

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

www.myfloridalicense.com

Permitholder			Fiscal Year Ending	
(1) BALANCE FORWARDED				\$
	Performance Date	Deposit Date		Amount
FUNDS DEPOSITED				
(Retired Jai-Alai				
Players' Charity Days)				
	-			
	-			
(2) TOTAL FUNDS DEPOSITED				\$
(3) TOTAL INTEREST EARNED				\$
(4) TOTAL AVAILABLE FOR DISBURSEMENT [Add lines (1),(2), and (3)]				
(5) DISBURSEMENTS (See number 1. below)				(
(6) FUND BALANCE AT END OF PERIOD [Line (4) less line (5)]				\$
REQUIRED ATTACHMENTS				
Detailed list of disbursements must include recipient name, address, date of check and check amount.				
2. Attach list of current year retirement commitments to be paid in the future including recipient name, address and amount.				
3. Copy of bank statement that reflects fund balance for end of period reported.				
		,		
				_
Secretary, Retired Jai-Alai Players' Association Date			į	