



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2011	2012	2013	2014	2015
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<u>-0-</u> <i>See below</i>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes \_\_\_\_\_ No \_\_\_\_\_

Budget Account No: Fund \_\_\_\_\_ Dept \_\_\_\_\_ Unit \_\_\_\_\_ Object \_\_\_\_\_  
 Program \_\_\_\_\_

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

*No* No Fiscal Impact

C. Departmental Fiscal Review: \_\_\_\_\_ *W 6/3/11*

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Development Comments:**

OFMB *[Signature]* 6/7/11  
*OC 6/7/11*  
*SW 6/7/11*  
*6/14/11*

*[Signature]* 6/9/11  
 Contract Development and Control

**B. Legal Sufficiency:**

*[Signature]* 6/9/11  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

**This summary is not to be used as a basis for payment.**

40

LOXAHATCHEE WILDLIFE REFUGE

10

SOUTH COUNTY REGIONAL

T47

41

OSPREY POINT GOLF COURSE

- 1 WOODSONG CT
- 2 TIMBERWOOD RD
- 3 COUNTRY CHASE BLVD
- 4 WOODGATE MANOR
- 5 WOODTONES LN

14

GLADES

1961 RD

7

42

22

23

BOCA WOODS GOLF COURSE

- 1 CLEAR CREEK PL
- 2 COUNTRY SOUND CT
- 3 WHISPER SOUND DR
- 4 WHISPER LAKE WY
- 5 NEW VILLAGE PL

T47

LOCATION MAP

ATTACHMENT # 1



**FIRST AMENDMENT TO  
CONCESSIONAIRE SERVICE AGREEMENT**

**THIS FIRST AMENDMENT TO CONCESSIONAIRE SERVICE AGREEMENT** ("First Amendment") is made and entered into \_\_\_\_\_, by and between **PALM BEACH COUNTY**, a political subdivision of the State of Florida, hereinafter referred to as "County", and **DH2, Inc.**, a Florida corporation, hereinafter referred to as "Concessionaire".

**WHEREAS**, County and Concessionaire entered into that certain Concessionaire Service Agreement dated September 14, 2010 (R2010-1408) (the "Agreement") for operation of a food service concession within South County Regional Park, 12551 C Glades Road, Boca Raton, Florida; and

**WHEREAS**, the parties wish to delete certain language from the Agreement.

**NOW, THEREFORE**, in consideration of the premises and mutual covenants and conditions contained herein, County and Concessionaire agree as follows:

1. The foregoing recitals are true and correct and incorporated herein by reference. Terms not defined herein shall have the same meaning as in the Agreement.
2. The following language is hereby deleted in its entirety from Section 4.02(d) of the Agreement:

Without changing the contract price for the food and beverages included in the golf packages, each invoice for payment shall be subject to the Inspector General fee of 0.25%, where applicable, to defray costs of the Office of the Inspector General in accordance with Ordinance No. 2009-049, as may be amended.

3. The following language is hereby deleted in its entirety from Section 18.21 of the Agreement:

Where applicable, the cost of the Office of the Inspector General shall be incorporated into the contract price of all contracts and shall be one quarter (1/4) of one (1) percent of the contract price.

4. This First Amendment shall become effective when signed by all parties and approved by the Palm Beach County Board of County Commissioners.

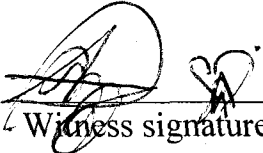
5. Except as modified by this First Amendment, the Lease remains unmodified and in full force and effect and the parties hereby ratify, confirm, and adopt the Lease, as amended, in accordance with the terms thereof.

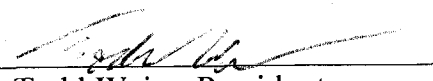
IN WITNESS WHEREOF, the parties hereto have duly executed this First Amendment as of the day and year first above written.

WITNESS:

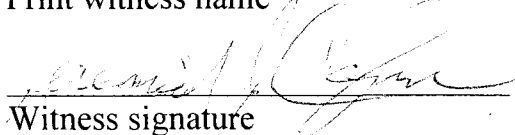
CONCESSIONAIRE:

DH2, Inc., a Florida corporation

  
Witness signature

By:   
Todd Weiss, President

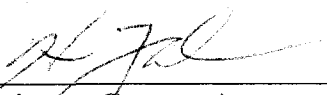
LINDA FERNANDEZ  
Print witness name

  
Witness signature

(SEAL)

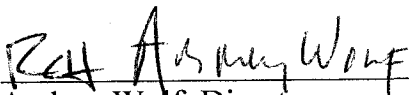
JENNIFER J. COYNE  
Print witness name

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

By:   
Assistant County Attorney

**COUNTY:**

PALM BEACH COUNTY, a political  
subdivision of the State of Florida, by its  
Director of Facilities Development &  
Operations

By:   
Audrey Wolf, Director

\\FDO-FS\common\PREM\PM\In Lease\Parks - Osprey Point Golf Food Service\First Amendment\Amend.001.HF  
app.020111.rev.HF app.docx





# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
11/02/2010

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY The Plastridge Agency-PBGO 10337 N Military Trail Palm Beach Gardens, FL 33410 Keith Charlton		PHONE (A/C, No, Ext): 561-630-4955	COMPANY MSA Insurance Company	
FAX (A/C, No): 561-630-4966	E-MAIL ADDRESS:			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: DRAFT-1		LOAN NUMBER		POLICY NUMBER
INSURED DH2, Inc. 9858 Glades Road #119 Boca Raton, FL 33434				BPG1419C
EFFECTIVE DATE 10/15/10		EXPIRATION DATE 10/15/11		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

### PROPERTY INFORMATION

LOCATION/DESCRIPTION  
12551 C Glades Rd  
Boca Raton, FL 33498

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

### COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Premise 1 Building 1 R/C Special Business Personal Property 5% W/HAIL Business Income w/Extra Exp 6 MONTHS - ALS	12500	500.00
2 Golf Carts - Policy # TBD 10/15/10-11	7500	500.00

### REMARKS (Including Special Conditions)

### CANCELLATION



SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

### ADDITIONAL INTEREST

NAME AND ADDRESS  Palm Beach Board of County Commissioners 2700 Sixth Avenue Lake Worth, FL 33461	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE 		



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DIVISION OF CORPORATIONS**

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### Detail by Entity Name

**Florida Profit Corporation**

DH2, INC.

**Filing Information**

Document Number P00000007714  
 FEI/EIN Number 650975783  
 Date Filed 01/24/2000  
 State FL  
 Status ACTIVE

**Principal Address**

8111 GOLF COURSE ROAD  
 BOCA RATON FL 33434  
 Changed 09/23/2009

**Mailing Address**

9858 GLADES ROAD  
 #119  
 BOCA RATON FL 33434  
 Changed 03/10/2010

**Registered Agent Name & Address**

WEISS, TODD  
 12551 GLADES ROAD  
 BOCA RATON FL 33498  
 Address Changed: 02/17/2011

**Officer/Director Detail**

**Name & Address**

Title PRES

WEISS, TODD  
 8111 GOLF COURSE ROAD  
 BOCA RATON FL 33434

**Annual Reports**

Report Year	Filed Date
2009	09/23/2009
2010	03/10/2010
2011	02/17/2011

**Document Images**

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04/12/2001 -- ANNUAL REPORT	<a href="#">View image in PDF format</a>
01/24/2000 -- Domestic Profit	<a href="#">View image in PDF format</a>

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State of Florida, Department of State

**2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000007714

**FILED  
Feb 17, 2011  
Secretary of State**

**Entity Name:** DH2, INC.

**Current Principal Place of Business:**

8111 GOLF COURSE ROAD  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

9858 GLADES ROAD  
#119  
BOCA RATON, FL 33434

**New Mailing Address:**

FEI Number: 65-0975783      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEISS, TODD  
22191 POWERLINE ROAD  
SUITE 1A  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

WEISS, TODD  
12551 GLADES ROAD  
BOCA RATON, FL 33498 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TODD WEISS      02/17/2011  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WEISS, TODD  
Address: 8111 GOLF COURSE ROAD  
City-St-Zip: BOCA RATON, FL 33434

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TODD WEISS      PRES      02/17/2011  
Electronic Signature of Signing Officer or Director      Date



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2013</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	_____	_____	_____	_____	_____
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____	_____

Is Item Included In Current Budget? Yes \_\_\_ No \_\_\_  
 Budget Account No.: Fund \_\_\_ Dept \_\_\_ Unit \_\_\_ Object \_\_\_

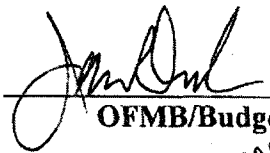
**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

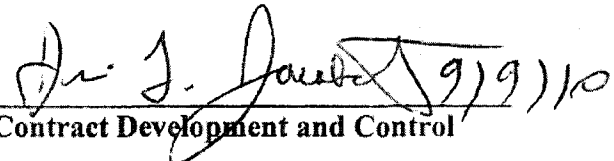
No Fiscal Impact.

**C. Departmental Fiscal Review:**

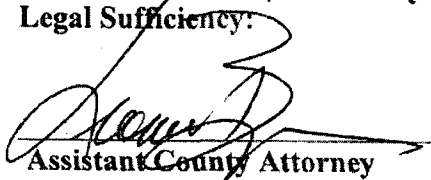
**III. REVIEW COMMENTS**

**A. OFMB Budget and/or Contract Dev. and Control Comments:**

  
 OFMB/Budget  
 mes 9/17/10  
 9/17/10

  
 Contract Development and Control

**B. Legal Sufficiency:**

  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

This summary is not to be used as a basis for payment.