

Agenda Item #: 3H-4

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

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<b>Meeting Date:</b>	<b>October 16, 2012</b>	<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 extension option of Concessionaire Service Agreement (R2010-1408) with DH2, Inc. for the operation of food and beverage services at Osprey Point Golf Course in South County Regional Park for \$6,489.60/year.

**Summary:** On September 14, 2010, the Board approved the Concessionaire Service Agreement with DH2, Inc. for use of a 183 SF snack bar, a portion of the exterior patio area at the clubhouse, and operation of mobile food and beverage carts on the golf course at Osprey Point Golf Course located in South County Regional Park. The minimum guaranteed annual rent is \$6,489.60/year with a per round fee of \$0.20 for each round of golf played during the preceding 12 months that exceeds 60,000 rounds. During the initial term the 60,000 per round threshold was not reached and is not expected to be surpassed during this option period. The initial term of the lease was for two (2) years, will expire on November 4, 2012, and included three (3) one (1) year extension options. Exercising this first option will extend the term to November 4, 2013. There remain two (2) one (1) year extension options. Pursuant to the Agreement, DH2 Inc. has the right to exercise its option and the Board has no discretionary authority to deny the exercise of the option. (PREM) District 5 (HJF)

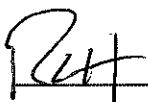
**Background and Justification:** On September 14, 2010, the Board approved the Concessionaire Service Agreement with DH2, Inc. On June 21, 2011, the Board approved the First Amendment (R2011-08970) which deleted reference to the Inspector General 0.25% fee. The Osprey Point Golf Course opened in November of 2010, with per round use of between 51,000 to 57,000 played annually over the past two years. Use during this 12 month extension period is not anticipated to exceed the 60,000 round threshold. This first extension option was exercised via letter received on June 12, 2012, from Todd Weiss, President, DH2, Inc. Exercise of this first extension option will extend the term through November 4, 2013. A Disclosure of Beneficial Interests, obtained when the Concessionaire Service Agreement was entered in September 2010, indicates that Todd Weiss holds 100% of the interest in DH2, Inc. Since there has been no change in the ownership of DH2, Inc., Staff did not request a new Disclosure.

**Attachments:**

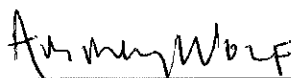
1. Location Map
2. Extension option request letter
3. Budget Availability Statement (if applicable)

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**Recommended By:**



**Department Director**



10/2/12

**Date**

**Approved By:**



**County Administrator**

10/16/12

**Date**

## II. FISCAL IMPACT ANALYSIS

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

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	(\$5,948.80)	(\$540.80)	(\$-0-)	(\$-0-)	(\$-0-)
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	(\$5948.80)	(\$540.80)	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

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

Budget Account No: Fund 1384 Dept 580 Unit 5258 Object 4729  
Program \_\_\_\_\_

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

No additional income for the \$0.20 per round fee in excess of 60,000 rounds played in the preceding 12 month period is included. \*Fiscal info provided by the Parks Department.

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

## III. REVIEW COMMENTS

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

OFMB [Signature] 9/27/12  
Contract Development and Control [Signature] 10/5/12  
10-5-12 Biohuel

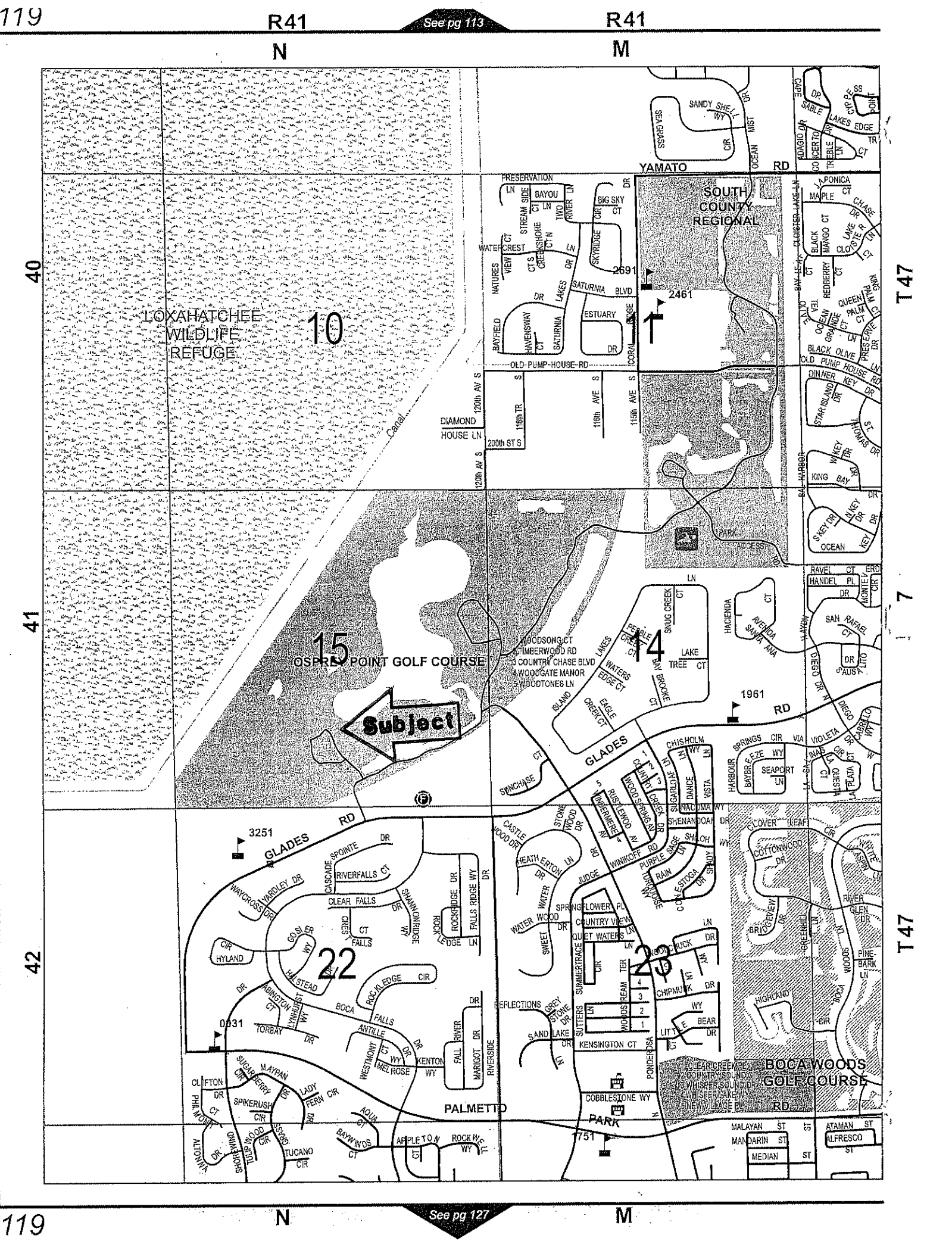
### B. Legal Sufficiency:

[Signature] 10/9/12  
Assistant County Attorney

### C. Other Department Review:

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

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



LOCATION MAP

2012-06-11 14:19

Lagoon Sports Bar

561-493-2553 >>

5612330210

P 1/1

Todd Weiss  
DH2 inc  
9858 Glades Road  
#119  
Boca Raton, Fl 33434  
June 10, 2012

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Parks and Recreation Department  
Attn: Director Parks Financial and Support Services  
John Prince Park  
2700 Sixth Avenue South  
Lake Worth, Fl 33461  
Fax 561-242-6930

To: Palm Beach County

Dh2 has chosen to exercise the first option to renew for an additional year to provide food and beverage service at Osprey Point Golf Course.

According to the terms of the contract I am sending this letter to the appropriate addresses as stated in section 18.03.

The staff and I look forward to another great year at Osprey Point Golf Course.

Sincerely,



Todd Weiss  
President  
DH2 inc.

RECEIVED

JUN 12 2012

## BUDGET AVAILABILITY STATEMENT

REQUEST DATE: 8/14/2012

REQUESTED BY: Richard C. Bogatin

PHONE: 561.233.0214

FAX: 561.233.0210

PROJECT TITLE: Osprey Point Concessionaire DH2 Inc., OPT 1 of 3

PROJECT NO.: 2012-5.018

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	(5948.80)	(540.80)	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	(5948.80)	(540.80)	_____	_____	_____
# 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: 1384

DEPT: 580

UNIT: 5258

OBJ: 4729

SUB OBJ:

IS ITEM INCLUDED IN CURRENT BUDGET: YES ☒ 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

BAS APPROVED BY:

[Signature]

DATE:

8/29/12

ENCUMBRANCE NUMBER:



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: AF

DATE (MM/DD/YYYY)  
08/14/12

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 The Plastridge Agency-PBGO 10337 N Military Trail Palm Beach Gardens, FL 33410 Keith Charlton		561-630-4955 561-630-4966	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: DRAFT-1	FAX (A/C, No):
INSURED DH2, Inc. Osprey Point Golf Course 12551 C Glades Rd Boca Raton, FL 33498		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: National Grange Mutual		
		INSURER B: Associated Industries Ins. Co.		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

## 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	BPG1419C	10/15/11	10/15/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BPG1419C BPG1419C	10/15/11 10/15/11	10/15/12 10/15/12	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	AWC1009099	08/02/12	08/02/13	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability		BPG1419C	10/15/11	10/15/12	Per Occur 1,000,000 Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Palm Beach County is named as an Additional Insured with respects General Liability as required by written contract subject to policy terms, conditions, and exclusions. RE: Location- Osprey Pointe Golf Course - 12551 C Glades Roads, Boca Raton, Fl

## CERTIFICATE HOLDER

## CANCELLATION

Palm Beach Board of County Commissioners  
2700 Sixth Avenue South  
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

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**ENTITY INFORMATION**

Full Legal Name of Entity: DH2, Inc

Entity Address: 12551 Glades Road, Boca Raton FL. 33498 Mailing Address 8111 Golf Course Road, Boca Raton, FL 33434

State of Incorporation/Formation: Florida

Type of Entity (Corp., Gen. or Ltd. Partnership, etc.): Florida Profit Corporation

Date Incorporated/Formed/Qualified to do Business: 01/24/2000

President: Todd Weiss Vice President: N/A

Secretary: N/A Treasurer : N/A

Directors/General Partner/Partners/Members: N/A

Active:

YES X

NO \_\_\_\_\_

Florida Corporation:

Qualified to do Business in Florida:  
(only applicable to Non-Florida Entities)

YES X

NO \_\_\_\_\_

YES \_\_\_\_\_

NO \_\_\_\_\_

Comments: Per Ross, no need to obtain updated DBI, and provided language for Agenda Item.



OP ID: AF

**EVIDENCE OF PROPERTY INSURANCE**DATE (MM/DD/YYYY)  
08/14/2012

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 DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

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		
INSURED  The Draft House/DH2 DH2 Inc 9858 Glades Road #119 Boca Raton, FL 33434	LOAN NUMBER	POLICY NUMBER BPG1419C
	EFFECTIVE DATE 10/15/11	EXPIRATION DATE 10/15/12
		<input checked="" 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 BPP 5% W/HAIL B/EE 6 MONTHS	12500	500

**REMARKS (Including Special Conditions)**

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**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**ADDITIONAL INTEREST**

NAME AND ADDRESS  Palm Beach Board of County Commissioners 2700 Sixth Avenue Lake Worth, FL 33461	MORTGAGEE LOSS PAYEE	ADDITIONAL INSURED
	LOAN #	
	AUTHORIZED REPRESENTATIVE 	



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<a href="#">No Events</a>	<a href="#">No Name History</a>	<input type="button" value="Submit"/>			
<b><u>Detail by Entity Name</u></b>					
<b><u>Florida Profit Corporation</u></b>					
DH2, INC.					
<b><u>Filing Information</u></b>					
Document Number P00000007714					
FEI/EIN Number 650975783					
Date Filed 01/24/2000					
State FL					
Status ACTIVE					
<b><u>Principal Address</u></b>					
8111 GOLF COURSE ROAD BOCA RATON FL 33434					
Changed 09/23/2009					
<b><u>Mailing Address</u></b>					
9858 GLADES ROAD #119 BOCA RATON FL 33434					
Changed 03/10/2010					
<b><u>Registered Agent Name &amp; Address</u></b>					
WEISS, TODD 12551 GLADES ROAD BOCA RATON FL 33498					
Address Changed: 02/17/2011					
<b><u>Officer/Director Detail</u></b>					
<b><u>Name &amp; Address</u></b>					
Title PRES					
WEISS, TODD 8111 GOLF COURSE ROAD BOCA RATON FL 33434					
<b><u>Annual Reports</u></b>					
<b>Report Year Filed Date</b>					
2010 03/10/2010					
2011 02/17/2011					
2012 04/20/2012					
<b><u>Document Images</u></b>					

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<a href="#">01/24/2000 -- Domestic Profit</a>	<a href="#">View image in PDF format</a>

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State of Florida, Department of State

## **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000007714

Entity Name: DH2, INC.

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**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  
12551 GLADES ROAD  
BOCA RATON, FL 33498 US

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

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: \_\_\_\_\_

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

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date