

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY**

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<b>Meeting Date:</b> July 19, 2011	<input checked="" type="checkbox"/> <b>Consent</b>	<input type="checkbox"/> <b>Regular</b>	
	<input type="checkbox"/> <b>Ordinance</b>	<input type="checkbox"/> <b>Public Hearing</b>	

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**Department:** Facilities Development & Operations

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**I. EXECUTIVE BRIEF**

**Motion and Title:** Staff recommends motion to receive and file: a notice of exercise of the second option to extend the term of the Concessionaire Service Agreement (R2007-1109) with Brian E. Wilson and Jennifer G. Wilson, Joint Venture, d/b/a Lazy Loggerhead Café, for the continued use of the concession building at Carlin Park in Jupiter for \$70,191.51/year.

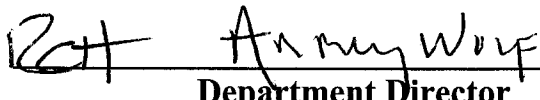
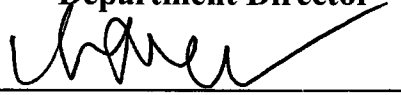
**Summary:** Brian E. Wilson and Jennifer G. Wilson, Joint Venture, d/b/a Lazy Loggerhead Café has operated under the current Concessionaire Service Agreement (Agreement) for the use of the concession building at Carlin Park in Jupiter since September 2007. The Lazy Loggerhead Café is now exercising the second of three (3) one (1) year extension options for the period of September 1, 2011, to August 31, 2012. The guaranteed annual rent will be increased by four percent (4%) from \$67,491.84 (\$5,624.32/month) to \$70,191.51 (\$5,849.29/month) effective September 1, 2011. The Parks and Recreation Department is satisfied with the Lazy Loggerhead Café's performance. The Board has no discretionary authority to deny the exercise of the option; however, the County may terminate this Agreement upon ninety (90) days written notice to the Lazy Loggerhead Café. State Statutes do not require a Disclosure of Beneficial Interest to be obtained when the County leases property to a tenant. Since the Statute does not require the Disclosure and as this is an exercise of an option to extend a previously approved agreement for which a Disclosure was obtained, Staff did not request a new Disclosure. **(PREM) District 1 (HJF)**

**Background and Justification:** The original Agreement was approved on July 10, 2007 (R2007-1109). The first option was exercised on July 20, 2010 (R2010-1115). Exercise of the second option will extend the term through August 31, 2012.

**Attachments:**

1. Location Map
2. Letter from Lazy Loggerhead Café dated April 5, 2011, exercising option
3. Budget Availability Statement

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<b>Recommended By:</b> 	6/21/11
Department Director	Date
<b>Approved By:</b> 	7/7/11
County Administrator	Date

## II. FISCAL IMPACT ANALYSIS

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

Fiscal Years	2011	2012	2013	2014	2015
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	<\$5,849 >	<\$64,342 >	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<\$5,849. >	<\$64,342. >	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes   X   No       

Budget Account No: Fund   0001   Dept   580   Unit   5405   Revenue   4729    
Source         
Sub Revenue   -03    
Source       

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

Current guaranteed annual rent of \$67,491.84 (\$5,624.32/month) will increase 4% to \$70,191.51 (\$5,849.29/month) for the 9/1/2011 – 8/31/2012 renewal option period.

### C. Departmental Fiscal Review: \_\_\_\_\_

## III. REVIEW COMMENTS

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

OFMB                      6/8/11  
ca 6/27/11  
6/28/11  
SN 4/29/11  
5/23/11

                     7/6/11  
Contract Development and Control  
7-6-11 B. W. Kuller

### B. Legal Sufficiency:

                     7/8/11  
Assistant County Attorney

### C. Other Department Review:

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

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

D

C

29

28

TEQUESTA

JUPITER  
INLET  
32 COLONY

33

JUPITER  
DUNES GOLF  
COURSE

JUPITER

04

05

- 1 AMBERJACK LN
- 2 SUNFISH LN
- 3 SEAHORSE LN
- 4 ANGELFISH LN
- 5 ALBACORE LN
- 6 BLUE FISH CIR
- 7 SPEARFISH LN
- 8 SANDPIPER CIR
- 9 W SANDPIPER CIR
- 10 E SANDPIPER CIR
- 11 SANDPIPER CIR
- 12 W TARPON LN
- 13 E TARPON LN
- 14 MAKO LN
- 15 BIRDFISH LN
- 16 GOLDFISH LN
- 17 BONEFISH CIR
- 18 BONEFISH CIR W
- 19 BONEFISH CIR
- 20 BONEFISH CIR E
- 21 BONEFISH CIR
- 22 W CORAL FISH LN
- 23 E CORAL FISH LN
- 24 RAINBOW FISH CIR
- 25 VIA PRIVADO

LOCATION MAP



5 April 2011

2700 6<sup>th</sup> Avenue South  
John Prince Park  
Lake Worth, Florida 33461

Dear John:

Please accept this letter as formal notice of our intent to renew our contract for an additional year, beginning September 1, 2011 through September 1, 2012 as per the original contract bid which was issued on September 1, 2007.

We have very much enjoyed working at the Lazy Loggerhead Café in Carlin Park and sharing in such a special relationship with Palm Beach County Parks & Recreation. We look forward to another year of continued success for both parties.

Warmest Regards,

  
Jennifer & Brian Wilson

## BUDGET AVAILABILITY STATEMENT

REQUEST DATE: 5/19/2011

REQUESTED BY: Steven K. Schlamp  
Property Spec./PREM

PHONE: 233-0239  
FAX: 233-0210

PROJECT TITLE: Carlin Park Food Concession Option 2 of 3

PROJECT NO.: 2011-5.012

Fiscal Years	2011	2012	2013	2014	2015
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	<\$5,849.29>	<\$64,342.19>	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<\$5,849.29>	<\$64,342.19>	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

**\*\* By signing this BAS your department agrees to these staff costs and your account will be charged upon receipt of this BAS by FD&O. Unless there is a change in the scope of work, no additional staff charges will be billed.**

### BUDGET ACCOUNT NUMBER

FUND: 0001

DEPT: 580

UNIT: 5405

Revenue Source

OBJ: 4729

SUB OBJ: Revenue Source -03

IS ITEM INCLUDED IN CURRENT BUDGET: YES X NO \_\_\_\_\_

### IDENTIFY FUNDING SOURCE FOR EACH ACCOUNT: (check all that apply)

- ☐ Ad Valorem (source/type: \_\_\_\_\_)  
☐ Non-Ad Valorem (source/type: \_\_\_\_\_)  
☐ Grant (source/type: \_\_\_\_\_)  
☐ Park Improvement Fund (source/type: \_\_\_\_\_)  
☐ General Fund ☐ Operating Budget ☐ Federal/Davis Bacon  
☐ \_\_\_\_\_ ☐ \_\_\_\_\_ ☐ \_\_\_\_\_

SUBJECT TO IG FEE?

☐ YES

☒ NO

Department: Parks & Recreation Department

BAS APPROVED BY: 

DATE: 5/31/11

ENCUMBRANCE NUMBER:



CERTIFICATE OF LIABILITY INSURANCE

LAZYL-1 OP ID: DP

DATE (MM/DD/YYYY)  
07/05/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).



PRODUCER Atlantic Pacific Insurance-PBG 11382 Prosperity Farms Rd #123 Palm Beach Gardens, FL 33410 James Newman	800-538-0487 561-626-3153	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : Old Dominion Insurance Co. INSURER B : Florida Retail Federation INSURER C : INSURER D : INSURER E : INSURER F :
INSURED Lazy Loggerhead Cafe 11518 Landing Place #D2 North Palm Beach, FL 33408		NAIC # 40231

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:			
THIS IS TO CERTIFY THAT 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 CERTIFICATE 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.							
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		BPG91204	08/28/10	08/28/11	EACH OCCURRENCE \$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	CLAIMS-MADE OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
A	X UMBRELLA LIAB			CUG91204	08/28/10	08/28/11	EACH OCCURRENCE \$ 3,000,000
	EXCESS LIAB						AGGREGATE \$ 1,000,000
	DED X RETENTION \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A	520-25942	09/25/10	09/25/11	X WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Section			BPG91204	08/28/10	08/28/11	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Certificate holder is additional insured regarding the restaurant operations of the insured.

CERTIFICATE HOLDER	CANCELLATION
Palm Beach County Board of County Commissioners Officers, Agents and Employees 2700 6th Ave. So. Lake Worth, FL 33461	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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### Fictitious Name Detail

#### Fictitious Name

LAZY LOGGERHEAD CAFE

#### Filing Information

Registration Number	G04126700126
Status	ACTIVE
Filed Date	05/05/2004
Expiration Date	12/31/2014
Current Owners	2
County	PALM BEACH
Total Pages	2
Events Filed	1
FEI/EIN Number	NONE

#### Mailing Address

11518 LANDING PLACE, APT D2  
NORTH PALM BEACH, FL 33408

#### Owner Information

WILSON, BRIAN E  
11518 LANDING PLACE D2  
NORTH PALM BEACH, FL 33408  
FEI/EIN Number: NONE  
Document Number: NONE

WILSON, JENNIFER G  
11518 LANDING PLACE D2  
NORTH PALM BEACH, FL 33408  
FEI/EIN Number: NONE  
Document Number: NONE

#### Document Images

05/05/2004 -- REGISTRATION	<input type="button" value="View image in PDF format"/>
06/15/2009 -- RENEWAL	<input type="button" value="View image in PDF format"/>

Note: This is not official record. See documents if question or conflict.

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State of Florida, Department of State

http://www.sunbiz.org/scripts/ficidet.exe?action=DETREG&docnum=G04126700126&rdo... 6/1/2011

FILE TO RENEW NOW:  
FICTITIOUS NAME WILL EXPIRE ON 12/31/09

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

APPLICATION FOR RENEWAL OF FICTITIOUS NAME

REGISTRATION # **G04126700126**

1. Name and Mailing Address

0031557 01 AV 0.335 \*\*AUTO H1 0 0606 33408-325942



LAZY LOGGERHEAD CAFE

11518 LANDING PLACE, APT D2

NORTH PALM BEACH FL 33408-3259

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

2. Mailing Address change if applicable:

Suite, Apt. #, etc.

City

State

Zip Code

FILED  
09 JUN 15 AM 5:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**G04126700126**

☐ CHECK HERE IF MAKING CHANGES

CR4E003 (3/09)

3. County of Principal  
Place of Business

**PALM BEACH**

4. Date Registered

**05/05/2004**

5. Certificate of Status Desired

☐ \$10 Additional Fee Required

AN OWNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

6. CURRENT OWNER (S)		7. ADDITIONS / CHANGES TO OWNERS	
DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE <b>WILSON BRIAN E</b> <b>11518 LANDING PLACE D2</b> <b>NORTH PALM BEACH FL 33408</b>	DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>G09000120791</b> <b>06/16/09 - 01048 - 003 - **50.00</b>
DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE <b>WILSON JENNIFER G</b> <b>11518 LANDING PLACE D2</b> <b>NORTH PALM BEACH FL 33408</b>	DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE <i>pd 6/23</i>	DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	DOCUMENT # FEI # NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

8. I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. I further certify that the names of individuals listed on this form do not qualify for an exemption contained in section 119, Florida Statutes. (At least one signature required)

Signature of Owner

Date

Email address: (to be used for future renewal notification)

*duke and jen@comcast.net*