

I have copied you with the State regulators. Please work with them and help get them the bonds with the proper wording. Apparently, the latest iteration is not sufficient.

From: Jelks, La'Kesha [mailto:La'Kesha.Jelks@fgcc.fl.gov]

Sent: Friday, March 3, 2023 12:28 PM

To: Greg A. Gelyon <GAGelyon@tampabaydowns.com>; Pouncey, Jamie <Jamie.Pouncey@fgcc.fl.gov>

Cc: Peter N. Berube < PNBerube@tampabaydowns.com>

Subject: RE: Bonds with changes requested

Greetings,

The Riders are not legally sufficient to meet the requirement. Please contact the company and ask them to update the Continuation Certificates, or complete the attached form, and resubmit upon receipt.

Thank you.

Best,

### La'Kesha Jelks



La'Kesha Jelks
Operations Review Specialist
Florida Gaming Control Commission
Pari-Mutuel Wagering
Phone: (850) 717-1095

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From: Greg A. Gelyon [mailto:GAGelyon@tampabaydowns.com]

Sent: Tuesday, February 28, 2023 1:54 PM

To: Pouncey, Jamie < Jamie.Pouncey@fgcc.fl.gov >; Jelks, La'Kesha < La'Kesha.Jelks@fgcc.fl.gov >

Cc: Peter N. Berube < PNBerube @ tampabaydowns.com>

Subject: Bonds with changes requested

[NOTICE] This message comes from a system outside of DBPR. Please exercise caution when clicking on links and/or providing sensitive information. If you have concerns, please contact your Knowledge Champion or the DBPR Helpdesk.



#### Travelers Casualty and Surety Company of America Hartford, CT 06183

| License | No. |  |
|---------|-----|--|
|         |     |  |

#### RIDER

| o be attached to and form part of Bond No.  |
|---|
| sued on behalf of TAMPA BAY DOWNS, INC. QUARTER HORSE RACING as Principal, and in favor of                                  |
| OVERNOR OF THE STATE OF FLORIDA AND HIS OR HER SUCCESSORS IN OFFICE as Obliged  |
| is agreed that:   |
| 1. The Surety hereby gives its consent to change the Name:  |
| from:   |
| to:   |
| 2. The Surety hereby gives its consent to change the Address:   |
| from: 1940 Monroe St., Tallahassee, FL 32399  |
| to: 4070 Esplanade Way, Suite 250, Tallahassee, FL 32399  |
| 3. The Surety hereby gives its consent to change the Obligee  |
| from: Florida Department of Business and Professional Regulation  |
| to: Governor of Florida and his or her successors in office   |
| his rider shall become effective as of December 19, 2022  |
| ROVIDED, however, that the liability of the Surety under the attached bond as changed by this rider shall not be imulative. |
| gned, sealed and dated February 24, 2023  |
| By: Mary M. Langley Attorney-in-Pact  |
| Obligee  Obligee  TAMPA BAY DOWNS, INC. QUARTER HORSE RACING Principal  |
| y: By:  |



Travelers Casualty and Surety Company of America Travelers Casualty and Surety Company St. Paul Fire and Marine Insurance Company

#### **POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint MARY M LANGLEY of TAMPA, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or quaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 21st day of April, 2021.







State of Connecticut

City of Hartford ss.

On this the 21st day of April, 2021, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2026



Anna P. Nowik, Notary Public

Robert L. Raney, Senior Vice President

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Assistant Vice President, any Assistant Vice President, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 24th day of February







Kevin E. Hughes, Assistant Secretary

#### Pouncey, Jamie

From: Pouncey, Jamie

Sent: Monday, February 20, 2023 10:21 AM

To: Greg A. Gelyon (GAGelyon@tampabaydowns.com); Kim M. Gregoire; Peter N. Berube

(PNBerube@tampabaydowns.com)

**Subject:** FW: Surety Bond

Your surety bond currently reads in favor of Florida Department of Business & Professional Regulation and MUST be corrected to reflect:

payable to the Governor of the state and her or his successors in office as states in statute below. Also the address should be updated to 2601 Blair Stone.

#### **Jamie Pouncey**

#### **Program Administrator**

Florida Gaming Control Commission

Division of Pari-Mutuel Wagering

850.717.1073 Office 850.488.0550 FAX 850.556.7301 Cell Important: Confidentiality & Public Records Statement

From: Jelks, La'Kesha

Sent: Friday, February 17, 2023 3:48 PM

To: Pouncey, Jamie < Jamie.Pouncey@fgcc.fl.gov>

Subject: FW: Surety Bond

From: Jelks, La'Kesha

Sent: Monday, February 13, 2023 8:58 AM

To: Greg A. Gelyon (gagelyon@tampabaydowns.com) < gagelyon@tampabaydowns.com>; 'Michael Francisco' < mfrancisco@thebigeasycasino.com>; 'Jane Cassidy' < icassidy@thebigeasycasino.com>; Juan Fra < ifra@magiccitycasino.com>; Scott < ssavin@magiccitycasino.com>; Todd Schryver < tschryve@delawarenorth.com>;

'Michael Glenn (MGlenn@pbkennelclub.com)' (MGlenn@pbkennelclub.com) < MGlenn@pbkennelclub.com>; 'Noah Carbone (NoahC@pbkennelclub.com) ' < NoahC@pbkennelclub.com)' ; 'Sue Tomlinson (stomlinson@pbkennelclub.com)'

<stomlinson@pbkennelclub.com>; Anna <AWheland@windcreek.com>; Brent <br/>bpinkston@windcreek.com>; Daniel

<rwilson@windcreek.com>; Gerald <galcott@windcreek.com>; Michael <Michael.Magazzu@windcreek.com>; Nick

<nschlikin@windcreek.com>; William <wvineyard@windcreek.com>; Cohen, Mitchell (Mitchell.Cohen@pngaming.com)

< Mitchell.Cohen@pngaming.com >; Stocky Hess < shess@goebro.com >; 'tina.hable@pngaming.com'

<tina.hable@pngaming.com>; 'salc@pbkennelclub.com' <salc@pbkennelclub.com'>; 'Bill Westmoreland'

< billw@mgpark.com >; 'Jeff Marr' < jeffm@mgpark.com >; 'Lauren Bell' < laurenb@mgpark.com >; Michael Fischer

(<u>MichaelF@mgpark.com</u>) < <u>MichaelF@mgpark.com</u>>; 'Michael Fischer' < <u>MichaelF@mgpark.com</u>>;

sdenitto@orlandoliveevents.com; 'tomv@obssales.com' <tomv@obssales.com>; Tana <tana@rutledge-ecenia.com>;

ajonas@casinofortpierce.com; 'richard.sukhu@caldercasino.com' < richard.sukhu@caldercasino.com >;

Susan.Flores@caldercasino.com; Lisa Sutor < Lisa.Sutor@gulfstreampark.com >; Sheri Holmes

<Sheri.Holmes@gulfstreampark.com>; Kim M. Gregoire (KMGregoire@tampabaydowns.com)

< KMGregoire@tampabaydowns.com >; pnberube@tampabaydowns.com; 'John Keenan'

<John.Keenan@islepompanopark.com>; 'Vincent Gatto' < Vincent.Gatto@islepompanopark.com>;

rosie@floridaharnessracing.com; 'Deb Giardina' <deborahg@bestbetjax.com>; 'Matt Kroetz' <MATTK@bestbetjax.com>;

'Adam Hlas' <adam.hlas@derbylane.com>; 'Michael Black' <michael.black@derbylane.com>; 'Pam Buzzetto'

<pam.buzzetto@derbylane.com>; 'Jack Collins, Jr.' <sarasotakennelclub@verizon.net>; 'Rhonda Lipp'

< < RLipp95@yahoo.com>; 'RyanCarter' < rcarterskc@gmail.com>; 'Beatrice Perez' < bperez@playcasinomiami.com>;

'Daniel Licciardi@playcasinomiami.com' <dlicciardi@playcasinomiami.com>; 'David Berman ' <david.berman@daniacasino.com>; 'Elisa' <Elisa.Festa@daniacasino.com>; 'Karen ' <karen.lopez@daniacasino.com>; 'Paul A. ' <pascolese@hialeahpark.com>; 'Paul S.' <pschlaffer@hialeahpark.com>; 'Darold Donnelly' <ddonnelly@betoxford.com>; 'Tony Mendola' <tmendola@betoxford.com>; 'Brandon Richards' <bra> <bra> <bra> <bra> <bra> Subject: Surety Bond

#### Greetings,

The majority of the Surety Bonds submitted this renewal period do not meet the requirements outlined in Florida Statute 550.125(3)(a) which states in part:

Each permitholder to which a license is granted under this chapter, at its own cost and expense, must, before the license is delivered, give a bond in the penal sum of \$50,000 payable to the Governor of the state and her or his successors in office, with a surety or sureties to be approved by the commission and the Chief Financial Officer, conditioned to faithfully make the payments to the Chief Financial Officer in her or his capacity as treasurer of the commission; to keep its books and records and make reports as provided; and to conduct its racing in conformity with this chapter.

If the Surety Bond you submitted is not payable to the Governor of the state of Florida, it does not meet this requirement, please contact the provider to update the information and submit the new bond at your earliest convenience.

Best,

La'Kesha Jelks



La'Kesha Jelks Operations Review Specialist Florida Gaming Control Commission Pari-Mutuel Wagering Phone: (850) 717-1095

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November 30, 2022

State of Florida Division of Pari-Mutuel Wagering Tallahassee, FL 32304

RE: Tampa Bay Downs, Inc. Quarter Horse Racing

Travelers Casualty and Surety Company of America

Pari-Mutuel Wagering Bond

Bond No.

#### Gentlemen:

The above referenced bond written effective 12/19/17 is continuous until canceled. A continuation certificate will be issued by the company and sent to Tallahassee prior to the anniversary date of December 19, 2023.

This bond will remain in effect until it is canceled either by the insured, the State or 30 days written notice is given to the State of Florida by the Surety Company. This bond covers each year's racing season and also includes coverage for the cardroom and a new bond is not required for each season.

If you have any questions, please feel free to contract our office.

Sincerely,

Mary Langley

Account Manager



#### Travelers Casualty and Surety Company of America Hartford, CT 06183

License No.

## CONTINUATION CERTIFICATE FIDELITY OR SURETY BONDS/POLICIES

| In consideration of \$1,000.00  | dollars renewal                | premium, the term of    | Bond/Policy No.           | in th             |
|---|--------------------------------|-------------------------|---------------------------|-------------------|
| amount of \$50,000.00   | , issued on behalf of T        | AMPA BAY DOWNS, II      | NC. QUARTER HORSE I       | RACING            |
| whose address is 11225 RACE   | TRACK ROAD, TAMPA, F           | L 33626                 |                           | F                 |
| in favor of Florida Departmen   | t of Business and Profession   | nal Regulation          |                           |                   |
| whose address is 1940 North N   | Aonroe Street, Division of Par | ri-Mutuel Wagering, TAL | LAHASSEE, FL 32399        |                   |
| in connection with Pari-Mutu  | el Wagering Bond               | i                       | s hereby extended to      | December 19, 2023 |
| subject to all covenants and  | conditions of said bond/       | policy.                 |                           |                   |
| payable thereunder. The agg<br>be exactly the same as, and r<br>expire on the date to which i | no greater than it would       | have been, if the said  |                           |                   |
| Signed, sealed and dated  | October 28, 2022               |                         |                           |                   |
|   | TIMO SURFICE                   | Travelers Casualty and  | d Surety Company of Ameri | ica               |
|   | HARTFORD, BY                   | y:                      |                           |                   |
|   | Name of the last               | Robert L. Raney, S      | Senior Vice President     |                   |



#### IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: www.travelers.com/w3c/legal/Producer\_Compensation\_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

## ATTACHMENT TO PERMITHOLDER APPLICATION FOR ANNUAL LICENSE AND OPERATING DATES (TAMPA BAY DOWNS, INC.)

11. The legal description of the land and location of the racetrack where the racing meet will be conducted is as follows:

The W 1/2 of the SW 1/4 of the NE 1/4; the NW 1/4; the N 1/2 of the SW 1/4; the N 1/2 of the S 1/2 of the SW 1/4; the W 1/2 of the of the NW 1/4 of the SE 1/4; the NW 1/4 of the SW 1/4 of the SE 1/4; in Section 18, Township 28 South, Range 17 East, Hillsborough County, Florida.



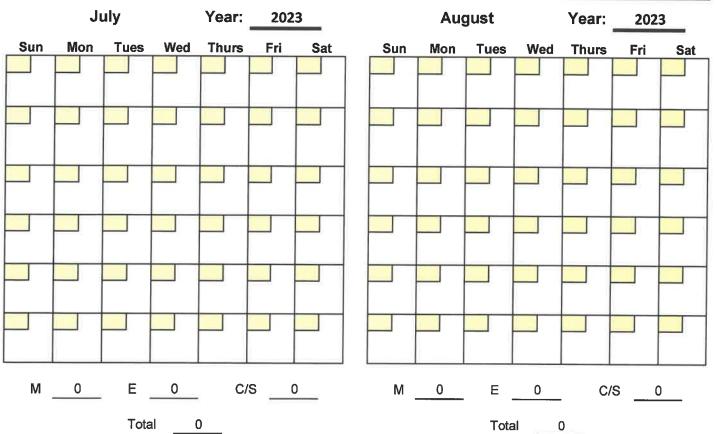
# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION DIVISION OF PARI-MUTUEL WAGERING www.myfloridalicense.com

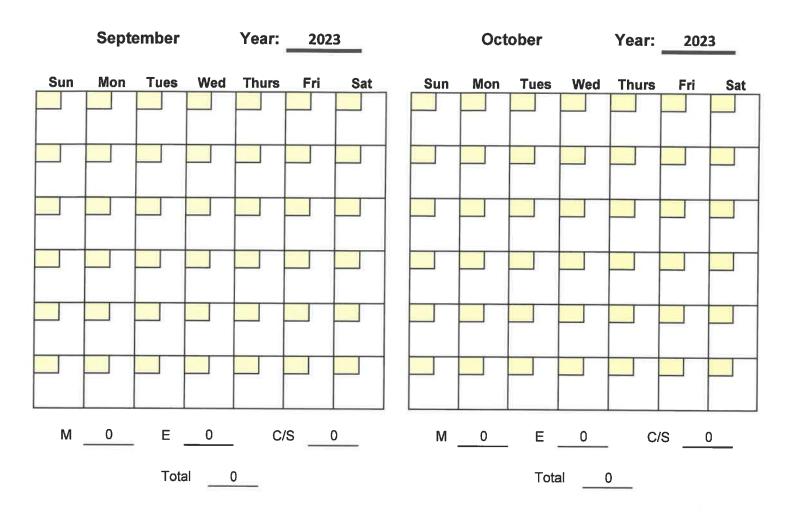


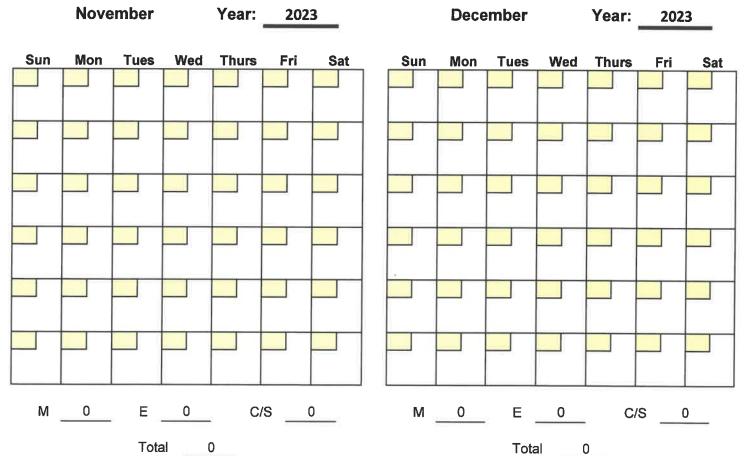
|  |                          |             | -20             |  |  |  |  |
|--|--------------------------|-------------|-----------------|--|--|--|--|
|  | PERMITHOLDER INFORMATION |             |                 |  |  |  |  |
| Name Tampa Bay Downs, Inc. Permit # 537  |                          |             |                 |  |  |  |  |
|  |                          | UCTIONS     |                 |  |  |  |  |
| Submit this form in conjunction with the form DBPR PMW-3060 – Permitholder Application for License and Operating Dates.  |                          |             |                 |  |  |  |  |
| Please do not overlook the cardroom section and the required application oath on page 4.   |                          |             |                 |  |  |  |  |
| Please fill in appropriate year, and date below and on the following pages. Using the letter code below, write the type of performance in each box. Fill in the total number of performances for each month. |                          |             |                 |  |  |  |  |
| LETTER CODES   |                          |             |                 |  |  |  |  |
| M = Matinee  | E = Evening              | C = Charity | S = Scholarship |  |  |  |  |

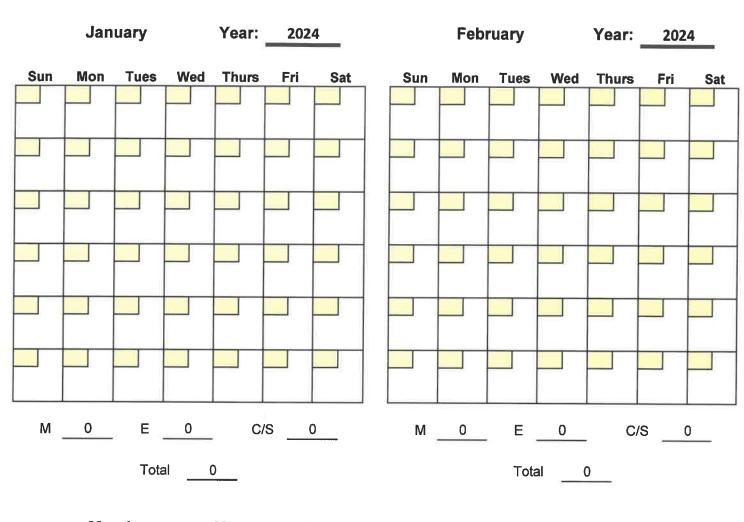
Example

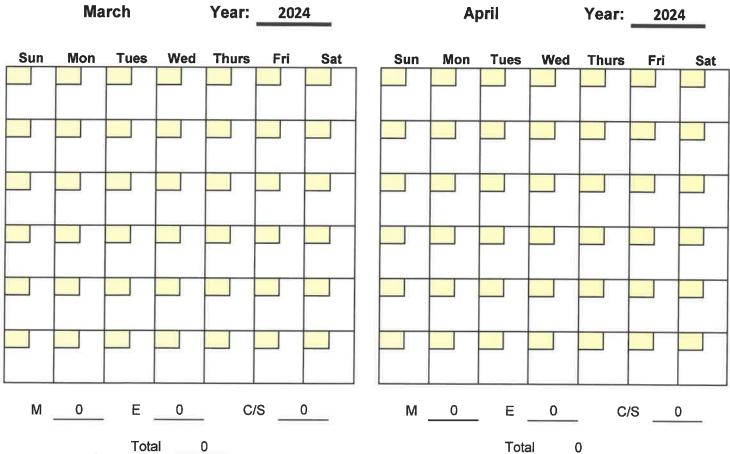
| 1 | 2<br>E | M<br>E | M M | S<br>M | 6<br>C<br>E | C<br>E |
|---|--------|--------|-----|--------|-------------|--------|
| 8 | 9<br>M | 10     | 11  | 12     | 13          | 14     |

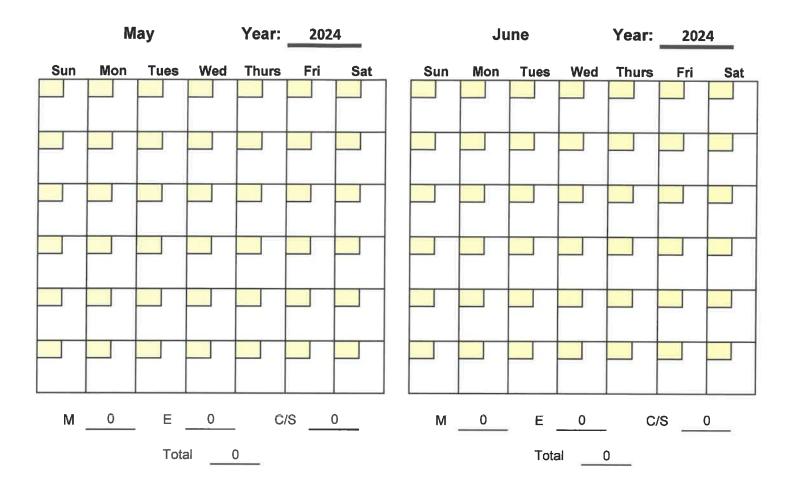












| CARDROOM OPERATORS ONLY      |        |           |               |          |        |          |  |  |  |
|------------------------------|--------|-----------|---------------|----------|--------|----------|--|--|--|
| Hours of Cardroom Operations |        |           |               |          |        |          |  |  |  |
| Sunday                       | Monday | Tuesday   | Wednesday     | Thursday | Friday | Saturday |  |  |  |
| _                            | _      | _         | _             | _        | _      | _        |  |  |  |
|                              | _      | Displayer |               | _        | _      | _        |  |  |  |
| Year Round?                  | ☐ Yes  | ☐ No      | If No, Dates: |          |        |          |  |  |  |

| 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. |                      |  |                            |  |  |  |  |  |
| Stella Thayer  | President            | Willer Thayer  | Downly 13 2022             |  |  |  |  |  |
| Name (Please Print)  | Title (Please Print) | Signature  | Date                       |  |  |  |  |  |
| State of Florida, County of Hillsbo: Sworn to (or affirmed) and substantial thayer  Stella Thayer  Notary Public My Commission Expires:  |                      | Notary Public State of Florida Rosanne M Watson My Commission HH 029126 Expires 11/27/2024 | llowing as identification: |  |  |  |  |  |



#### State of Florida

## Department of Business and Professional Regulation Chronology Report

Case #: 2023001487

Incident date: 12/16/2022

Status: 10 - Initial Review

Lic Type:

1001

Disposition:

Case Type: (

Complaint

Responsible: ljelks - JELKS, LA'KESHA

Complainant:

TAMPA BAY DOWNS, INC.

POST OFFICE BOX 2007, OLDSMAR, FL 34677

Respondent:

FGCC, PARI-MUTUEL WAGERING

2601 BLAIR STONE ROAD, TALLAHASSEE, FL 32399

Summary:

2023/2024 OPERATING RENEWAL APPLICATION Tampa Bay Downs (QHRS537)

Chronology:

| Effective Date | Туре | Lic Type | Code   | Description     | Responsible Party | Respondent |
|----------------|------|----------|--------|-----------------|-------------------|------------|
| 01/09/2023     | R    |          | ljelks | JELKS, LA'KESHA | ljelks            | _          |
| 01/09/2023     | s    | 1001     | 10     | Initial Review  | ljelks            |            |