

(FOR STAFF USE ONLY)

REQUEST FOR ZONING COMPLIANCE
FOR APPLICATION FOR
ALCOHOLIC BEVERAGE LICENSE

Consumption On Premises
 Consumption Off Premises

Applicants Name ROBERT + GAIL CONIDARIS
Business Name LAWI KAI ISLAND RESORT
Location Address 1400 ESTERO BLVD. FT. MYERS BCH. FL. 33931
Mailing Address SAME
Phone No. 813-463-3111
Strap No. S 19 T 46 R 29 A 07 P GOOD COZO
Zoning C1

Hearing for Special Exception Yes No

If Yes, what is the Hearing No.? _____

and Resolution No.? _____

(Attach Copy of Resolution)

If No, the applicant must submit sufficient documentation to
prove legality of non-conforming C.O.P.

(0106)

STATE OF FLORIDA
DEPARTMENT OF BUSINESS REGULATION
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Section I

1. TYPE OF APPLICATION: Check Appropriate Box(es)

- New
- New - Temporary
- Transfer
- Transfer - Temporary
- Increase in Series
- Decrease in Series
- Change in Series
- Change of Location
- Change of Location - Temporary
- Change of Business Name
- Change of Officers
- Correction
- Other _____

2. Current Business Name: Louis Hain Island Resort
 Current Location Address: 1400 Estero Blvd
 Current License Number: 46-003565 Current Series: 4COP

3. TYPE OF APPLICANT: Check Appropriate Box and List Charter Number, if Applicable

- Individual
- Partnership
- Corporation
- Limited Partnership
- Charter Number _____

4. Applicant's Full Name: Jesse Ann Condaris
 Business Name: Louis Hain Island Resort
 Location Address: 1400 Estero Blvd St Myers Fla 33931
Street Number City County Zip
 Mailing Address: 1400 Estero Blvd St Myers Fla 33931
Street Number City State Zip

5. Type of License Desired: (Series 4COP) If you are an applicant for a special or club alcoholic beverage license the following must also be completed:
 The special liquor license is issued pursuant to _____ Florida Statutes or Special Acts, and as such we acknowledge the following minimum requirements must be met and maintained:

6. List below names not listed above for all those connected directly or indirectly in the business for which the license is sought: (This includes Partner(s), Spouse, Director(s), Stockholder(s), Corporate Officer(s), Limited or General Partner(s), Corporation(s), or any form of entity which is connected with this business. Attach extra sheets if necessary).

A. Corporation:		NAME	INTEFEST
1. President:	_____		Stock %
2. Vice President:	_____		Stock %
3. Secretary:	_____		Stock %
4. Treasurer:	_____		Stock %
5. Stockholder:	_____		Stock %
B. Limited Partnership:			
1. Limited Partner:	_____		%
2. General Partner:	<u>100% ownership by the Entrepreneur</u>		
C. Direct Interest:	_____		%
Direct Interest:	_____		%
D. Indirect Interest:	_____		%
Indirect Interest:	_____		%

SECTION II

1. SALES TAX: To be completed by the Department of Revenue.

Certification by Florida Department of Revenue:

Please review the records of your Department for the current status of the aforementioned account. The Division of Alcoholic Beverages and Tobacco of the Department of Business Regulation needs this information in order to process this application.

Neal Va. Vint
(Owner or Authorized Signature)

This is to certify that this account is in good standing.

By: Donna Winters
Title: Collection Specialist II
Date: 3-9-89

Department of Revenue
APPROVED BY
DEPARTMENT OF REVENUE
D. Winters

2. ZONING: To be completed by the Local Zoning Authorities.

The above location () Does Comply () Does Not Comply with zoning requirements for the sale of alcoholic beverages pursuant to this application. If this premises is located within the limits of an incorporated municipality, indicate the name, and if not indicate the county.

Signed: Bryan J. Lelme Title: Principal Planner
If City: _____ If County: Lee Co.
Change of Name (Name) 03-10-89 (Name)

3. HEALTH: To be completed by the State/County Health Authority.

The above establishment () Does Comply () Does Not Comply with requirements of the Florida Sanitary Code. 1/24/89

Signed: David J. Lelme Date: 3/9/89
Sanitarian/County Health Department

4. RIGHT OF OCCUPANCY:

	YES	NO
A. Is the proposed premises other than a permanent structure, movable or able to be moved?		X
B. Is the proposed premises located in a shopping center, shopping mall, or office building?		X
C. Is the premises occupied by anyone other than as listed on this application?		X
D. Is there any access through the premises to any area over which you do not have dominion and control?		X
E. Does applicant have a legal right of occupancy to the premises? . . .	X	
F. Does applicant own the property?	X	
G. Does applicant rent, lease or sublease the property?		X
H. If answer to G. is yes, is anyone else listed as lessee or sublessee who is not on the application?		

I. If applicant rents, leases or subleases give the following:
Name of landlord: _____
Address of landlord: _____
How long is agreement for and what is the landlord paid as rent?: _____

5. FEDERAL EMPLOYER'S IDENTIFICATION NUMBER: Complete A., B., or C.

A. Federal Employer's Identification Number 59-1786887

B. Not required ()

C. Not Available () I will submit to your agency as soon as possible.

SECTION III

These questions must be answered about this business for every person or entity listed. Copies of agreements and documentation to support the financial arrangements must be submitted with this application.

- | | YES | NO |
|--|-----|----|
| 1. Is there a management contract or service agreement in connection with this business? | / | / |
| 2. Are there any agreements which require a payment of a percentage of gross or net receipts from the business operation? | / | / |
| 3. Does anyone hold a mortgage or security agreement for this business? | / | / |
| 4. Have you or anyone listed on this application borrowed money from or accepted money, equipment, fixtures, or anything of value from an owner or representative of a distiller, rectifier, blender, bottler, manufacturer, brewer, distributor, exporter, importer or retailer or secured a loan from any source connected with the alcoholic beverage industry? | / | / |
1. Is there a management contract or service agreement in connection with this business?
 2. Are there any agreements which require a payment of a percentage of gross or net receipts from the business operation?
 3. Does anyone hold a mortgage or security agreement for this business?
 4. Have you or anyone listed on this application borrowed money from or accepted money, equipment, fixtures, or anything of value from an owner or representative of a distiller, rectifier, blender, bottler, manufacturer, brewer, distributor, exporter, importer or retailer or secured a loan from any source connected with the alcoholic beverage industry?
 5. List the total investment: \$ _____
 A. Total cash invested: \$ _____
 B. Total loans invested: \$ _____
 6. If purchasing the business, what is the total purchase price? . . \$ _____
 7. List the names of all persons, firms or corporations that have or will advance any money for the operation of this business or that hold any mortgage or security agreement against this business or have the right or ability to receive money from the business.

NAME	TYPE OF LOAN	AMOUNT OF LOAN

FOR DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO USE ONLY

CENTRAL OFFICE USE ONLY

DISTRICT OFFICE DATE STAMP

AFFIDAVIT OF APPLICANT(S)

"I, the undersigned individual, or if a corporation for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such I hereby swear or affirm that the attached sketch or blueprint is substantially a true and correct representation of the premises to be licensed and agree that the place of business, if licensed, may be inspected and searched during business hours or at any time business is being conducted on the premises without a search warrant by Officers of the Division of Alcoholic Beverages and Tobacco, the Sheriff, his Deputies, and Police Officers for purposes of determining compliance with the beverage law.

"I swear under oath or affirmation under penalty of perjury as provided for in 559.791, 562.45, and 837.06, Florida Statutes, that the foregoing information is true to the best of my knowledge and that no other person or entity except as indicated herein has an interest in the alcoholic beverage license or business for which these statements are made and that all of the above listed persons or entities meet the qualifications necessary to hold an interest in an alcoholic beverage license."

STATE OF FLORIDA

County of _____

(Applicant)

Sworn to and subscribed before me
this _____ day of _____, 19__.

(Applicant)

Notary Public

My Commission Expires _____

AFFIDAVIT OF SELLER(S)

"I, the undersigned, hereby swear or affirm that I am duly authorized to make this affidavit and do hereby consent, on my behalf or on behalf of the seller, to the above transfer, and represent to the Division of Alcoholic Beverages and Tobacco that the license which is being transferred is as shown in the application and that a bona fide sale in good faith has been made to the within applicant of the business for which the foregoing transfer of license is sought."

STATE OF FLORIDA

County of _____

(Seller or Authorized Officer)

Sworn to and subscribed before me
this _____ day of _____, 19__.

(Seller or Authorized Officer)

Notary Public

My Commission Expires _____

SKETCH OF LICENSED PREMISES

DEPARTMENT OF BUSINESS REGULATION
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
PERSONAL QUESTIONNAIRE

FULL NAME: (Do Not Use Initials) <i>Miss Ann Condon</i>		Social Security Number: <i>053-26-6659</i>	Date of Birth: <i>6/29/33</i>	Age: <i>55</i>
Place of Birth: <i>Rochester, NY</i>	Race: <i>W</i>	Sex: <i>F</i>	Home Phone Number: <i>813-433-2861</i>	
Current Residence Address:			Business Phone: <i>813-463-3111</i>	

Are you a citizen of the United States? Yes () No ()
If the answer is no, complete the following:
Have you legally entered this country? Yes () No ()

Alien Registration Number: _____ Country of Origin: _____
TRADE NAME OF BUSINESS TO BE LICENSED: _____ BUSINESS ADDRESS: (Number, Street, City)

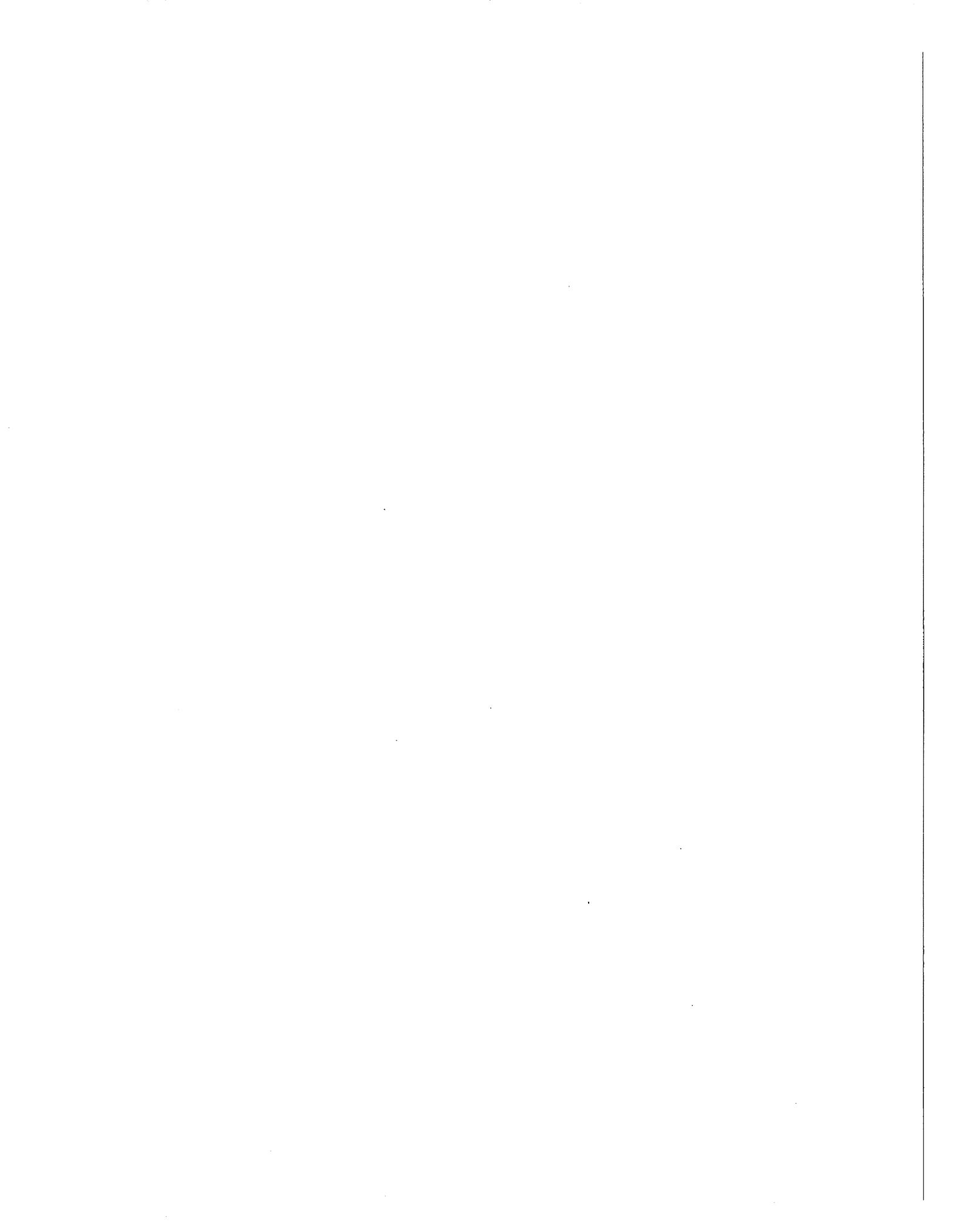
Louis Hain Island Resort *1400 Estero Blvd - St. Augustine*

LIST EMPLOYMENT FOR PAST FIVE YEARS - INCLUDE ANY PERIOD OF UNEMPLOYMENT

Period		JOB TITLE	EMPLOYER'S NAME & ADDRESS WITH ZIP CODE INCLUDE SELF EMPLOYMENT
FROM	TO		
		<i>Housewife</i>	

Have you ever been in this state, any other state, by the United States or by any foreign country:	YES	NO
1. Arrested, charged or convicted of any violation of the law excluding minor traffic violations?		<input checked="" type="checkbox"/>
2. Have you in the past or presently, individually or as an officer of a corporation:		<input checked="" type="checkbox"/>
a. Held, or had an interest in a beverage license or cigarette permit?		<input checked="" type="checkbox"/>
b. Been denied a beverage license or cigarette permit?		<input checked="" type="checkbox"/>
c. Had a beverage license or cigarette permit revoked?		<input checked="" type="checkbox"/>
d. Held stock or had any interest in, affiliated or connected with, directly or indirectly any business which manufactures, distributes, imports, exports or sells at retail any alcoholic beverages?		<input checked="" type="checkbox"/>
3. Are you an official with state police powers granted by the Florida Legislature?		<input checked="" type="checkbox"/>

If answer to any of these questions is YES, list full particulars which include charge(s), date and place of arrest(s), arresting agencies, whether convicted and give business name(s), city(ies), state(s) and date(s). (Attach extra sheets if necessary.)



24-46-23-W3-00017.0000

1028 Estero Blvd

Top O' Mast

Nothing Found

19-46-24-W4-0070B.0110

1668 I Street

Beach Pub

(FOR STAFF USE ONLY)

REQUEST FOR ZONING COMPLIANCE
FOR APPLICATION FOR
ALCOHOLIC BEVERAGE LICENSE

Consumption On Premises
 Consumption Off Premises **2APS**

Applicants Name Michael S. Burney
Business Name The Shop
Location Address 1668 I ST. Ft Myers Bldg FL33931
Mailing Address Same
Phone No. 765-4403
Strap No. S 19 T 46 R 24 A 07 P 0000B.0110
Zoning C-1

Hearing for Special Exception _____ Yes No

If Yes, what is the Hearing No.? _____

and Resolution No.? _____

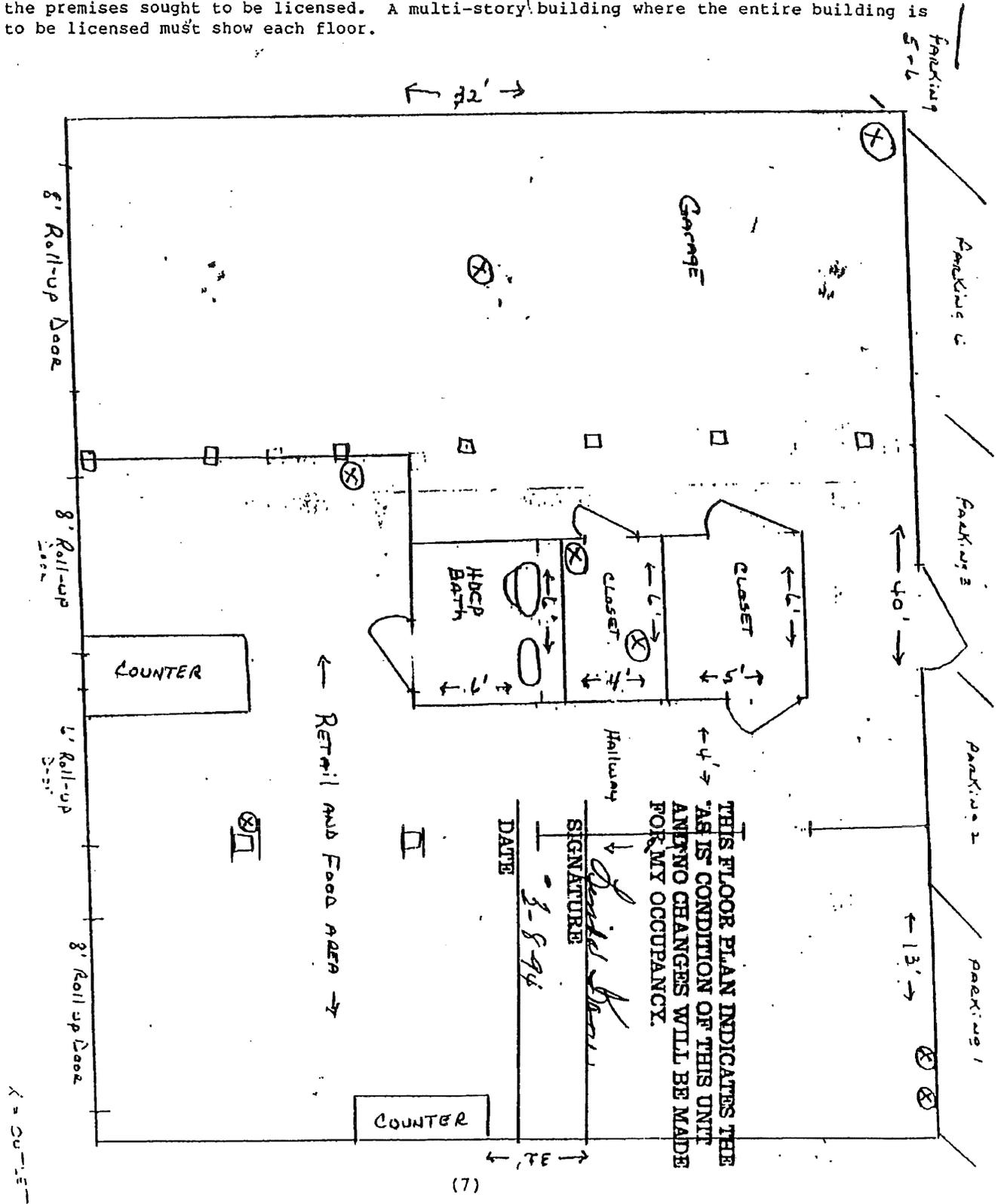
(Attach Copy of Resolution)

If No, the applicant must submit sufficient documentation to prove legality of non-conforming C.O.P.

(0106)

SKETCH OF LICENSED PREMISES

Sketches should be drawn in ink and include all walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises sought to be licensed. A multi-story building where the entire building is to be licensed must show each floor.





STATE OF FLORIDA
Department of Business and Professional Regulation

Division of Alcoholic Beverages and Tobacco

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
AND CIGARETTE PERMIT

SECTION I

BUSINESS TELEPHONE # (813) 765-4403

TYPE OF LICENSE/PERMIT DESIRED: Check Appropriate Boxes

- Alcoholic Beverage License
- Cigarette Permit

TYPE OF APPLICATION: Check Appropriate Boxes

- New
- Change of Location
- Change of Business Name
- New - Temporary
- Temporary
- Change of Officers/ Stockholders
- Transfer
- Change in Series
- Correction _____
- Transfer - Temporary
- Decrease in Series
- Other _____
- Change of Location
- Increase in Series

TYPE OF APPLICATION: Check Appropriate Box and List Charter Number, If Applicable

- Individual
- Partnership
- Corporation
- Limited Partnership
- Charter Number _____

1. Applicant's Full Name: Michael S. Burney
2. Business Name: The Shop
3. Location Address: 1668 E st. Ft Myers Bch FL 33931
Street City State Zip
4. Mailing Address: Same
Street City State Zip

If application is for a NEW license/permit, questions 5-8 are not applicable.

5. Current Owner's Name: _____
6. Current Business Name: _____
7. Current Location Address: _____
Street City State Zip
8. License/Permit Number: _____ Current Series: _____
9. Series of License/Permits Desired: (2 A.P.S.) AND (_____).

10. Complete the following if you are an applicant for a quota, special or club alcoholic beverage license. The license is issued pursuant to _____, Florida Statutes or Special Acts, and as such we acknowledge the following minimum requirements must be met and maintained:

SECTION III

1. SALES TAX:

Applicant Name: _____

Business Name: _____

A. Disclosure Authorization. Section A is to be Completed By Owner Only if Transfer of Alcoholic Beverage License.

I hereby authorize the Department of Revenue to release to the aforementioned applicant and to the Division of Alcoholic Beverages and Tobacco the current status of my account # _____

STATE OF _____
COUNTY _____

Owner or Authorized Corporate Officer
(Signature Must be Notarized)

The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this _____ Day of _____, 19_____
BY _____, who is () personally known to me OR () who produced
_____ as identification

Notary Public

B. Disclosure Authorization. Section B is to be Completed by Department of Revenue.

1. This is to verify that the current owner as named in this application has filed all returns and that all outstanding billings and returns have been paid through the period ending N/A or the liability has been acknowledged and agreed to be paid by the applicant. This verification does not constitute a certificate as contained in Section 212.10 (1), F.S. (Not applicable if no transfer involved).
2. Furthermore, the named applicant for an Alcoholic Beverage License has complied with Florida Statutes concerning registration for Sales and Use Tax, and has paid any applicable taxes due.

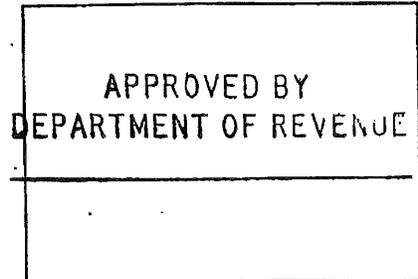
Gloria O'Connell

(Signed)
CS II

(Title)
4-22-94

(Date)

DEPARTMENT OF REVENUE STAMP



SECTION IV (Note: THE DIVISION DOES NOT REQUIRE THAT ITEMS 1 - 3 BE COMPLETED IN ORDER)

Business Name: _____

Location Address: _____

1. ZONING:

If this application is for the issuance of an alcoholic beverage license where zoning approval is required, the zoning authority must complete "A" and "B".

If this application is for the issuance of an alcoholic beverage license where zoning approval is not required, the applicant must complete section "B".

To be completed by the Local Zoning Authorities.

A. The location DOES COMPLY DOES NOT COMPLY with zoning requirements for the sale of alcoholic beverages pursuant to this application for a Series 2 A D S alcoholic beverage license.

Signed: Bryan J. DeLone Title: Zoning Manager Date: April 22/94

B. Is location within the limits of an Incorporated City or Town? Yes No

If "YES", Name of City or Town: _____

2. HEALTH:

A. To be completed by the Division of Hotels and Restaurants, the County Health Authority or Department of Health and Rehabilitative Services.

The above establishment DOES COMPLY DOES NOT COMPLY with the requirements of the Florida Sanitary Code.

Signed: _____ Date: _____
Title: _____ Agency: _____

3. RIGHT OF OCCUPANCY:

A. Does applicant have a legal right of occupancy to the premises? YES NO

B. Does applicant own the property? YES NO

C. Does applicant rent, lease or sublease the property? YES NO

Name of Landlord: _____

Address of Landlord: _____

Terms of Rental Agreement: _____

11. Does your business include the preparation, service or sale of food? N/A. If yes, have you registered with the Division of Hotels and Restaurants as a Public Food Service Establishment? _____ License/Control # _____

SECTION II

A. List below the names, titles and interest for all officers, directors, stockholders, limited partners and general partners of the business for which this license or permit is sought. Attach extra sheets if necessary.

TITLE/POSITION	NAME	STOCK %
President:	<u>Michael S. Bulmer</u>	<u>100%</u>
Vice President:	_____	_____
Secretary:	_____	_____
Treasurer:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. List below the names and type of interest (i.e. lender, joint account holder, co-signer) for all persons or entities not listed in part (A) above, who have an interest, directly or indirectly, in this application or the business for which the license/permit is sought. This may include a spouse, corporations, or any form of entity which is connected with the business.

NAME	TYPE OF INTEREST
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



194624070000B.0110

(FOR STAFF USE ONLY)

REQUEST FOR ZONING COMPLIANCE
FOR APPLICATION FOR
ALCOHOLIC BEVERAGE LICENSE



Consumption On Premises

Consumption Off Premises

Applicants Name Linda Kane / Lonnie Clark

Business Name Tiki Klub

Location Address 1168 'I' Street FM Beach FL 33931

Mailing Address P.O. Box 2347 FM Beach FL 33932

Phone No. (941) 454-7245

Strap No. S 19 T 46 R 24 A 07 P 00000B.0110

Zoning _____

Hearing for Special Exception _____ Yes. 1111 No

If Yes, what is the Hearing No.? 95-10-173.025

and Resolution No.? _____

(Attach Copy of Resolution)

If No, the applicant must submit sufficient documentation to prove legality of non-conforming C.O.P.

(0106)



STATE OF FLORIDA
Department of Business and Professional Regulation
Division of Alcoholic Beverages and Tobacco

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
AND CIGARETTE PERMIT

SECTION I

BUSINESS TELEPHONE # 941-454-7245

TYPE OF LICENSE/PERMIT DESIRED: Check Appropriate Boxes

Alcoholic Beverage License

Cigarette Permit

TYPE OF APPLICATION: Check Appropriate Boxes

New

Change of Location
Temporary

Change of Business Name

New - Temporary

Change of Officers/ Stockholders

Transfer

Change in Series

Correction

Transfer - Temporary

Decrease in Series

Other

Change of Location

Increase in Series

TYPE OF APPLICATION: Check Appropriate Box and List Charter Number, If Applicable

Individual

Partnership

Charter Number

Corporation

Limited Partnership

1. Applicant's Full Name: LINDA KANE / LOWIE CLARK 2K

2. Business Name: TIKI KLUB

3. Location Address: 1668 'T' ST. FT. MYERS BEACH FL 33931
Street City State Zip

4. Mailing Address: P.O. Box 2347 FT. MYERS BEACH FL 33932
Street City State Zip

If application is for a NEW license/permit, questions 5-8 are not applicable.

5. Current Owner's Name: _____

6. Current Business Name: _____

7. Current Location Address: _____
Street City State Zip

8. License/Permit Number: _____ Current Series: _____

9. Series of License/Permits Desired: (2 COP) AND (_____)

10. Complete the following if you are an applicant for a quota, special or club alcoholic beverage license. The license is issued pursuant to _____, Florida Statutes or Special Acts, and as such we acknowledge the following minimum requirements must be met and maintained:

11. Does your business include the preparation, service or sale of food? (Package). If yes, have you registered with the Division of Hotels and Restaurants as a Public Food Service Establishment? _____ License/Control # _____

SECTION II

A. List below the names, titles and interest for all officers, directors, stockholders, limited partners and general partners of the business for which this license or permit is sought. Attach extra sheets if necessary.

TITLE/POSITION	NAME	STOCK %
President:	<u>LONNIE CLARK</u>	<u>50%</u>
Vice President:	_____	_____
Secretary:	<u>LINDA KANE</u>	<u>50%</u>
Treasurer:	<u>LINDA KANE</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. List below the names and type of interest (i.e. lender, joint account holder, co-signer) for all persons or entities not listed in part (A) above, who have an interest, directly or indirectly, in this application or the business for which the license/permit is sought. This may include a spouse, corporations, or any form of entity which is connected with the business.

NAME	TYPE OF INTEREST
_____	<u>HY</u> _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

x

SECTION III

1. SALES TAX:

Applicant Name: LINDA HANE & LONNIE CLARK
Business Name: TIKI KLUB

A. Disclosure Authorization. Section A is to be Completed By Owner Only if Transfer of Alcoholic Beverage License.

I hereby authorize the Department of Revenue to release to the aforementioned applicant and to the Division of Alcoholic Beverages and Tobacco the current status of my account # 46-00-077276-14/9 LK

STATE OF _____
COUNTY _____

[Signature]
Owner or Authorized Corporate Officer
(Signature Must be Notarized)

The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this _____ Day of _____, 19____
BY _____, who is () personally known to me OR () who produced
_____ as identification

Notary Public

x B. Disclosure Authorization. Section B is to be Completed by Department of Revenue.

1. This is to verify that the current owner as named in this application has filed all returns and that all outstanding billings and returns have been paid through the period ending 12/14/95 or the liability has been acknowledged and agreed to be paid by the applicant. This verification does not constitute a certificate as contained in Section 212.10 (1), F.S. (Not applicable if no transfer involved).
2. Furthermore, the named applicant for an Alcoholic Beverage License has complied with Florida Statutes concerning registration for Sales and Use Tax, and has paid any applicable taxes due.

Barbara A. May
(Signed)
RS II
(Title)
12/14/95
(Date)

DEPARTMENT OF REVENUE STAMP
APPROVED BY
DEPARTMENT OF REVENUE

SECTION IV (Note: THE DIVISION DOES NOT REQUIRE THAT ITEMS 1 - 3 BE COMPLETED IN ORDER)

Business Name: Tiki Klub

Location Address: 1668 I ST FT. MYERS BEACH, FL 33931

1. ZONING:

If this applications is for the issuance of an alcoholic beverage license where zoning approval is required, the zoning authority must complete "A" and "B".

If this application is for the issuance of an alcoholic beverage license where zoning approval is not required, the applicant must complete section "B".

To be completed by the Local Zoning Authorities.

A. The location [DOES COMPLY [] DOES NOT COMPLY with zoning requirements for the sale of alcoholic beverages pursuant to this application for a Series 2 COP alcoholic beverage license.

Signed: Bryan J. Keller Title: Zoning Manager Date: 12/29/95

B. Is location within the limits of an Incorporated City or Town? [] Yes [No *Approval subject to Health Examiner decision CASE # 95/10-173 .025 (DEC 7/95)*

If "YES", Name of City or Town: _____

2. HEALTH:

To be completed by the Division of Hotels and Restaurants, the County Health Authority, Department of Health and Rehabilitative Services, or Department of Agriculture and Consumer Services.

The above establishment [] DOES COMPLY [] DOES NOT COMPLY with the requirements of the Florida Sanitary Code.

Signed: _____ Date: _____

Title: _____ Agency: _____

3. RIGHT OF OCCUPANCY:

A. Does applicant have a legal right of occupancy to the premises? [YES [] NO

B. Does applicant own the property? [] YES [NO

C. Does applicant rent, lease or sublease the property? [YES [] NO

Name of Landlord: MURRAY CARSLAKE

Address of Landlord: P.O. B. 1 BRANCH 1 FT. MYERS BEACH, FL 33931

Terms of Rental Agreement: 1 yr LEASE / RENEWABLE

- D. Is the proposed premises MOVABLE or ABLE TO BE MOVED?[] YES [] NO
- E. Is the proposed premises located in a shopping center, mall or office building?[] YES [] NO
- F. Is there any access through the premises to any area over which you do not have dominion and control?[] YES [] NO
- G. Is the premises occupied by anyone not listed on this application?[] YES [] NO

SECTION V

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER

- A. Federal Employer's Identification Number: 65-031142
- B. Not Required ()
- C. Not Available () I will submit to your agency as soon as possible.

SECTION VI

These questions must be answered about this business for every person or entity listed. Copies of agreements and documentation to support the financial arrangements must be submitted with this application.

- 1. Is there a management contract or service agreement in connection with this business?[] YES [] NO
- 2. Are there any agreements which require a payment of a percentage of gross or net receipts from the business operation?[] YES [] NO
- 3. Does anyone hold a mortgage or security agreement for this business?[] YES [] NO
- 4. Have you or anyone listed on this application borrowed money from or accepted money, equipment, fixtures, or anything of value from an owner or representative of a distiller, rectifier, blender, bottler, manufacturer, brewer, distributor, exporter, importer or retailer or secured a loan from any source connected with the alcoholic beverage industry?[] YES [] NO

- 5. If purchasing the business, what is the purchase price?\$ _____
- 6. List the total investment:\$ 500.-
- A. Total CASH invested:\$ 500.- *INV.*
- B. Total LOANS invested:\$ _____

7. List below the names of all persons, firms or corporations that have or will advance any money for the operation of this business or that will hold any mortgage or security agreement against this business or have the right or ability to receive money from the business.

NAME	TYPE OF LOAN	AMOUNT OF LOAN

SECTION VII

Each corporate applicant must complete this section

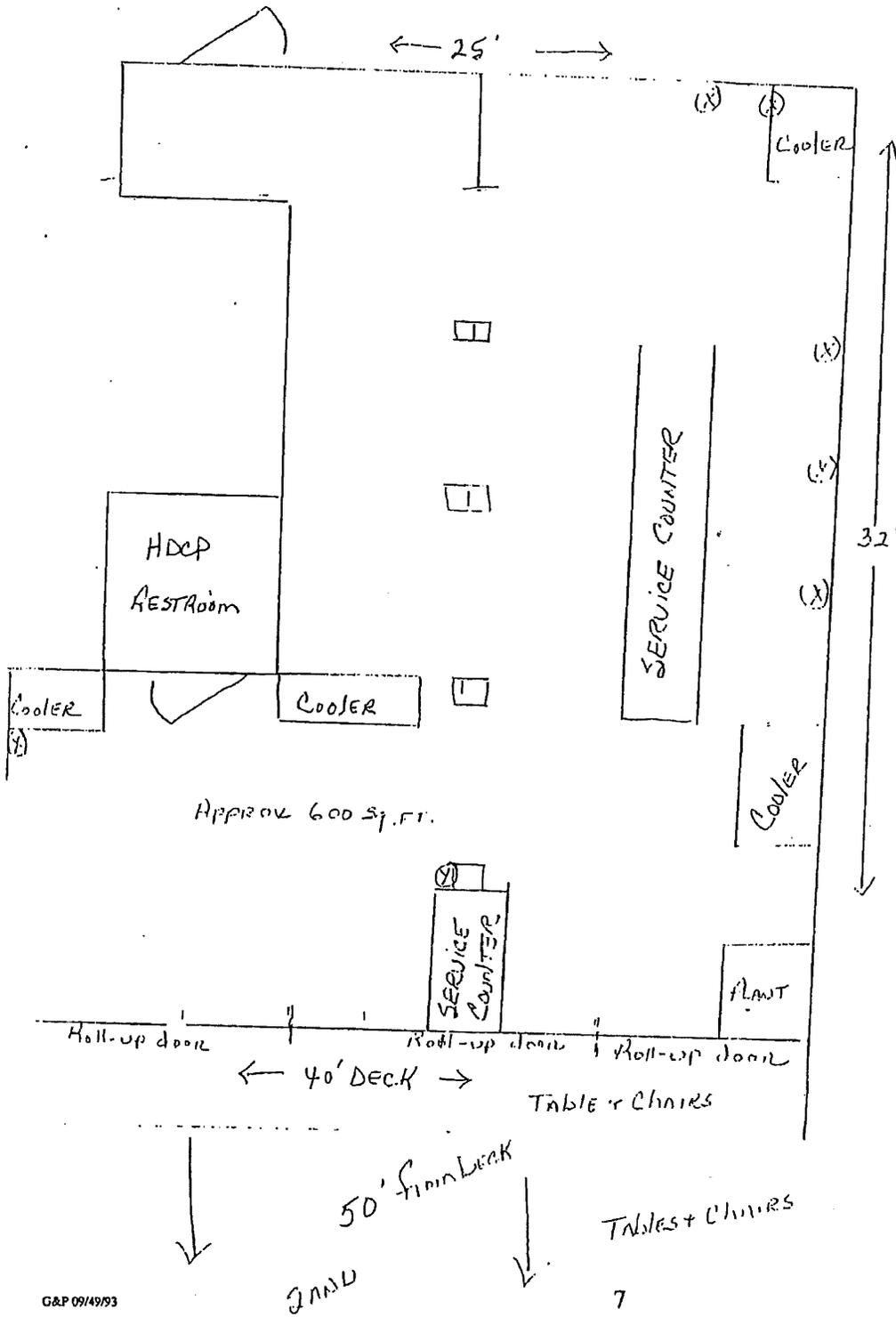
Has the applicant corporation been convicted of a felony in this state, any other state, or by the United States in the last, past 15 years?

YES _____ NO

If the answer is "YES", please list all of the particulars including the date of conviction, the crime for which the corporation was convicted, and the City, County, State, and Court where the conviction took place.

SKETCH OF LICENSED PREMISES

Sketches should be drawn in ink and include all walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises sought to be licensed. A multi-story building where the entire building is to be licensed must show each floor.



G&P 09/19/93

G&P 09/19/93

AFFIDAVIT OF APPLICANTS

"I, the undersigned individually, or if a corporation for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such I hereby swear or affirm that the attached sketch or blueprint is substantially a true and correct representation of the premises to be licensed and agree that the place of business, if licensed, may be inspected and searched during business hours or at any time business is being conducted on the premises without a search warrant by officers of the Division of Alcoholic Beverages and Tobacco, the Sheriff, his Deputies, and Police Officers for purposes of determining compliance with the beverage and cigarette laws.

I swear under oath or affirmation under penalty of perjury as provided for in Florida Statutes 559.791, 562.45, and 837.06, that the foregoing information is true and that no other person or entity except as indicated herein has an interest in the alcoholic beverage license and/or cigarette permit and that all of the above listed persons or entities meet the qualifications necessary to hold an interest in the alcoholic beverage license and/or cigarette permit."

STATE OF _____
COUNTY _____

[Signature]

APPLICANT (Signature Must be Notarized)
[Signature]

APPLICANT (Signature Must be Notarized)

The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this _____ Day of _____, 19____
BY _____, who is () personally known to me OR () who produced _____ as identification

Notary Public

AFFIDAVIT OF SELLERS

"I, the undersigned, hereby swear or affirm that I am duly authorized to make this affidavit and do hereby consent, on my behalf or on behalf of the seller, to the above transfer, and represent to the Division of Alcoholic Beverages and Tobacco that the license which is being transferred is as shown in the application and that a bona fide sale in good faith has been made to the within applicant of the business for which the foregoing transfer of license is sought."

STATE OF _____
COUNTY _____

SELLER OR AUTHORIZED OFFICER (Signature Must be Notarized)

SELLER OR AUTHORIZED OFFICER (Signature Must be Notarized)

The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this _____ Day of _____, 19____
BY _____, who is () personally known to me OR () who produced _____ as identification

Notary Public

For Division Use Only - do not write below this line

CODE: City _____ County _____
FEIN NUMBER _____
TYPE: _____ FEE: _____

TOTAL: _____

LICENSE # _____ AUDIT # _____
ENTRY DATE: _____ BY: _____
MICROFILM DATE: _____
Approved by: _____

District Office Date Stamp

Date: _____ Audited: _____ Unaudited: _____

(FOR STAFF USE ONLY)

REQUEST FOR ZONING COMPLIANCE
FOR APPLICATION FOR
ALCOHOLIC BEVERAGE LICENSE

Consumption On Premises

Consumption Off Premises 2APS

Applicants Name LINDA KANE / RANDY PHARES

Business Name SUN + FUN AIR + WATERSPORTS / TIKI CLUB

Location Address 1668 E ST. FT. MYERS BEACH, FL

Mailing Address P.O. BOX 2347 FT. MYERS BEACH, FL 33932

Phone No. 765-8359 or 454-7245

Strap No. S 19 T 40 R 24 A07 P 0000B.0110

Zoning C-1

Hearing for Special Exception _____ Yes No

If Yes, what is the Hearing No.? _____

and Resolution No.? _____

(Attach Copy of Resolution)

If No, the applicant must submit sufficient documentation to prove legality of non-conforming C.O.P.

Package Sales Only

(0106)



STATE OF FLORIDA
Department of Business and Professional Regulation

Division of Alcoholic Beverages and Tobacco

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
AND CIGARETTE PERMIT

SECTION I

BUSINESS TELEPHONE # 765-8359

TYPE OF LICENSE/PERMIT DESIRED: Check Appropriate Boxes

- Alcoholic Beverage License
- Cigarette Permit

TYPE OF APPLICATION: Check Appropriate Boxes

- New
- New - Temporary
- Transfer
- Transfer - Temporary
- Change of Location
- Change of Location Temporary
- Change in Series
- Decrease in Series
- Increase in Series
- Change of Business Name
- Change of Officers/ Stockholders
- Correction _____
- Other _____

TYPE OF APPLICATION: Check Appropriate Box and List Charter Number, If Applicable

- Individual
- Partnership
- Corporation
- Limited Partnership
- Charter Number _____

1. Applicant's Full Name: LINDA KANE / RANDY PHARES
2. Business Name: SUN FUN AIR + WATERSPORTS / TIKI KLUB
3. Location Address: 1648 I ST. FT. MYERS BEACH FL 33931
Street City State Zip
4. Mailing Address: P.O. Box 2347 FT. MYERS BEACH FL 33931
Street City State Zip

If application is for a NEW license/permit, questions 5-8 are not applicable.

5. Current Owner's Name: _____
6. Current Business Name: _____
7. Current Location Address: _____
Street City State Zip
8. License/Permit Number: _____ Current Series: _____
9. Series of License/Permits Desired: (2 APS) AND (_____).

10. Complete the following if you are an applicant for a quota, special or club alcoholic beverage license. The license is issued pursuant to _____ Florida Statutes or Special Acts, and as such we acknowledge the following minimum requirements must be met and maintained:

11. Does your business include the preparation, service or sale of food? No. If yes, have you registered with the Division of Hotels and Restaurants as a Public Food Service Establishment? _____ License/Control # _____

SECTION II

A. List below the names, titles and interest for all officers, directors, stockholders, limited partners, and general partners of the business for which this license or permit is sought. Attach extra sheets if necessary.

TITLE/POSITION	NAME	STOCK %
President:	_____	_____
Vice President:	_____	_____
Secretary:	_____	_____
Treasurer:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. List below the names and type of interest (i.e. lender, joint account holder, co-signer) for all persons or entities not listed in part (A) above, who have an interest, directly or indirectly, in this application or the business for which the license/permit is sought. This may include a spouse, corporations, or any form of entity which is connected with the business.

NAME	TYPE OF INTEREST
LINDA KANE	PARTNERS
LONNIE CLARK	"
RANDY PHARES	"
MIKE SCULLY	"
_____	_____
_____	_____
_____	_____
_____	_____

SECTION III

I. SALES TAX:

Applicant Name: _____

Business Name: _____

A. Disclosure Authorization. Section A is to be Completed By Owner Only if Transfer of Alcoholic Beverage License.

I hereby authorize the Department of Revenue to release to the aforementioned applicant and to the Division of Alcoholic Beverages and Tobacco the current status of my account # _____

STATE OF _____
COUNTY _____

Owner or Authorized Corporate Officer
(Signature Must be Notarized)

The foregoing was () Sworn to and Subscribed **OR** () Acknowledged Before me this _____ Day of _____, 19____
BY _____, who is () personally known to me **OR** () who produced
_____ as identification

Notary Public

B. Disclosure Authorization. Section B is to be Completed by Department of Revenue.

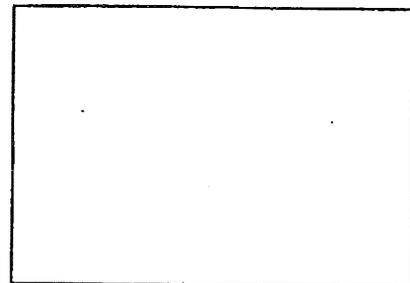
1. This is to verify that the current owner as named in this application has filed all returns and that all outstanding billings and returns have been paid through the period ending _____ or the liability has been acknowledged and agreed to be paid by the applicant. This verification does not constitute a certificate as contained in Section 212.10 (1), F.S. (Not applicable if no transfer involved).
2. Furthermore, the named applicant for an Alcoholic Beverage License has complied with Florida Statutes concerning registration for Sales and Use Tax, and has paid any applicable taxes due.

(Signed)

(Title)

(Date)

DEPARTMENT OF REVENUE STAMP



SECTION IV (Note: THE DIVISION DOES NOT REQUIRE THAT ITEMS 1 - 3 BE COMPLETED IN ORDER)

Business Name: SUN+FUN AIR+WATERSPORTS/TIKI CLUB

Location Address: 1668 'I' ST. FT. MYERS BEACH, FL
33931

1. ZONING:

If this application is for the issuance of an alcoholic beverage license where zoning approval is required, the zoning authority must complete "A" and "B".

If this application is for the issuance of an alcoholic beverage license where zoning approval is not required, the applicant must complete section "B".

To be completed by the Local Zoning Authorities.

A. The location DOES COMPLY DOES NOT COMPLY with zoning requirements for the sale of alcoholic beverages pursuant to this application for a Series 2 AFS alcoholic beverage license.

Signed: Michael J. Gause Title: Senior Planner Date: 8/23/95

B. Is location within the limits of an Incorporated City or Town? Yes No

If "YES", Name of City or Town: _____

2. HEALTH:

A. To be completed by the Division of Hotels and Restaurants, the County Health Authority or Department of Health and Rehabilitative Services.

The above establishment DOES COMPLY DOES NOT COMPLY with the requirements of the Florida Sanitary Code.

Signed: _____ Date: _____

Title: _____ Agency: _____

3. RIGHT OF OCCUPANCY:

A. Does applicant have a legal right of occupancy to the premises? YES NO

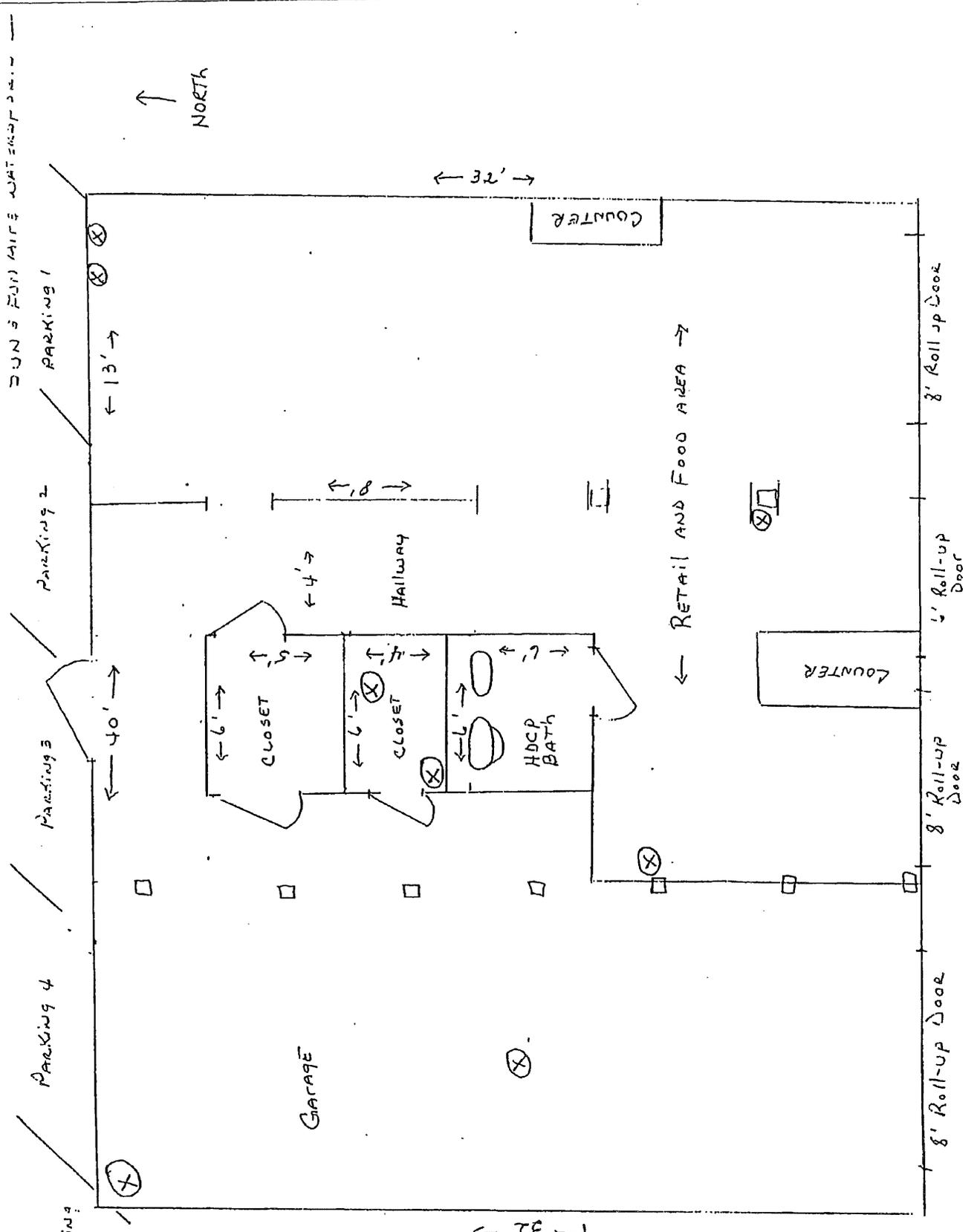
B. Does applicant own the property? YES NO

C. Does applicant rent, lease or sublease the property? YES NO

Name of Landlord: _____

Address of Landlord: _____

Terms of Rental Agreement: _____



X = OUTLET

Parking 5

Parking 1

Parking 2

Parking 3

Parking 4

Parking 5

NORTH

GARAGE

← RETAIL AND FOOD AREA →

COUNTER

COUNTER

8' Roll-up Door

8' Roll-up Door

8' Roll-up Door

8' Roll-up Door

← 32' →

← 13' →

← 40' →

← 4' →

← 18' →

← 6' →

← 4' →

← 6' →

← 6' →

← 6' →

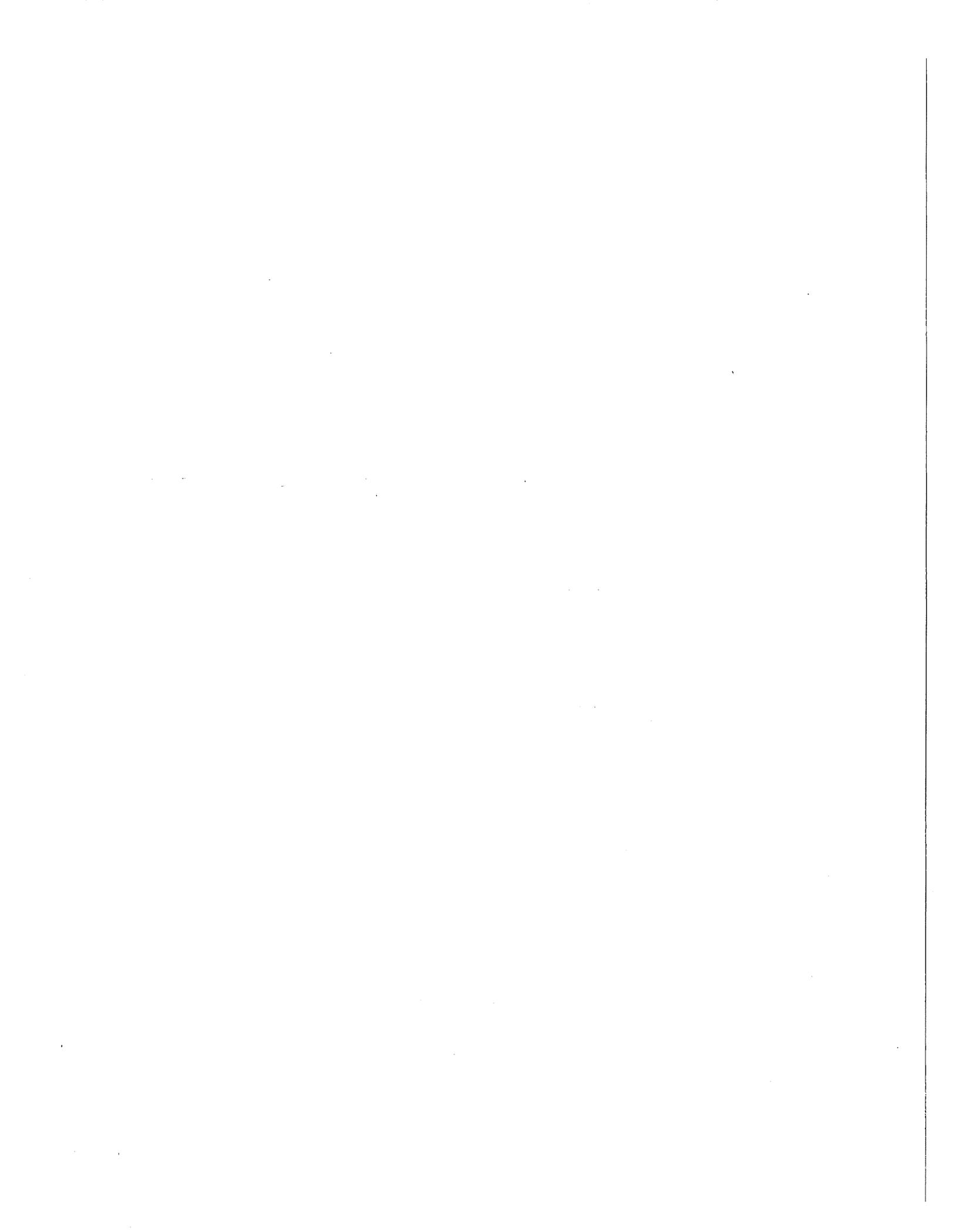
← 32' →

HALLWAY

CLOSET

CLOSET

HDCP BATH



(FOR STAFF USE ONLY)

REQUEST FOR ZONING COMPLIANCE
FOR APPLICATION FOR
ALCOHOLIC BEVERAGE LICENSE

 Consumption On Premises

 X Consumption Off Premises

Applicants Name LINDA KAWE

Business Name TIKI KLUB

Location Address 1668 I ST. FT. MYERS BEACH, FL

Mailing Address P.O. Box 2347

Phone No. 941-765-8359

Strap No. S 19 T 46 R 2A A 07 P 0000B. 0110

Zoning C1 (D)

Hearing for Special ~~Exception~~ ^{PERMIT} Yes ✓ No

If Yes, what is the Hearing No.? N/A

and Resolution No.? N/A

(Attach Copy of Resolution)

If No, the applicant must submit sufficient documentation to prove legality of non-conforming C.O.P.

(0106)

2 APS



STATE OF FLORIDA
Department of Business and Professional Regulation

Division of Alcoholic Beverages and Tobacco

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
AND CIGARETTE PERMIT

SECTION I

BUSINESS TELEPHONE # 765-8357

TYPE OF LICENSE/PERMIT DESIRED: Check Appropriate Boxes

Alcoholic Beverage License

Cigarette Permit

TYPE OF APPLICATION: Check Appropriate Boxes

New

Change of Location

Change of Business Name

New - Temporary

Temporary

Change of Officers/ Stockholders

Transfer

Change in Series

Correction

Transfer - Temporary

Decrease in Series

Other

Change of Location

Increase in Series

TYPE OF APPLICATION: Check Appropriate Box and List Charter Number, If Applicable

Individual

Partnership

Corporation

Limited Partnership

Charter Number _____

1. Applicant's Full Name: LINDA KANE

2. Business Name: Tiki Klub

3. Location Address: 1668 I ST. FT. MYERS BEACH FL 33931
Street City State Zip

4. Mailing Address: P.O. BOX 2347 FT. MYERS BEACH FL 33932
Street City State Zip

If application is for a NEW license/permit, questions 5-8 are not applicable.

Current Owner's Name: _____

Current Business Name: _____

Current Location Address: _____
Street City State Zip

License/Permit Number: _____ Current Series: _____

Series of License/Permits Desired: (2 APS) AND (_____).

1. Complete the following if you are an applicant for a quota, special or club alcoholic beverage license. The license is issued pursuant to _____, Florida Statutes or Special Acts, and as such we acknowledge the following minimum requirements must be met and maintained:

11. Does your business include the preparation, service or sale of food? no. If yes, have you registered with the Division of Hotels and Restaurants as a Public Food Service Establishment? _____ License/Control # _____

SECTION II

A. List below the names, titles and interest for all officers, directors, stockholders, limited partners and general partners of the business for which this license or permit is sought. Attach extra sheets if necessary.

TITLE/POSITION	NAME	STOCK %
President:	_____	_____
Vice President:	_____	_____
Secretary:	_____	_____
Treasurer:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. List below the names and type of interest (i.e. lender, joint account holder, co-signer) for all persons or entities not listed in part (A) above, who have an interest, directly or indirectly, in this application or the business for which the license/permit is sought. This may include a spouse, corporations, or any form of entity which is connected with the business.

NAME	TYPE OF INTEREST
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SECTION IV (Note: THE DIVISION DOES NOT REQUIRE THAT ITEMS 1 - 3 BE COMPLETED IN ORDER)

Business Name: Tiki Klub

Location Address: 1668 'I' ST. FT. MYERS Bch, FL

1. ZONING:

If this applications is for the issuance of an alcoholic beverage license where zoning approval is required, the zoning authority must complete "A" and "B".

If this application is for the issuance of an alcoholic beverage license where zoning approval is not required, the applicant must complete section "B".

To be completed by the Local Zoning Authorities.

A. The location DOES COMPLY [] DOES NOT COMPLY with zoning requirements for the sale of alcoholic beverages pursuant to this application for a Series BARS alcoholic beverage license.

Signed: David D. Dillert Title: Assoc. Secy II Date: 08/29/95

B. Is location within the limits of an Incorporated City or Town? [] Yes [] No

*PACKAGE SALES ONLY.
NO CONSUMPTION*

If "YES", Name of City or Town: _____

2. HEALTH:

A. To be completed by the Division of Hotels and Restaurants, the County Health Authority or Department of Health and Rehabilitative Services.

The above establishment [] DOES COMPLY [] DOES NOT COMPLY with the requirements of the Florida Sanitary Code.

Signed: _____

Date: _____

Title: _____

Agency: _____

3. RIGHT OF OCCUPANCY:

A. Does applicant have a legal right of occupancy to the premises? [] YES [] NO

B. Does applicant own the property? [] YES [] NO

C. Does applicant rent, lease or sublease the property? [] YES [] NO

Name of Landlord: MURRAY CARSLAKE

Address of Landlord: 2320 ESTERO BLVD. FT. MYERS Bch FL

Terms of Rental Agreement: 12 MO.

SECTION III

I. SALES TAX:

Applicant Name: LINDA KANE
Business Name: TIKI KLUB

A. Disclosure Authorization. Section A is to be Completed By Owner Only if Transfer of Alcoholic Beverage License.

I hereby authorize the Department of Revenue to release to the aforementioned applicant and to the Division of Alcoholic Beverages and Tobacco the current status of my account# _____

STATE OF _____
COUNTY _____

Owner or Authorized Corporate Officer
(Signature Must be Notarized)

The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this _____ Day of _____, 19____
BY _____, who is () personally known to me OR () who produced
_____ as identification

Notary Public

B. Disclosure Authorization. Section B is to be Completed by Department of Revenue.

1. This is to verify that the current owner as named in this application has filed all returns and that all outstanding billings and returns have been paid through the period ending N/A or the liability has been acknowledged and agreed to be paid by the applicant. This verification does not constitute a certificate as contained in Section 212.10 (1), F.S. (Not applicable if no transfer involved).
2. Furthermore, the named applicant for an Alcoholic Beverage License has complied with Florida Statutes concerning registration for Sales and Use Tax, and has paid any applicable taxes due.

Donna Winters
(Signed)
Revenue Specialist III
(Title)
8-29-95
(Date)

DEPARTMENT OF REVENUE STAMP

APPROVED BY
DEPARTMENT OF REVENUE
Donna Winters

- D. Is the proposed premises MOVABLE or ABLE TO BE MOVED? [] YES [] NO
- E. Is the proposed premises located in a shopping center, mall or office building? [] YES [] NO
- F. Is there any access through the premises to any area over which you do not have dominion and control? [] YES [] NO
- G. Is the premises occupied by anyone not listed on this application? [] YES [] NO

SECTION V

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER

- A. Federal Employer's Identification Number: _____
- B. Not Required ()
- C. Not Available () I will submit to your agency as soon as possible.

SECTION VI

These questions must be answered about this business for every person or entity listed. Copies of agreements and documentation to support the financial arrangements must be submitted with this application.

- Is there a management contract or service agreement in connection with this business? [] YES [] NO
- Are there any agreements which require a payment of a percentage of gross or net receipts from the business operation? [] YES [] NO
- Does anyone hold a mortgage or security agreement for this business? [] YES [] NO
- Have you or anyone listed on this application borrowed money from or accepted money, equipment, fixtures, or anything of value from an owner or representative of a distiller, rectifier, blender, bottler, manufacturer, brewer, distributor, exporter, importer or retailer or secured a loan from any source connected with the alcoholic beverage industry? [] YES [] NO

If purchasing the business, what is the purchase price? \$ NOT Purch.

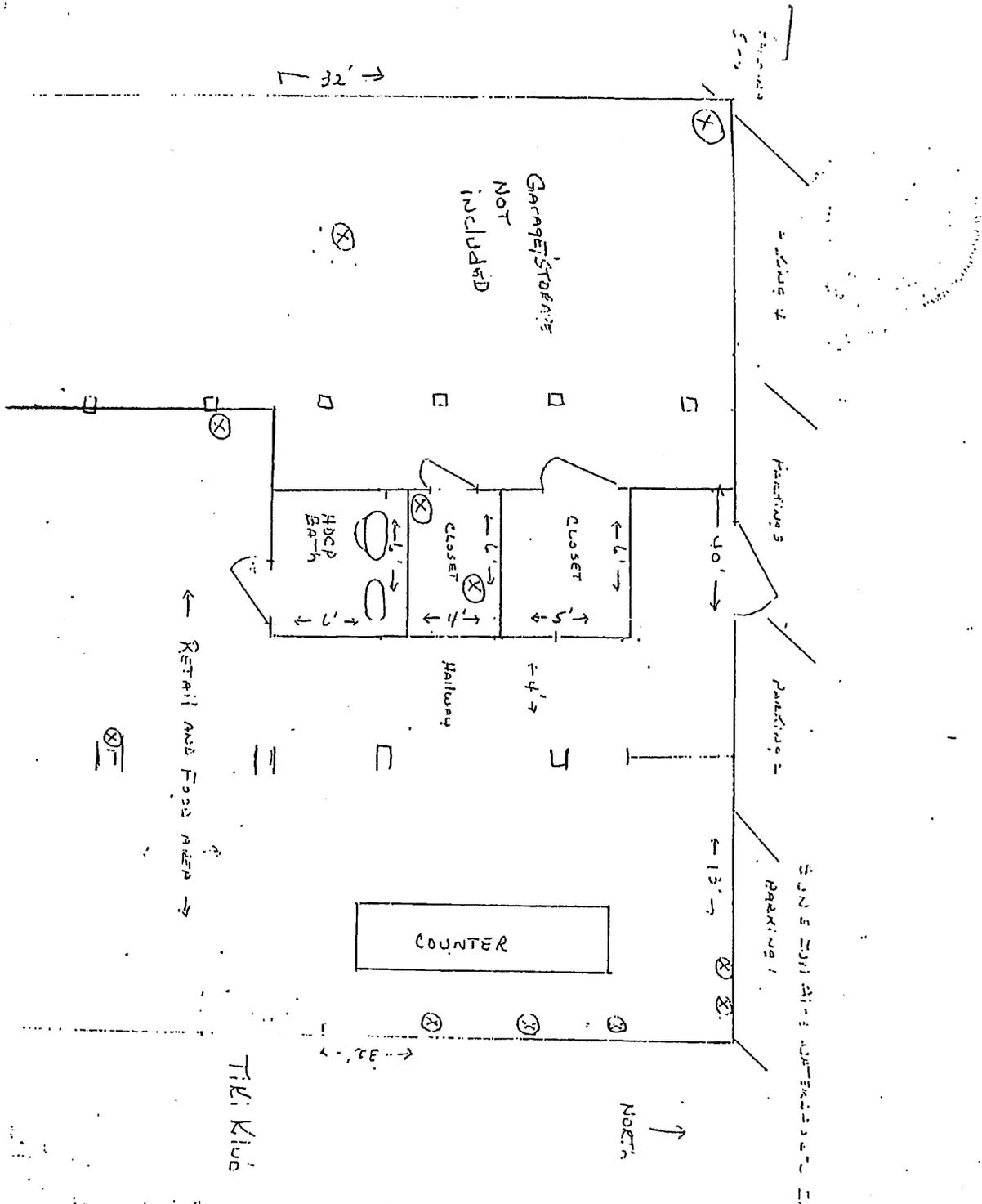
List the total investment: \$ _____

Total CASH invested: \$ _____

Total LOANS invested: \$ _____

SKETCH OF LICENSED PREMISES

Sketches should be drawn in ink and include all walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises sought to be licensed. A multi-story building where the entire building is to be licensed must show each floor.



AFFIDAVIT OF APPLICANTS

"I, the undersigned individually, or if a corporation for itself, it's officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such I hereby swear or affirm that the attached sketch or blueprint is substantially a true and correct representation of the premises to be licensed and agree that the place of business, if licensed, may be inspected and searched during business hours or at any time business is being conducted on the premises without a search warrant by officers of the Division of Alcoholic Beverages and Tobacco, the Sheriff, his Deputies, and Police Officers for purposes of determining compliance with the beverage and cigarette laws.

I swear under oath or affirmation under penalty of perjury as provided for in Florida Statutes 559.791, 562.45, and 837.06, that the foregoing information is true and that no other person or entity except as indicated herein has an interest in the alcoholic beverage license and/or cigarette permit and that all of the above listed persons or entities meet the qualifications necessary to hold an interest in the alcoholic beverage license and/or cigarette permit."

STATE OF FL
COUNTY LEE



[Signature]
APPLICANT (Signature Must be Notarized)

APPLICANT (Signature Must be Notarized)

The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this 29 Day of Aug, 1995
BY _____, who is () personally known to me OR () who produced _____ as identification

[Signature]
Notary Public

AFFIDAVIT OF SELLERS

"I, the undersigned, hereby swear or affirm that I am duly authorized to make this affidavit and do hereby consent, on my behalf or on behalf of the seller, to the above transfer, and represent to the Division of Alcoholic Beverages and Tobacco that the license which is being transferred is as shown in the application and that a bona fide sale in good faith has been made to the within applicant of the business for which the foregoing transfer of license is sought."

STATE OF _____
COUNTY _____

SELLER OR AUTHORIZED OFFICER (Signature Must be Notarized)

SELLER OR AUTHORIZED OFFICER (Signature Must be Notarized)

The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this _____ Day of _____, 19_____
BY _____, who is () personally known to me OR () who produced _____ as identification

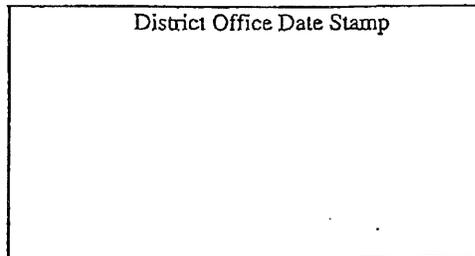
Notary Public

For Division Use Only - do not write below this line

CODE: City _____ County _____
FEN NUMBER _____
TYPE: _____ FEE: _____

TOTAL: _____

LICENSE # _____ AUDIT # _____
ENTRY DATE: _____ BY: _____
MICROFILM DATE: _____
Approved by: _____



Audited: _____ Unaudited: _____

24-46-23-W1_____

Searched several parcels

275 Estero Blvd

Pink Shell



STATE OF FLORIDA
Department of Business Regulation
Division of Alcoholic Beverages and Tobacco
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
AND CIGARETTE PERMIT

BUSINESS TELEPHONE # (813) 463-6181

SECTION I

TYPE OF LICENSE/PERMIT DESIRED: Check Appropriate Boxes

- Alcoholic Beverage License
- Cigarette Permit

TYPE OF APPLICATION: Check Appropriate Boxes

- New
- Change of Location
- Change of Business Name
- New - Temporary
- Temporary
- Change of Officers/Stockholders
- Transfer
- Change in Series
- Correction
- Transfer - Temporary
- Decrease in Series
- Other
- Change of Location
- Increase in Series

TYPE OF APPLICANT: Check Appropriate Box and List Charter Number, If Applicable

- Individual
- Partnership
- Corporation
- Limited Partnership
- Charter Number _____

1. Applicant's Full Name: Florida Income Fund III, Limited Partnership
2. Business Name: The Pink Shell Resort
3. Location Address: 250 Estero Boulevard Fort Myers Beach FL 33931
Street City State Zip
4. Mailing Address: same as above
Street City State Zip

If application is for a NEW license/permit, questions 5-8 are not applicable.

5. Current Owner's Name: _____
6. Current Business Name: _____
7. Current Location Address: _____
Street City State Zip
8. Current License/Permit Number: _____ Current Series: _____
9. Series of Licenses/Permits Desired: (2 COP) AND (N/A).

10. Complete the following if you are an applicant for a quota, special or club alcoholic beverage license. The license is issued pursuant to _____, Florida Statutes or Special Acts, and as such we acknowledge the following minimum requirements must be met and maintained:

N/A

SECTION III

1. SALES TAX:

Owners Name: Florida Income Fund III

Business Name: The Pink Shell Resort

A. Disclosure Authorization. Section A is to be Completed By Owner Only if Transfer of Alcoholic Beverage License.

~~N/A~~

I hereby authorize the Department of Revenue to release to the aforementioned applicant and to the Division of Alcoholic Beverages and Tobacco the current status of my account # _____.

Sworn to and Subscribed

before me this _____

day of _____, 19__.

Owner or Authorized Corporate Officer Must be Notarized

Notary Public

My Commission Expires: _____

B. Disclosure. Section B is to be Completed by Department of Revenue.

1. This is to verify that the current owner as named in this application has filed all returns and that all outstanding billings and returns have been paid through the period ending _____ or the liability has been acknowledged and agreed to be paid by the applicant. This verification does not constitute a certificate as contained in Section 212.10(1), F.S. (Not applicable if no transfer involved).

2. Furthermore, the named applicant for an Alcoholic Beverage License has complied with Florida Statutes concerning registration for Sales and Use Tax, and has paid any applicable taxes due.

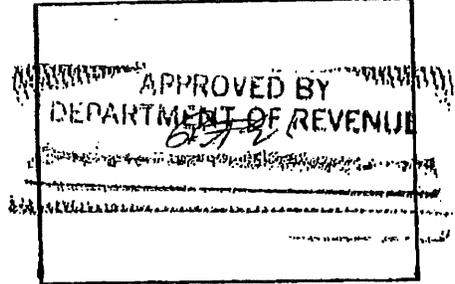
Pink Shell

R. F. Underwood
(Signed)

CS#
(Title)

2-14-92
(Date)

DEPARTMENT OF REVENUE STAMP



- D. Is the proposed premises MOVABLE or ABLE TO BE MOVED?..... X
- E. Is the proposed premises located in a shopping center, mall or office building?..... X
- F. Is there any access through the premises to any area over which you do not have dominion and control?..... X
- G. Is the premises occupied by anyone not listed on this application?.. X

SECTION V

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER

- A. Federal Employer's Identification Number: FIF - 65-0016187
MCM - 59-2303981
- B. Not Available () I will submit to your agency as soon as possible.
MCD - 34-1331003

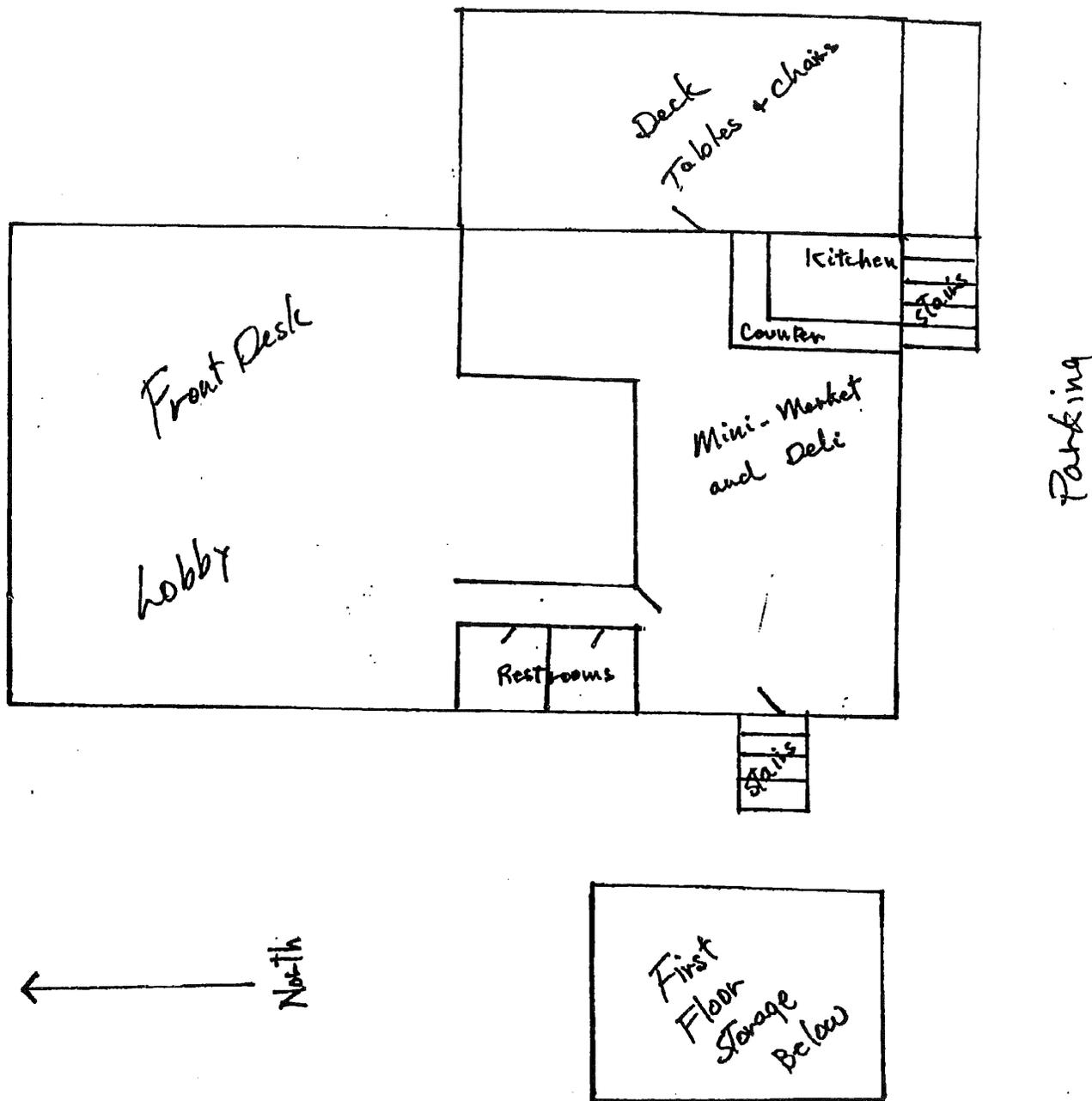
SECTION VI

These questions must be answered about this business for every person or entity listed. Copies of agreements and documentation to support the financial arrangements must be submitted with this application.

- | | <u>YES</u> | <u>NO</u> |
|---|----------------------|---------------------|
| 1. Is there a management contract or service agreement in connection with this business?..... | () | (X) |
| 2. Are there any agreements which require a payment of a percentage of gross or net receipts from the business operation?..... | (X) | see ()
attached |
| 3. Does anyone hold a mortgage or security agreement for this business?..... | (X) | see ()
attached |
| 4. Have you or anyone listed on this application borrowed money from or accepted money, equipment, fixtures, or anything of value from an owner or representative of a distiller, rectifier, blender, bottler, manufacturer, brewer, distributor, exporter, importer or retailer or secured a loan from any source connected with the alcoholic beverage industry?..... | () | (X) |
| 5. If purchasing the business, what is the purchase price?..... | \$ <u>N/A</u> | |
| 6. List the total investment:.... (see explanation attached)..... | \$ <u>17,000,000</u> | |
| A. Total CASH invested..... | \$ <u>9,000,000</u> | |
| B. Total LOANS invested..... (see attached note) | \$ <u>8,000,000</u> | |

SKETCH OF LICENSED PREMISES

Sketches should be drawn in ink and include all walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises sought to be licensed. A multi-story building where the entire building is to be licensed must show each floor.



Estero Blvd

AFFIDAVIT OF APPLICANTS

"I, the undersigned individual, or if a corporation for itself, it's officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such I hereby swear or affirm that the attached sketch or blueprint is substantially a true and correct representation of the premises to be licensed and agree that the place of business, if licensed, may be inspected and searched during business hours or at any time business is being conducted on the premises without a search warrant by Officers of the Division of Alcoholic Beverages and Tobacco, the Sheriff, his Deputies, and Police Officers for purposes of determining compliance with the beverage and cigarette laws.

I swear under oath or affirmation under penalty of perjury as provided for in Florida Statutes 559.791, 562.45, and 837.06, that the foregoing information is true to the best of my knowledge and that no other person or entity except as indicated herein has an interest in the alcoholic beverage license and/or cigarette permit and that all of the above listed persons or entities meet the qualifications necessary to hold an interest in the alcoholic beverage license and/or cigarette permit.

STATE OF FLORIDA
County of LEE
Sworn to and subscribed before me
this 14th day of February, 19 92.

[Signature]
President Applicant

(Applicant)

Louise S. Pflaumer
Notary Public

NOTARY PUBLIC, STATE OF FLORIDA.
MY COMMISSION EXPIRES: May 30, 1995,
BONDED THRU NOTARY PUBLIC UNDERWRITERS.
My Commission Expires: _____

AFFIDAVIT OF SELLERS

"I, the undersigned, hereby swear or affirm that I am duly authorized to make this affidavit and do hereby consent, on my behalf or on behalf of the seller, to the above transfer, and represent to the Division of Alcoholic Beverages and Tobacco that the license which is being transferred is as shown in the application and that a bona fide sale in good faith has been made to the within applicant of the business for which the foregoing transfer of license is sought.

STATE OF FLORIDA
County of _____
Sworn to and subscribed before me
this _____ day of _____, 19 _____.

(Seller or Authorized Officer)

(Seller or Authorized Officer)

Notary Public

My Commission Expires: _____

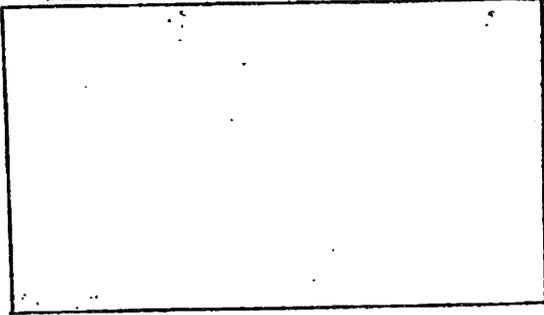
For Division Use Only - do not write below this line

CENTRAL OFFICE USE ONLY

CODE: City _____ County _____
FEIN NUMBER _____
TYPE: _____ FEE: _____
TOTAL: _____

LICENSE # _____ AUDIT # _____
ENTRY DATE: _____ BY: _____
MICROFILM DATE: _____

DISTRICT OFFICE DATE STAMP



Business Name: The Pink Shell Resort

Location Address: 250 Estero Boulevard, Ft. Myers Beach, FL 33931

SECTION IV (NOTE: THE DIVISION DOES NOT REQUIRE THAT ITEMS 1-3 BE COMPLETED IN ORDER)

ZONING:

If this application is for the issuance of an alcoholic beverage license where zoning approval is required, the zoning authority must complete "A" and "B".

If this application is for the issuance of an alcoholic beverage license where zoning approval is not required, the applicant must complete section "B".

To be completed by the Local Zoning Authorities.

A. The location Does Comply () Does Not Comply with zoning requirements for the sale of alcoholic beverages pursuant to this application for a Series 2 COP alcoholic beverage license. *Subject to Hearing Examiner Case 91-11-21-SP-2.*

Signed: Bryan J. DeLano Title: Principal Planner Date: April 20/92

B. Is location within the limits of an Incorporated City or Town? () YES () NO

If "YES", Name of City or Town _____

HEALTH:

A. To be completed by the Division of Hotels and Restaurants, the County Health Authority or Department of Health and Rehabilitative Services.

The above establishment Does Comply () Does Not Comply with the requirements of the Florida Sanitary Code.

Signed: Ju. Paven Date: 3-31-92

Title: S. & S. SPECIALIST Agency: DIV. OF HOTEL & REST

1. RIGHT OF OCCUPANCY

(YES) (NO)

A. Does applicant have a legal right of occupancy to the premises?..... X _____

B. Does applicant own the property?..... X _____

C. Does applicant rent, lease or sublease the property?..... _____ X

Name of Landlord: N/A

Address of Landlord: N/A

Terms of Rental Agreement: N/A

Does your business include the preparation, service or sale of food? Yes.
 If yes, have you registered with the Division of Hotels and Restaurants as a Public Food Service Establishment? Yes. License/Control # 46-03411R-1.

SECTION II

List below the names, titles and interest for all officers, directors, stockholders, limited partners and general partners of the business for which this license or permit is sought. (Attach extra sheets if necessary).

<u>OFFICER/POSITION</u>	<u>NAME</u>	<u>STOCK %</u>
President:	<u>See attached list</u>	_____
Secretary:	_____	_____
Treasurer:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3). List below the names and type of interest (i.e. lender, joint account holder, co-signer.) for all persons or entities not listed in part (A) above, who have an interest, directly or indirectly, in this application or the business for which the license/permit is sought. This may include a spouse, corporations, or any form of entity which is connected with the business.

<u>NAME</u>	<u>TYPE OF INTEREST</u>
<u>See attached list</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MEMORANDUM
FROM
THE OFFICE OF
LEE COUNTY
HEARING EXAMINER

DATE: January 17, 1992

TO: Board of County Commissioners FROM: Diana M. Parker
County Hearing Examiner

RE: Case 91-11-21-SP-2
FLORIDA INCOME FUND III, in reference to PINK SHELL RESORT
Error in Hearing Examiner Decision/Recommendation

1. The Hearing Examiner's Decision/Recommendation contains an error(s).
2. The following deletions ("strike-thrus") and additions ("underlines") will correct the Hearing Examiner Decision/Recommendation:

III. HEARING EXAMINER DECISION (page 4; fourth paragraph as to the Grant of a Special Permit for Consumption on Premises; Condition 2):

2) That the deck shall measure 20 feet by 55 feet ~~25 feet by 50 feet~~ and the number of seats on the deck shall not exceed 67. The deck along the southwestern end of the building shall be screen from Estero Boulevard by an opaque buffer of trees and shrubs.

The Hearing Examiner regrets any inconvenience this error may have caused.

cc: Tim Jones, Assistant County Attorney
Clare Wnuck, Minutes Department
Norma Gluck, Division of Zoning
Pam Houck, Division of Zoning
Rick Joyce, Division of Environmental Sciences
Applicant
Applicant's Representative
Parties of Record



April 20, 1992

HAND DELIVERED

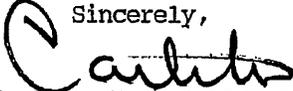
Brian Kelner
Lee County Zoning Dept.
P.O. Box 398
Ft. Myers, Fl. 33902

Re: Liquor license Pink Shell Resort Deck

Dear Brian:

This is confirm our agreement today that the Pink Shell Resort will institute a program of signage and patron questioning in order to implement the condition of the Hearing Examiner in case #91-11-21-SP-2. More specifically it is our intent to limit the use of the deck area to guests of the resort and the signage and questioning of patrons will advise the general public of this policy. The Hearing Examiner report of December 13, 1991 on page 23 ¶3 states that this procedure is acceptable.

I trust that the foregoing settles this matter to your satisfaction.
Thank you.

Sincerely,

Carleton Ryffel, AICP, Inc. for
Pink Shell Resort

cc: Tim Bogott, President Mariner Capital Management Inc.

M E M O R A N D U M
FROM THE
DEPARTMENT OF COMMUNITY DEVELOPMENT
DIVISION OF ENVIRONMENTAL SCIENCES

DATE: April 7, 1992

TO: Gene Hurst, Planning Technician
Division of Zoning

FROM: Rick K. Joyce, Principal Planner *Rick*

RE: Pink Shell Resort
Case # 91-11-21-SP-2

92 APR -8 PM 2:35

RECEIVED
APR 8 1992

In response to our discussion of the above referenced case, this memo is to advise the intent of the special permit and waterbody setback variance condition that requires the placement of riprap rock seaward of the applicant's existing seawall.

The intent of this condition was to provide an environmental enhancement to the applicant's existing seawalled shoreline as part of the waterbody setback variance request. Due to the need for federal and state regulatory approvals, it was not the intent to require that the riprap rock be placed prior to issuance of permits or final inspections of work.

To insure that the riprap rock is placed, I am sending Tim Bogott, President of Mariner Capital Management a written request to begin the permitting application process for the riprap. DES compliance staff have established a compliance file and will insure the rock is placed as required.

Thank you for requesting our input in your review of the COP approval for the project. If I can provide additional information, please call me X2352.

RKJ

Copy: Pam Houck, Senior Planner/Zoning
Dave Ceilley, Senior Environmental Planner/DES
Tim Bogott, President, Mariner Capital Management, Inc.

NOTICE OF COMMENCEMENT — Exchange National Bank of Lee County

H. Kent Little
OF LEE COUNTY
P. O. BOX 2449
FORT MYERS, FL 33902

STATE OF FLORIDA }
COUNTY OF LEE }

Before me, the undersigned authority, personally appeared

H. Kent Little, Vice President, Exchange National Bank of Lee County

who, being first duly sworn, depose(s) and say(s) that he give(s) notice as provided in section 84.131 Florida Statutes, of the commencement of improvements to the following real property:

(a) Legal Description Part of Blocks D & E, Crescent Beach Subdivision and Lots 13, 14 & 15 Block B, Venetian Gardens Subdivision

Street Address: Estero Blvd., Ft. Myers Beach, Fl.

(b) The general description of the improvement is construction of motel & restaurant

(c) Name and address of owner and their interest in the site of the improvement is

1400 Estero Assoc., 1400 Estero Blvd., Ft. Myers Beach, Fl.

and their interest is: Lessor

Name and address of fee simple title holder, if other than owner, is:

Crescent Beach Company

(d) Name and address of contractor(s) is/are:

Jack Stilson & Co., 1929 Winkler Ave., Ft. Myers, Fl.

(e) Name and address of surety on payment bond under Section 713.23, Florida Statutes, is:

Seaboard Surety Co., N.Y., N.Y.

Amount of Bond: \$ 1,570,000.00

(f) Name and address of owners authorized agent upon whom notices or other documents may be served:

H. Kent Little, V.P., Exchange National Bank of Lee County, P.O. Box 2449, Ft. Myers, Fl. 33902

(g) Copy of Notice to Owner as provided in Section 713.06 (2)(g), Florida Statutes, is also to be sent to:

Name and address:

1400 Estero Associates

EXCHANGE NATIONAL BANK OF LEE COUNTY

[Signature]
Owner or ~~XXXXXX~~

[Signature]
Owner or Authorized Agent: H. Kent Little, V.P.

Sworn to and subscribed before me this 19th day of January

19 78

My Commission Expires:

6-30-80

[Signature]
Notary Public, State of Florida of Large

STATE OF FLORIDA }
COUNTY OF LEE }

Filed for record this _____ day of _____, 19____. Recorded in O. R. Book _____ Page _____ and record verified.
Said Geraci, Clerk of Circuit Court

By _____ D. C.

STATE OF FLORIDA }
COUNTY OF LEE }

I, Said Geraci, Clerk of the Circuit Court in and for said County and State do hereby certify that the foregoing is a true and correct copy of Notice of Commencement as filed in this office under Clerk's file No. _____ and recorded in O. R. Book _____ Page _____ of the Public Records of Lee County, Florida.

WITNESS my hand and official seal this _____ day of _____ A. D. 197____

Said Geraci, Clerk

By _____ D. C.

JAN 20 1978
RECORDED
BY C. MURPHY D.C.

CERTIFICATION

RECORD VERIFIED - SAL GERACI CLERK
BY C. MURPHY D.C.

The undersigned, LINDA BAKER, being first duly sworn on oath states that she is the duly elected and acting Secretary of CRESCENT BEACH CO. OF FLORIDA, a Florida corporation, and that at a duly convened meeting of the Board of Directors of such corporation held on January 10, 1978, the following resolutions were adopted:

BE IT RESOLVED that either H. C. Templeton as President of Nelson O. Burt as Vice President of Crescent Beach Co. of Florida, is authorized and directed to join with 1400 Estero Associates, a partnership of Norman N. Patters, Robert R. Hastings and Robert Condaris, in the execution of a certain first mortgage to be given to The Exchange National Bank of Lee County in the amount of \$1,800,000 on land owned by this company lying in Blocks D & E of Crescent Beach Subdivision, pb 4, pg 45, and Lots 13, 14 and 15, Block B, Venetian Gardens Subdivision, pb 6, pg 70, both of the public records of Lee County.

BE IT FURTHER RESOLVED that said officers are authorized and directed to do such further acts and to execute such other documents as may be necessary to effect the provision of the previous resolution.

Further, the said resolutions are in full force and effect and have not been modified, amended or repealed.

Dated this 17th day of January, 1978.

SAL GERACI
CLERK OF LEEOUCH COUNTY
JAN 20 9 40 AM '78
OFFICE OF CLERK OF LEEOUCH COUNTY
LEE COUNTY, FLORIDA
RECORD VERIFIED

Linda Baker
Linda Baker, Secretary

Sworn to and subscribed before me
this 17th day of January, 1978.

Ernest H. Crouse
Notary Public
My commission expires:
Notary Public, State of Florida, No. 11723
My Commission Expires Aug. 5, 1978

1063340

Real Estate Mortgage

REC-1247 PG 409

EXCHANGE NATIONAL BANK OF LEE COUNTY, FORMERLY KNOWN AS
Security NATIONAL BANK

THIS INDENTURE, Made this 19th day of January A.D., 1978
Between CRESCENT BEACH CO. OF FLORIDA, a Florida corporation; and 1400 ESTERO ASSOCIATES, a Florida General Partnership, all being in and
of the County of Lee and State of Florida, Mortgagor;
and EXCHANGE NATIONAL BANK OF LEE COUNTY,
and EXCHANGE NATIONAL BANK OF LEE COUNTY, a National Banking Corporation organized and existing under the Laws of the United States
and having its domicile in the County of Lee, in said State of Florida, Mortgagee.

WITNESSETH:

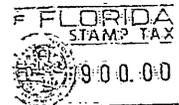
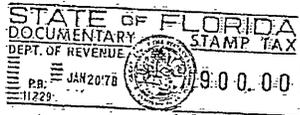
RECORD KEPT - SAL GERACI CLERK
BY C. MURPHY D.C.

That the said Mortgagor, for and in consideration of the sum of TEN DOLLARS AND OTHER VALUABLE CONSIDERATIONS, to it in hand paid by the said Mortgagee, the receipt whereof is hereby acknowledged, by these presents does grant, bargain, sell, convey and confirm unto the said Mortgagee, its successors and assigns, the following described real estate, situate and being in the County of Lee, and State of Florida, to-wit:

Received \$360.00 in payment of Taxes due on Class C Int. to the Personal Property, pursuant to Chapter 71-14 Laws of Florida. Act 1977.
SAL GERACI / 80639
CLERK, CIRCUIT COURT
LEE COUNTY, FLORIDA

See Schedule "A" attached hereto.

LEE COUNTY



Together with all and singular the tenements, hereditaments, easements and appurtenances thereunto belonging, or in any-wise appertaining, and the rents, issues, and profits thereof, and also all the estate, right, title and interest in and to the same, and every part and parcel thereof, and also all gas and electric fixtures, radiators, heaters, air conditioning equipment affixed to the premises, machinery, broilers, built-in ranges, elevators and motors, bath-tubs, shower enclosures, sinks, water closets, water basins, pipes, faucets and other plumbing and heating fixtures, dishwashers, disposals, window screens, screen doors, venetian blinds, storm shutters and awnings, swimming pool equipment, screen enclosures, water systems and softeners, which are now or may hereafter pertain to or be used with, in or on said premises, even though they be detached or detachable, are and shall be deemed to be fixtures and accessions to the freehold and a part of the realty.

TO HAVE AND TO HOLD the above described property unto the Mortgagee, its successors and assigns forever.

NOW, THEREFORE, the condition of this mortgage is such that if the Mortgagor shall well and truly pay unto the Mortgagee, the indebtedness evidenced by this certain Promissory Note of even date herewith made by the Mortgagor and payable to the Mortgagee, in the principal sum of ONE MILLION EIGHT HUNDRED THOUSAND AND NO/100

----- DOLLARS (\$1,800,000.00) -----
together with interest as therein stated, and any and all future advances made by Mortgagee up to One Million Eight Hundred Thousand and 7/100ths together with interest as may be provided in the Promissory Note or Notes evidencing said future advances, and shall perform, comply with and abide by each and every stipulations, agreements, conditions and covenants contained and set forth in this mortgage and in the promissory note (and such note or notes which may be subsequently given to evidence future advances) secured hereby and any and all indebtedness of every kind and character now due or that hereafter may become due from Mortgagor to Mortgagee whether evidenced by promissory notes or other written instruments or whether by money borrowed from Mortgagee or advanced by Mortgagee to Mortgagor, or whether created by Mortgagee in any way to become a surety, liable, responsible or obligated by Mortgagor to Mortgagee, or whether created by Mortgagor in any indemnity, venture or undertaking whatsoever to its loss, detriment or danger, the plain intent and meaning hereof being that this instrument shall secure the payment of any and all indebtedness of every kind and character whatsoever now due or that may hereafter become due from the Mortgagor to the Mortgagee, however the same may be manifested, evidenced or contracted; then this mortgage and the estate hereby created shall cease and be null and void.

THIS INSTRUMENT PREPARED BY:

DOCUMENTARY STAMPS AFFIXED TO:
NOTE \$ 2700.00

Fort Myers, Florida 33902

THIS INSTRUMENT PREPARED BY:
GEORGE T. SWIFT
ATTORNEY AT LAW
P. O. BOX 1180
FORT MYERS, FLORIDA 33902

AND THE MORTGAGOR DOES HEREBY COVENANT AND AGREE:

1. To perform, comply with and abide by each and every stipulations, agreements, conditions and covenants contained and set forth in said promissory note and this mortgage deed.

2. To permit, commit or suffer no waste and to maintain the improvements at all times in a state of good repair and condition; to do or permit to be done to said premises nothing that will alter or change the use and character of said property or in any way impair or weaken the security of this mortgage, and to permit the Mortgagee, through its agents, to enter upon and inspect the mortgaged premises, and in case of the refusal, neglect or inability of the Mortgagor to repair and maintain said property, the Mortgagee may, at its option, make such repairs or cause the same to be made, and advance monies in that behalf.

3. To pay all and singular the taxes, assessments, levies, liabilities, and obligation of every nature on said described property each and every when due and payable according to law, before they become delinquent and to deliver to the Mortgagee on or before March 15th of each year tax receipts evidencing the payment of all lawfully imposed taxes for the preceding calendar year; to indemnify the Mortgagee upon its demand for taxes, assessments and charges that may be assessed upon this mortgage on the indebtedness secured hereby, and paid by the Mortgagee, without regard to any law heretofore enacted or hereafter to be enacted imposing payment of the whole or any part thereof upon the Mortgagee.

4. It is expressly understood and agreed that the mortgage note or notes secured hereby shall become due and payable forthwith at the option of the Bank if at any time during this loan the Mortgagor shall convey away said mortgaged premises or if the title thereto shall become vested in any other person or persons in any manner whatsoever, unless the consent in writing of the Bank herein, or its successors or assigns, is first obtained. In the event of such transfer of title with or without the Bank's consent, the Bank at its option shall have the right to amend or modify the rates, terms, conditions, covenants and provisions of this mortgage and the note secured hereby.

5. It is further covenanted and agreed by said parties that in the event of a suit being instituted to foreclose this mortgage, the Mortgagee shall be entitled to apply at any time pending such foreclosure suit to the court having jurisdiction thereof for the appointment of a receiver of all and singular the mortgaged property, and of all rents, incomes, profits, issues and revenues thereof, from whatsoever source derived; and it is hereby expressly covenanted and agreed that the court shall forthwith appoint such receiver with the usual powers and duties of receivers in like cases, and said appointment shall be made by the court as a matter of strict right to the Mortgagee, and without reference to the adequacy or inadequacy of the value of the property hereby mortgaged, or to the solvency or insolvency of the Mortgagors or any other party defendant to such suit. The Mortgagor hereby specifically waives the right to object to the appointment of a receiver as aforesaid and hereby expressly consents that such appointment shall be made as a matter of absolute right to the Mortgagee and that the same may be done without notice to the Mortgagor.

6. And the Mortgagor does hereby mortgage, transfer, set over and assign unto the Mortgagee as additional security for the payment of said mortgage indebtedness, all of the rents, issues, income and profits from the above-described property, hereby giving and granting unto the Mortgagee all leases now or hereafter placed upon said mortgaged property or any part thereof and does hereby covenant and agree that, in the event of a default under any of the covenants and provisions of this mortgage, the Mortgagee is hereby authorized and empowered to collect and receive all such rents, issues, income and profits due and to become due from any and all tenants using or occupying said property, or any part thereof, and to apply the same against the defaulted payments. So long as there shall be no default hereunder, the Mortgagee shall have the right to collect, receive and use, without accounting to the Mortgagee, any and all such rents, incomes and profits derived from said property.

7. If foreclosure proceedings should be instituted against the property covered by this mortgage upon any other lien or claim whether alleged to be superior or junior to the lien of this mortgage, the Mortgagee may at its option immediately upon institution of such suit or during the pendency thereof declare this mortgage and the indebtedness secured hereby due and payable forthwith and may at its option proceed to foreclose this mortgage.

8. To pay all singular the costs, charges and expenses, including a reasonable attorney's fees and abstract costs, reasonably incurred by or paid at any time by the Mortgagee because of the failure of the Mortgagor to perform, comply with, and abide by each and every of the stipulations, agreements, conditions and covenants of said promissory note or notes and of this mortgage, or either whether in connection with a foreclosure action or other types of collection procedures.

9. That the Mortgagor will keep all real and personal property now or hereafter encumbered by the lien of this mortgage insured as may be required from time to time by the Mortgagee against loss by fire, windstorm and other hazards, casualties and contingencies for such periods and for not less than such amounts as may be required by the Mortgagee and to pay promptly when due such premiums for any insurance. The amounts of insurance required by the Mortgagee shall be the minimum amounts for which said insurance shall be written and it shall be incumbent upon the Mortgagor to maintain such additional insurance as may be necessary to meet and comply fully with all co-insurance requirements contained in said policies, to the end that said Mortgagor is not a co-insurer thereunder. Insurance shall be written by a company or companies approved by the Mortgagee, and having an agent whose office is situated within a radius of fifty miles of the office of the Mortgagee, and the by the Mortgagee, and originals thereof shall be held by the Mortgagee. All detailed designations by the Mortgagor which are accepted by the Mortgagee and all agreements between Mortgagor and Mortgagee relating to insurance, now and existing hereafter made, shall govern both parties hereto and their successors and assigns, no lien upon any of said policies of insurance or upon any refund or return premium which may be payable on the cancellation or termination thereof shall be given to other than the Mortgagee, except by proper endorsement affixed to such policy and approved by the Mortgagee. Each policy of insurance shall have affixed thereto a standard mortgage clause without contribution-making. All claims or losses under such policy payable to the Mortgagee as its interest may appear. In the event any sum or sums of money become payable thereunder the Mortgagee shall have the option to receive and apply the same on account of the indebtedness hereby secured, or to permit the Mortgagor to receive and use it, or any part thereof, without thereby waiving or impairing any equity, lien or right under and by virtue of this mortgage. In event of loss or physical damage to the mortgaged property the Mortgagor shall give immediate notice thereof by mail to the Mortgagee and the Mortgagee may make proof of loss if the same is not made promptly by the Mortgagor. In event of foreclosure of this mortgage or other transfer of title to the mortgaged property in extinguishment of the indebtedness secured hereby, all right, title and interest of the Mortgagor in and to any insurance policies then in force shall pass to the purchaser or grantee. In the event of the issuance of a life insurance policy or policies in connection with or as additional security for this obligation, then borrowers agree to promptly pay the premiums thereon, shall keep the same in full force and effect so long as Mortgagee may require, and do hereby set over and assign said policy or policies to the Mortgagee, together with any sums of money which may become due thereunder to the extent of the amount due Mortgagee under this obligation, the Mortgagee having the right to immediately receive all sums paid thereunder and to credit such payment or payments against this obligation.

10. Mortgagor covenants that if any of the sums of money herein referred to be not promptly and fully paid within 30 days after same severally become due and payable or if each and every of the stipulations, agreements, conditions and covenants of said promissory note or notes and this mortgage or either are not duly performed, complied with and abided by, or if the interest that may become due thereon or any part thereof shall be behind and unpaid for the space of ten (10) days forthwith or thereafter, at the option of Mortgagee, and is to be optional with Mortgagee, its successors and assigns to consider the whole of said principal sum as yet unpaid expressed in said note or notes or other evidence of indebtedness immediately due and payable as fully and completely as if such aggregate sum of money was originally stipulated to be paid on such day, anything in said promissory note or notes or herein to the contrary notwithstanding.

11. The Mortgagee may, at its option, and without waiving its right to accelerate the indebtedness hereby secured and to foreclose the same, pay either before or after delinquency any or all of those certain obligations required by the terms hereof to be paid by the Mortgagor for the protection of the Mortgage security or for the collection of the indebtedness hereby secured. All sums so advanced or paid by the Mortgagee (including amounts which might be advanced under Paragraph 2 hereof) shall be charged into the mortgage account and become an integral part thereof, subject in all respects to the terms, conditions and covenants of the aforesaid promissory note, and this mortgage, as fully and to the extent as though a part of the original indebtedness evidenced by said note and secured by this mortgage, excepting, however, that said sums shall be repaid the Mortgagee forthwith upon its demand and be in addition to the regular monthly installments provided by the mortgage note.

12. That the abstract or abstracts of title covering the mortgaged property shall at all times, during the life of this mortgage, remain in the possession of the Mortgagee and in event of the foreclosure of this mortgage or other transfer of title to the mortgaged property in extinguishment of the indebtedness secured hereby, all right, title and interest of the Mortgagor in and to any such abstracts of title shall pass to the purchaser or grantee.

13. That no waiver of any covenant herein or of the obligation secured hereby shall at any time hereafter be held to be a waiver of the terms hereof or of the note secured hereby.

14. That in order to accelerate the maturity of the indebtedness hereby secured because of the failure of the Mortgagor to pay any tax assessment, liability, obligation or encumbrance upon said property as herein provided, it shall not be necessary nor requisite that the Mortgagee shall first pay the same.

15. At the option of Mortgagee, Mortgagors are required to furnish Mortgagee with an annual financial statement satisfactory to mortgagee within ninety (90) days from year end. Failure to supply said financial statement shall be considered an event of default and accelerate this mortgage at said option of the Mortgagee.

16. The use of the word "Mortgagor" or "Mortgagee" shall include both singular and plural herein.

17. In addition to the insurance requirements set forth in paragraph 9 herein, Mortgagor shall be required to obtain and maintain flood insurance on the real property and all buildings and appurtenances constructed thereon or in the amount of the original principal amount of this loan*whichever is lesser and be subject to the endorsements and requirements as are set forth in paragraph 9. *or the amount available under the National Flood Disaster Act

18. Violation of any of the terms and conditions of the construction loan agreement executed between the parties simultaneously herewith shall be deemed an event of default and accelerate this mortgage at the option of mortgagee.

19. Notice of default must be given to all mortgagors at addresses furnished to the Exchange National Bank of Lee County.

OFF. REC. 1247 PC. 411

IN WITNESS WHEREOF, the said Mortgagor(s) has hereunto set its hand and seal the day and year first above written.

Signed, sealed and delivered in the presence of:

[Handwritten signatures]

CRESCENT BEACH CO. OF FLORIDA
BY: *[Signature]* (SEAL)
1400 ESTERO ASSOCIATES X(88X)X
BY: *[Signature]* (SEAL)
Norman N. Patters
Robert R. Hastings
[Signature] (SEAL)
Robert Condaris
General Partners.

STATE OF FLORIDA }
COUNTY OF LEE } ss.

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, Norman N. Patters, Robert R. Hastings and Robert Condaris General Partners of 1400 Estero Associates, to me well known and known to me to be the person or persons described in and who executed the foregoing mortgage, and acknowledged before me that they executed the same for the purposes therein expressed.

WITNESS my hand and official seal at Fort Myers County of Lee, and State of Florida, this 19th day of January, A.D. 1978.

[Signature]
NOTARY PUBLIC

My Commission Expires: 6-30-80

STATE OF FLORIDA
COUNTY OF LEE

I, an officer authorized to take acknowledgments according to the laws of the State of Florida, duly qualified and acting, HEREBY CERTIFY that H.C. TEMPLETON and _____ respectively as President xxx of CRESCENT BEACH CO. OF FLORIDA, a / Florida corporation, to me personally known, this day acknowledged before me that they executed the foregoing Mortgage as such officers of said corporation, and that they affixed thereto the official seal of said corporation; AND I FURTHER CERTIFY that I know the said persons making said acknowledgments to be the individuals described in and who executed the said Mortgage Agreement.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Fort Myers said County and State, this 19th day of January, A.D. 1978.

My Commission Expires:

6-30-80

Kathleen W. Pittman
NOTARY PUBLIC

Mortgage Book

TO
Security NATIONAL BANK

ABSTRACT OF DESCRIPTION

in _____ County, Florida.
Filed for recordal, _____ o'clock, _____ M., on
the _____ day of _____, A.D. 19____,
and recorded in Mortgage Book _____,
page _____ of the public records of _____
County, Florida.
Clerk of Circuit Court

SCHEDULE "A"

Said property is located in Lee County, Florida, more particularly described as follows, to-wit:

That parcel of land lying in Block "D" and "E" of CRESCENT BEACH SUBDIVISION, as per map or plat thereof recorded in Plat Book 4, at page 45, Public Records of Lee County, Florida, described as follows:

Lots 2, 3, 6, 7, 8 and 9 of Block "D"; and Lots 1, 4, 5, 8, 9, 10 and 11 of Block "E"; and all of Lot 7, less the Westerly 16 feet thereof in Block "E"; and also the Easterly 30 feet of Lots 2, 3 and 6, and all of the Southerly 15 feet of Lot 6, all in Block "E"; also the vacated street and alley formerly known as Avenue B lying between Blocks "D" and "E" and running from Estero Boulevard to the Gulf of Mexico; also that certain alleyway lying between Lots 5 and 6 on the North and Lots 7, 8, 9, 10 and 11 on the South in said Block "E"; also the vacated alleyway between Lot 6 on the North and Lots 7, 8 and Westerly one-half of Lot 9 on the South in said Block "D".

AND:

Lots 13, 14 and 15, Block B, VENETIAN GARDENS SUBDIVISION, as per map or plat thereof recorded in Plat Book 6, Page 70, in the Public Records of Lee County, Florida.

RECORDED IN PUBLIC RECORDS
JAN 20 9 40 AM '18
OFFICE OF THE CLERK OF COURTS
LEE COUNTY, FLORIDA
RECORDS VERIFIED

DBPR ABT-6035 – Division of Alcoholic Beverages and Tobacco Application for Transfer of Ownership of an Alcoholic Beverage License

TREASURER OF FLORIDA-DBPR
 ACCT1009074268 LOC7900407
 DEPOSIT ONLY 7/2/2007
 BT 7000028
 VAL 70000214
 AMT \$100.00



STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL
 REGULATION

BEV 46003576
 TOB

NOTE – This form must be submitted as part of an application packet

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation or your local district office. Please submit your completed application and required fee(s) to your local district office. This application may be submitted by mail, through appointment, or it can be dropped off. A District Office Address and Contact Information Sheet can be found on AB&T's page of the DBPR web site at the link provided below.

5043

<http://www.state.fl.us/dbpr/abt/contact/index.shtml>

SECTION 1 - CHECK TRANSACTION REQUESTED	
Trade Name (D/B/A) Lani Kai Island Resort	
Transaction Type:	
<input checked="" type="checkbox"/> Transfer of Ownership	<input checked="" type="checkbox"/> New Retail Tobacco Products Permit
<input type="checkbox"/> Change of Location	
<input checked="" type="checkbox"/> Change of Business Name	
<input type="checkbox"/> Change of Officers/Stockholders	
<input type="checkbox"/> Change in Series	Do you wish to purchase a Temporary License?
<input type="checkbox"/> Decrease in Series	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Increase in Series	
Series Requested 4COP	Type Requested S
SECTION 2 - CHECK LICENSE CATEGORY	
<input checked="" type="checkbox"/> Retail Alcoholic Beverages	<input type="checkbox"/> Alcoholic Beverage Broker Sales Agent
<input type="checkbox"/> Beer/Wine/Liquor Wholesaler	<input type="checkbox"/> Alcoholic Beverage Manufacturer
<input type="checkbox"/> Alcoholic Beverage Importer	

f. 161685
 7. 354233

F-184177

SECTION 3 - LICENSE INFORMATION			
If the applicant is a corporation or other legal entity, enter the name as registered with the Secretary of State on the line below.			
Full Name of Applicant		Corporate Document # <u>P07000068916</u>	
<u>LANI KAI ISLAND RESORT, INC.</u>			
Trade Name (D/B/A)		<u>LANI KAI ISLAND RESORT</u>	
FEIN Number or Social Security Number*		Business Telephone Number	
<u>26-0355166</u>		<u>239-463-3111</u>	
Location Address (Street and Number)			
<u>1400 Estero Blvd.</u>			
City	County	State	Zip Code
<u>Fl. Myers Beach</u>	<u>Lee</u>	<u>FL</u>	<u>33931</u>
Mailing Address (Street or P.O. Box)			
<u>1400 Estero Blvd.</u>			
City		State	Zip Code
<u>Fort Myers Beach</u>		<u>FL</u>	
Resident Agent/ Contact Person		Phone Number	
<u>Robert B. Burandt, Esq.</u>		<u>(239) 542-4733</u>	
Street Address			
<u>1714 Cape Coral Pkwy. East</u>			
City		State	Zip Code
<u>Cape Coral</u>		<u>FL</u>	<u>33904</u>
Current Business Name		Current License Number	
<u>LANI KAI ISLAND RESORT</u>		<u>BEV4600356</u>	
Condaris Robert & Grace Ann			
If this application is for the transfer of this license, is the transfer due to revocation proceedings?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, is there any personal relationship to the transferor?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain the relationship:			

F
74222

ON File. 193821

SECTION 4 - PARTNER, OFFICER, STOCKHOLDER PERSONAL INFORMATION						
This section must be completed for each applicant or person(s) directly connected with the business, unless they are current licensees						
1.	Trade Name (D/B/A) Lani Kai Island Resort, Inc. d/b/a Lani Kai Island Resort					
2.	Full Name Grace A. Conidaris					
	[REDACTED]		Home Phone Number		Date of Birth 6/27/33	
	W	F	Height	Weight	Eye Color	Hair Color
3.	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, immigration card number or passport number:					
4.	Home Address (Street and Number) 1400 Estero Blvd.					
	City Fort Myers Beach			State FL	Zip Code 33931	
5.	Do you currently own or have an interest in any business selling alcoholic beverages, wholesale cigarette or tobacco products, or a bottle club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state.					
	Trade Name (D/B/A)			License Number		
	Location Address					
6.	Have you ever had any type of alcoholic beverage, or bottle club license, or cigarette, or tobacco permit refused, revoked or suspended anywhere in the past 15 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state.					
	Trade Name (D/B/A)			License Number		
	Location Address					
7.	Have you been convicted of a felony or an offense involving alcoholic beverages anywhere? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below and provide a Certified Copy of the Arrest Disposition , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					
8.	Have you ever been arrested or issued a notice to appear, or had any criminal charges filed against you within the past 15 years in any state of the United States or its territories? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below and a CERTIFIED COPY OF THE DISPOSITION . Attach additional sheet if necessary.					
	Date		Location			
	Type of Offense					

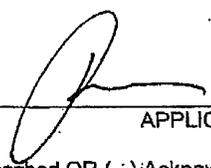
9 Are you any official with State police powers granted by the Florida Legislature?
 Yes No
 If yes, provide details:

NOTARIZATION STATEMENT

"I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45 and 837.06, Florida Statutes, that I have fully disclosed any and all parties financially and or contractually interested in this business and that the parties are disclosed in Section 12 of this application. I further swear or affirm that the foregoing information is true and correct."

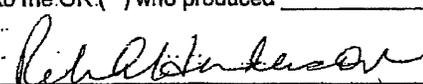
STATE OF FLORIDA

COUNTY OF LEES



 APPLICANT SIGNATURE

The foregoing was (Sworn to and Subscribed OR () Acknowledged Before me this 9th Day
 of June, 2007, By GRACEA CONIDARIS who is (personally known
 to me OR () who produced _____



 Notary Public
REGGEE A. HENDERSON

 **REGGEE A. HENDERSON**
 MY COMMISSION # DD-532095
 EXPIRES: July 1, 2010
 Bonded thru Budget Notary Services
 Commission Expires _____

(ATTACH ADDITIONAL COPIES AS NECESSARY)

*** Social Security Number**
 Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless a Federal statute specifically requires it or allows states to collect the number. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 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 professional and occupational license applications and are used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317. The State of Florida is authorized to collect the social security number of licensees pursuant to the Social Security Act, 42 U.S.C. 405(c)(2)(C)(i). This information is used to identify licensees for tax administration purposes.

ON FILE

386965

SECTION 4 - PARTNER, OFFICER, STOCKHOLDER PERSONAL INFORMATION						
This section must be completed for each applicant or person(s) directly connected with the business, unless they are current licensees.						
1.	Trade Name (D/B/A) Lani Kai Island Resort, Inc. d/b/a Lani Kai Island Resort					
2.	Full Name Robert G. Conidaris					
	Social Security Number*		Home Phone Number		Date of Birth 9/30/31	
	Race W	Sex M	Height	Weight	Eye Color	Hair Color
3.	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, immigration card number or passport number:					
4.	Home Address (Street and Number) 1400 Estero Blvd.					
	City Fort Myers Beach			State FL	Zip Code 33931	
5.	Do you currently own or have an interest in any business...selling alcoholic beverages, wholesale cigarette or tobacco products, or a bottle club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state.					
	Trade Name (D/B/A)			License Number		
	Location Address					
6.	Have you ever had any type of alcoholic beverage, or bottle club license, or cigarette, or tobacco permit refused, revoked or suspended anywhere in the past 15 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state.					
	Trade Name (D/B/A)			License Number		
	Location Address					
7.	Have you been convicted of a felony or an offense involving alcoholic beverages anywhere? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below and provide a Certified Copy of the Arrest Disposition , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					
8.	Have you ever been arrested or issued a notice to appear, or had any criminal charges filed against you within the past 15 years in any state of the United States or its territories? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and a CERTIFIED COPY OF THE DISPOSITION . Attach additional sheet if necessary:					
	Date 6-24-02		Location Lee County			
	Type of Offense Falsely Personating Officer					

9 Are you an official with State police powers granted by the Florida Legislature?
 Yes No
 If yes, provide details:

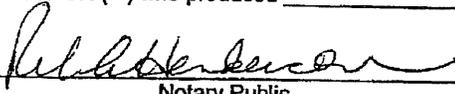
NOTARIZATION STATEMENT

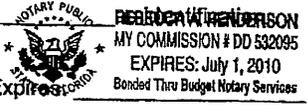
"I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45 and 837.06, Florida Statutes, that I have fully disclosed any and all parties financially and or contractually interested in this business and that the parties are disclosed in Section 12 of this application. I further swear or affirm that the foregoing information is true and correct."

STATE OF FLORIDA
 COUNTY OF LEE


 APPLICANT SIGNATURE

The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this 9th Day
 of June, 2007, By ROBERT G. CONIDARIS who is () personally known
 to me OR () who produced _____

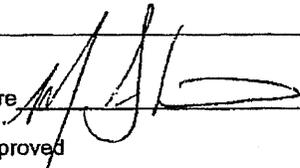

 Notary Public
REBECCA A. HENDERSON


 Commission Expires _____

(ATTACH ADDITIONAL COPIES AS NECESSARY)

*** Social Security Number**

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless a Federal statute specifically requires it or allows states to collect the number. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 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 professional and occupational license applications and are used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317. The State of Florida is authorized to collect the social security number of licensees pursuant to the Social Security Act, 42 U.S.C. 405(c)(2)(C)(I). This information is used to identify licensees for tax administration purposes.

SECTION 15. DESCRIPTION OF PREMISES TO BE LICENSED AB&T AUTHORIZED SIGNATURE REQUIRED			
Trade Name (D/B/A) <u>Lani Kai Island Resort</u>			
1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the proposed premises movable or able to be moved?
2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there any access through the premise to any area over which you do not have dominion and control?
3.	Neatly draw a floor plan of the premises in ink, including sidewalks and other outside areas which are contiguous to the premises, walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises sought to be licensed. A multi-story building where the entire building is to be licensed must show each floor plan. No architectural drawings are accepted.		
See Attached.			
DBPR Authorized Signature 			Date <u>7/5/07</u>
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
Comments _____			

SECTION 212.10 SALES TAX
TO BE COMPLETED BY THE DEPARTMENT OF REVENUE

Trade Name (D/B/A)
Lani Kai Island Resort

The named applicant for a license/permit has complied with the Florida Statutes concerning registration for Sales and Use Tax.

1. This is to verify that the current owner as named in this application has filed all returns and that all outstanding billings and returns appear to have been paid through the period ending 8-31-07 or the liability has been acknowledged and agreed to be paid by the applicant. This verification does not constitute a certificate as contained in Section 212.10 (1), Florida Statutes (Not applicable if no transfer involved).
2. Furthermore, the named applicant for an Alcoholic Beverage License has complied with Florida Statutes concerning registration for Sales and Use Tax, and has paid any applicable taxes due.

Signed [Signature] Date 6-20-07

Title TAX SPECIALIST II

Department of Revenue Stamp:

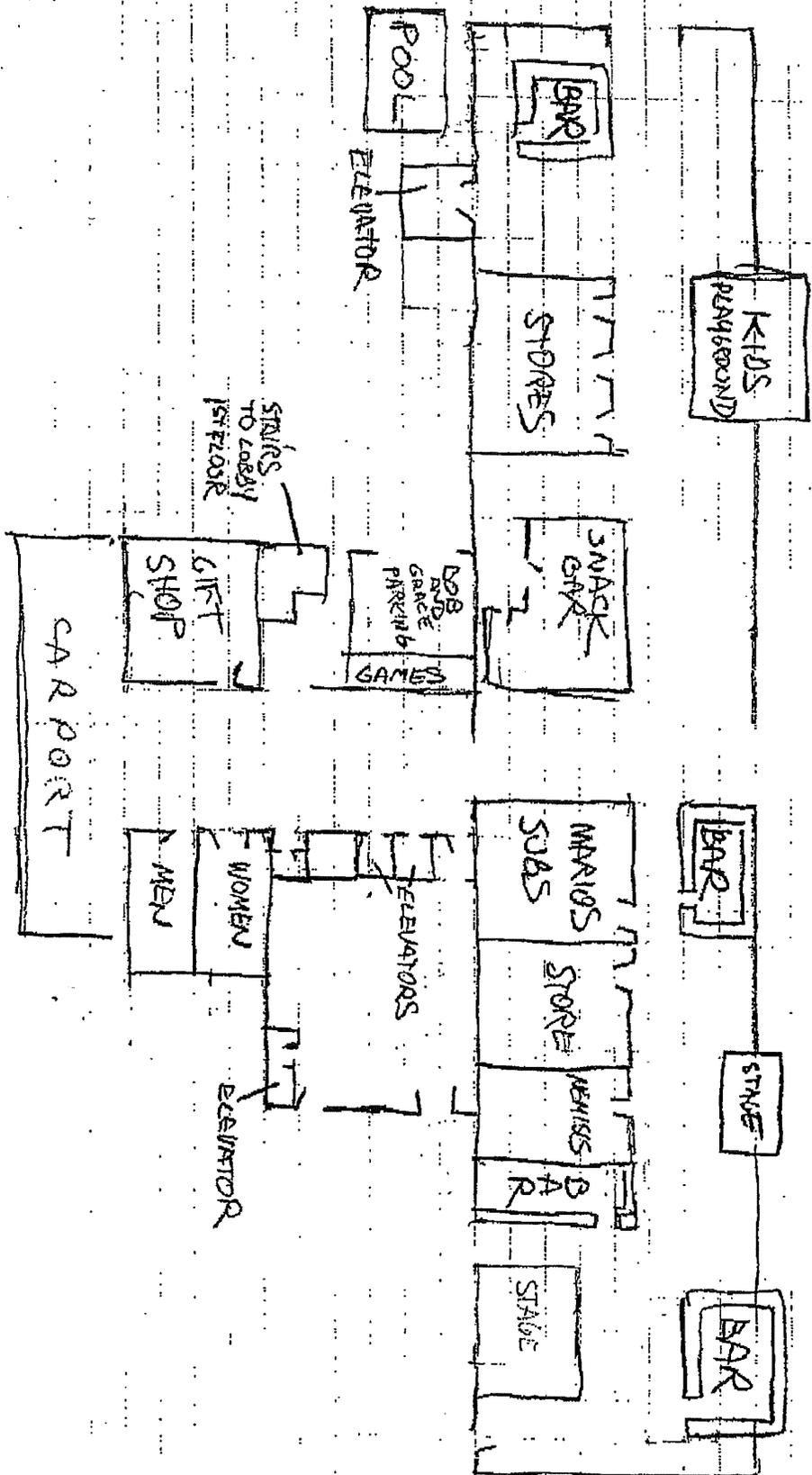
6/20/07

RECEIVED
DEPT. OF REVENUE
ENDT. HVFBS.

2007 JUN 20 P 2:01

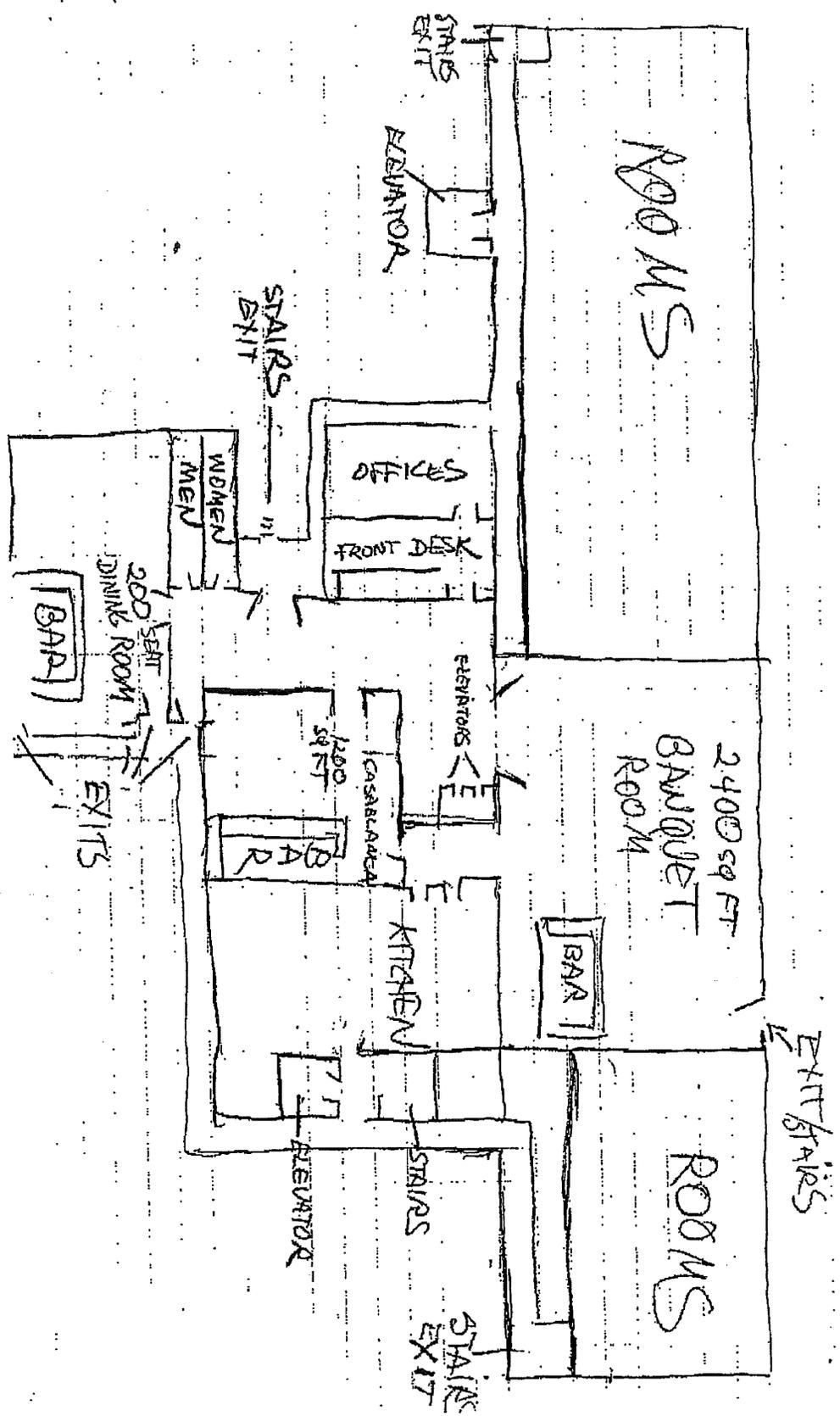
GOLF

GROUNDS FLOOR



604A

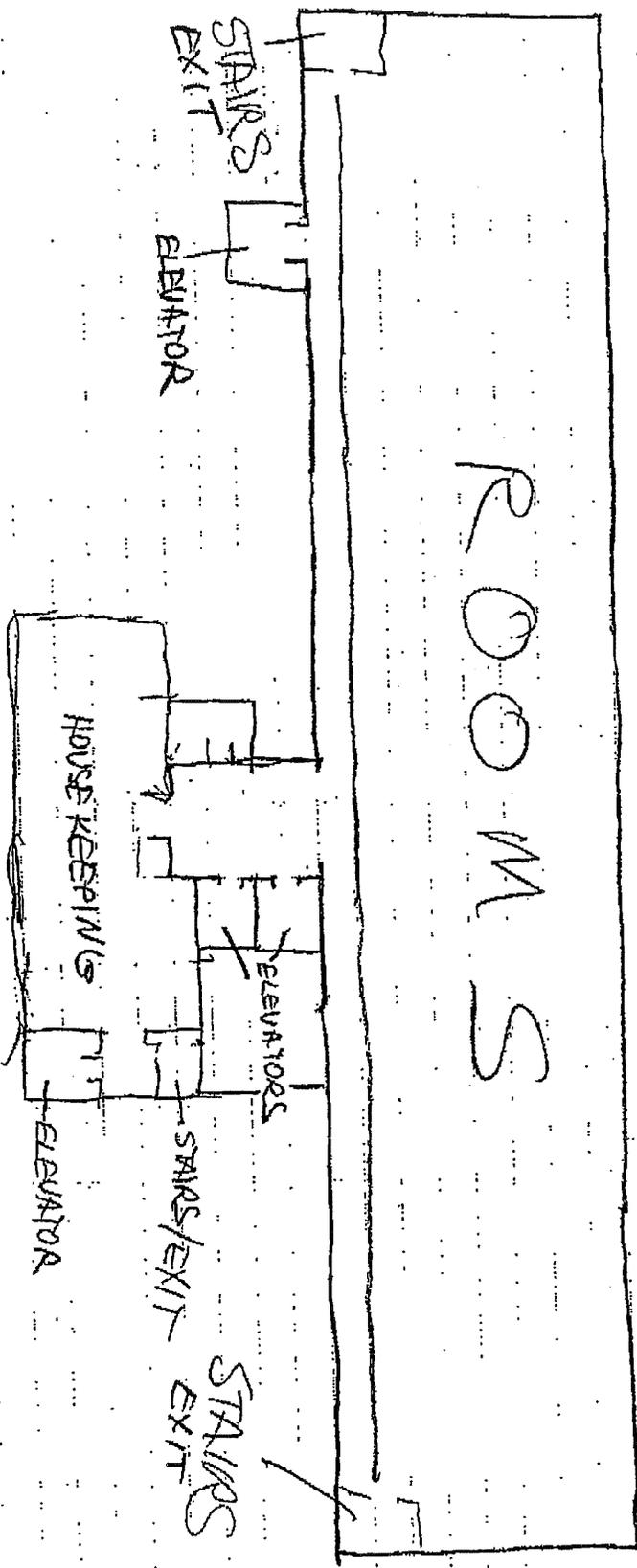
1ST FLOOR



GOLF

2ND FLOOR

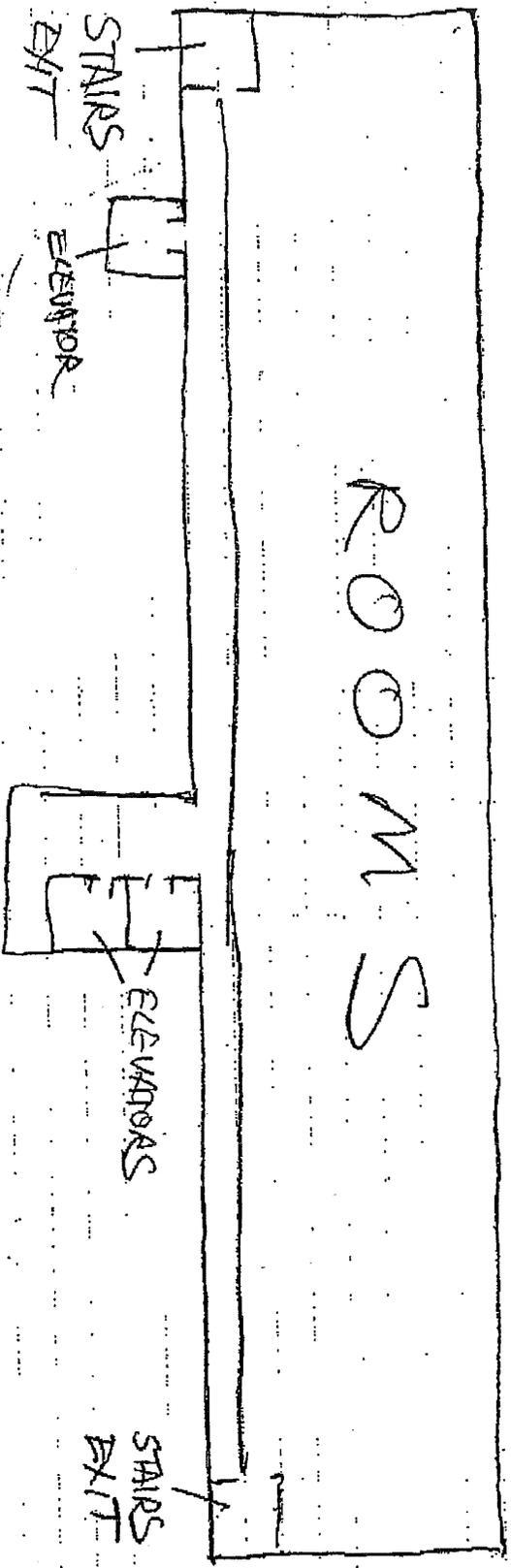
ROOMS



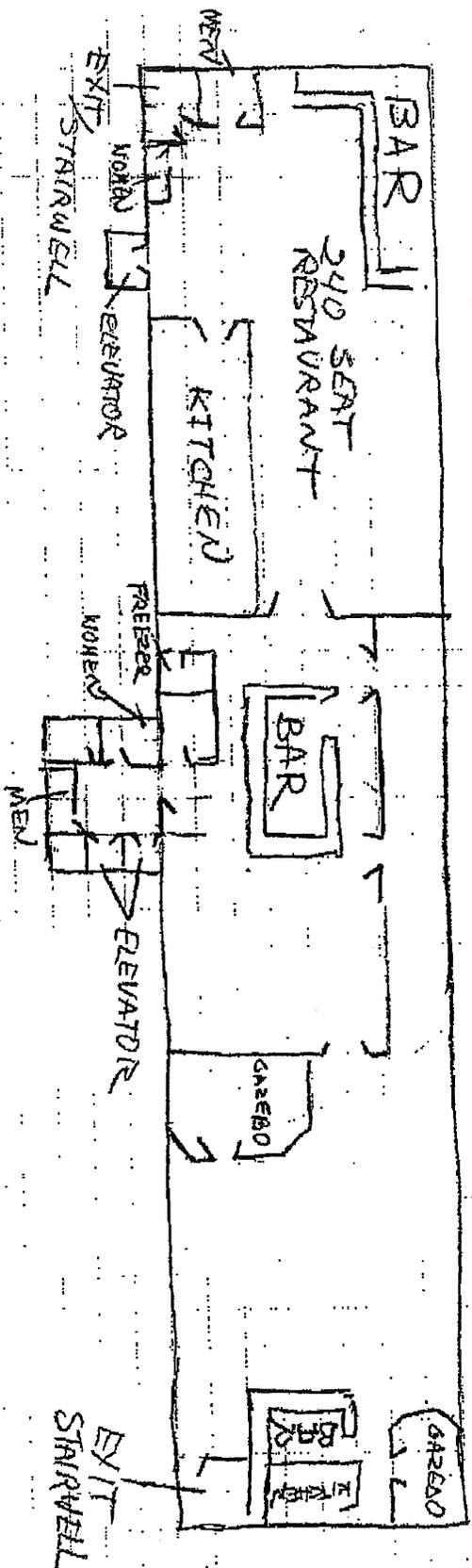
60LF

3rd, 4th, 5th FLOORS

ROOMS



GULF



6TH FLOOR SUNDECK

SECTION 7 - DISCLOSURE OF INTERESTED PARTIES

Note: Failure to disclose an interest, direct or indirect, could result in denial, suspension and/or revocation of your license.

Trade Name (D/B/A)
Lani Kai Island Resort, Inc. d/b/a Lani Kai Island Resort

1. List below the names, titles and percentage of stock held for all officers, directors, stockholders, managing members and general partners of the corporation or other legal entity for which this license or permit is being sought. Attach extra sheets if necessary. If the applicant is a limited partnership or limited liability company, attach a list of all limited partners and members.

Title/Position	Name	Stock %
President	Robert G. Conidaris	
Vice President	Grace A. Conidaris	
Secretary		
Treasurer		
Director(s)		
Stockholder(s)		
Managing Member(s)		
General Partner(s)		

2. Are there any persons not listed above who have guaranteed or co-signed a lease or loan, or any person or entity who has loaned money to the business that is not a traditional lending institution?
 Yes No
 If yes, you must list the person(s) or entity and indicate which of the below applies.

Name	Guarantor	Co-signer	Lender	Interest Rate (List)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Trade Name (D/B/A)
Lani Kai Island Resort, Inc. d/b/a Lani Kai Island Resort

SECTION VIII

() Quota Alcoholic Beverage License (X) Special Alcoholic Beverage License () Club Alcoholic Beverage License

This license is issued pursuant to 561.20(2)(a)(1), Florida Statute or Special Act and as such we acknowledge the following requirements must be met and maintained:

The premises must be operated as a bona fide hotel, motel or motor court with 100 or more guestrooms. Sales & service of Alcoholic beverages must be discontinued when these conditions are not met. Consumption on premises and packaged sales of alcoholic beverages are allowed. All alcoholic beverages offered for resale must be purchased from a licensed distributor.

Please initial and date:
Applicant's initials: [Signature] Date: 6-9-07

SECTION B - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED

Trade Name (D/B/A) Lani Kai Island Resort, Inc. d/b/a Lani Kai Island resort

"I, the undersigned individually, or if a corporation for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such, I hereby swear or affirm that the attached sketch or blueprint is substantially a true and correct representation of the premises to be licensed and agree that the place of business, if licensed, may be inspected and searched during business hours or at any time business is being conducted on the premises without a search warrant by officers of the Division of Alcoholic Beverages and Tobacco, the sheriff, his deputies, and police officers for the purposes of determining compliance with the beverage and cigarette laws."

"I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45 and 837.06, Florida Statutes, that I have fully disclosed any and all parties financially and or contractually interested in this business and that the parties are disclosed in section 12 of this application. I further swear or affirm that the foregoing information is true and correct."

STATE OF FLORIDA

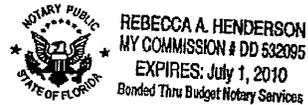
[Signature]
APPLICANT SIGNATURE

COUNTY OF LEE

APPLICANT SIGNATURE

The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this 9th Day of June, 2007, By ROBERT G. CONIDARIS who is () personally known to me OR () who produced _____ as identification.

[Signature] Commission Expires: _____
Notary Public REBECCA A. HENDERSON



SECTION 617 AFFIDAVIT OF TRANSFEROR
NOTARIZATION REQUIRED

Trade Name (D/B/A)

Lani Kai Island Resort, Inc. d/b/a Lani Kai Island Resort

I, the undersigned, hereby swear or affirm that I am duly authorized to make this affidavit and do hereby consent, on my behalf or on behalf of the transferor, to the above transfer, and represent to the Division of Alcoholic Beverages and Tobacco that the license which is being transferred is as shown in the application and that a bona fide sale in good faith has been made to the within applicant of the business for which the foregoing transfer of license is sought.

STATE OF FLORIDA

[Signature]
TRANSFEROR OR AUTHORIZED OFFICER SIGNATURE

COUNTY OF LEE

[Signature]
TRANSFEROR OR AUTHORIZED OFFICER SIGNATURE

The foregoing was (Sworn to and Subscribed OR () Acknowledged Before me this 9th Day of June, 2007, By ROBERT + GRACE CONIDARIS who is (personally known to me OR () who produced _____ as identification.

[Signature]
Notary Public REBECCA A. HENDERSON

Commission Expires: _____



REBECCA A. HENDERSON
MY COMMISSION # DD 532095
EXPIRES: July 1, 2010
Bonded Thru Budget Notary Services

SECTION 15. CURRENT LICENSEE UPDATE DATA SHEET

This section is to be completed for all current alcoholic beverage and/or tobacco license holders listed on the application to ensure the most up to date information is captured.

Trade Name (D/B/A) ~~Conidaris, Robert & Grace Ann~~ / Lani Kai Island Resort

386965

Last Name Conidaris First Robert Middle G.

Current License Number(s) BEV/4600356

Date of Birth 9-30-31 / Social Security Number [REDACTED]

Street Address 1400 Estero Blvd.

City Fort Myers Beach State FL Zip Code 33931

Last Name Conidaris First Grace Middle A.

Current License Number(s) BEV/4600356

Date of Birth 6-27-33 / / Social Security Number [REDACTED] "9"

Street Address 1400 Estero Blvd.

City Fort Myers Beach State FL Zip Code 33931

Last Name First Middle

Current License Number(s)

Date of Birth / / Social Security Number*

Street Address

City State Zip Code

Last Name First Middle

Current License Number(s)

Date of Birth / / Social Security Number*

Street Address

City State Zip Code

FOR DIVISION USE ONLY - DO NOT WRITE BELOW THIS LINE	
Trade Name (D/B/A)	
CODE: City	County
FEIN NUMBER	
TYPE	FEE
TRANS	182.00
TOS	50.00
TOTAL 232.00	
Approved by <u>Renda</u>	Date <u>7/23/07</u> Audited: <u>X</u> Unaudited: _____
District Office Received Date Stamp	District Office Accepted Date Stamp
RECEIVED DBPR	ACCEPTED FOR PROCESSING JUL - 2 2007
DIV. OF ABT POSTAL SERVICES	

DBPR ABT-6035 – Division of Alcoholic Beverages and Tobacco Application for Transfer of Ownership of an Alcoholic Beverage License

TREASURER OF FLORIDA-DBPR
 ACCT1009074268 LOC7900407
 DEPOSIT ONLY 7/2/2007
 BT 7000028
 VAL 70000214
 AMT \$100.00



STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL
 REGULATION

BEV46003576
 TOB

NOTE – This form must be submitted as part of an application packet

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation or your local district office. Please submit your completed application and required fee(s) to your local district office. This application may be submitted by mail, through appointment, or it can be dropped off. A District Office Address and Contact Information Sheet can be found on AB&T's page of the DBPR web site at the link provided below.

5843

<http://www.state.fl.us/dbpr/abt/contact/index.shtml>

SECTION 1 - CHECK TRANSACTION REQUESTED	
Trade Name (D/B/A) Mami Kai Island Resort	
Transaction Type:	
<input checked="" type="checkbox"/> Transfer of Ownership	<input checked="" type="checkbox"/> New Retail Tobacco Products Permit
<input type="checkbox"/> Change of Location	
<input checked="" type="checkbox"/> Change of Business Name	
<input type="checkbox"/> Change of Officers/Stockholders	
<input type="checkbox"/> Change in Series	Do you wish to purchase a Temporary License?
<input type="checkbox"/> Decrease in Series	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Increase in Series	
Series Requested 4 COP	Type Requested S
SECTION 2 - CHECK LICENSE CATEGORY	
<input checked="" type="checkbox"/> Retail Alcoholic Beverages	<input type="checkbox"/> Alcoholic Beverage Broker Sales Agent
<input type="checkbox"/> Beer/Wine/Liquor Wholesaler	<input type="checkbox"/> Alcoholic Beverage Manufacturer
<input type="checkbox"/> Alcoholic Beverage Importer	

f. 11/16/85
 7. 354233

F-184177

SECTION 3 - LICENSE INFORMATION			
If the applicant is a corporation or other legal entity, enter the name as registered with the Secretary of State on the line below.			
Full Name of Applicant		Corporate Document # P07000068916	
LANI KAI ISLAND RESORT, INC.			
Trade Name (D/B/A)		LANI KAI ISLAND RESORT	
FEIN Number or Social Security Number*		Business Telephone Number	
26-0355166		239-463-3111	
Location Address (Street and Number)			
1400 Estero Blvd.			
City	County	State	Zip Code
FL. Myers Beach	Lee	FL	33931
Mailing Address (Street or P.O. Box)			
1400 Estero Blvd.			
City		State	Zip Code
Fort Myers Beach		FL	
Resident Agent/ Contact Person		Phone Number	
Robert B. Burandt, Esq.		(239) 542-4733	
Street Address			
1714 Cape Coral Pkwy. East.			
City		State	Zip Code
Cape Coral		FL	33904
Current Business Name		Current License Number	
LANI KAI ISLAND RESORT		BEV4600356	
Condario Robert & Grace Ann			
If this application is for the transfer of this license, is the transfer due to revocation proceedings?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, is there any personal relationship to the transferor?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain the relationship:			

F
74222

ON File 193821

SECTION 4 - PARTNER, OFFICER, STOCKHOLDER PERSONAL INFORMATION						
This section must be completed for each applicant or person(s) directly connected with the business, unless they are current licensees.						
1.	Trade Name (D/B/A) Lani Kai Island Resort, Inc. d/b/a Lani Kai Island Resort					
2.	Full Name Grace A. Conidaris					
	[Redacted]		Home Phone Number	Date of Birth 6/27/33		
	W	F	Height	Weight	Eye Color	Hair Color
3.	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, immigration card number or passport number:					
4.	Home Address (Street and Number) 1400 Estero Blvd.					
	City Fort Myers Beach			State FL	Zip Code 33931	
5.	Do you currently own or have an interest in any business selling alcoholic beverages, wholesale cigarette or tobacco products, or a bottle club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state.					
	Trade Name (D/B/A)		License Number			
	Location Address					
6.	Have you ever had any type of alcoholic beverage, or bottle club license, or cigarette, or tobacco permit refused, revoked or suspended anywhere in the past 15 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state.					
	Trade Name (D/B/A)		License Number			
	Location Address					
7.	Have you been convicted of a felony or an offense involving alcoholic beverages anywhere? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below and provide a Certified Copy of the Arrest Disposition , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					
8.	Have you ever been arrested or issued a notice to appear, or had any criminal charges filed against you within the past 15 years in any state of the United States or its territories? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below and a CERTIFIED COPY OF THE DISPOSITION . Attach additional sheet if necessary.					
	Date		Location			
	Type of Offense					

ON FILE

386965

SECTION 4 - PARTNER, OFFICER, STOCKHOLDER PERSONAL INFORMATION						
This section must be completed for each applicant or person(s) directly connected with the business, unless they are current licensees.						
1.	Trade Name (D/B/A) Lani Kai Island Resort, Inc. d/b/a Lani Kai Island Resort					
2.	Full Name Robert G. Conidaris					
	Social Security Number*		Home Phone Number		Date of Birth 9/30/31	
	Race W	Sex M	Height	Weight	Eye Color	Hair Color
3.	Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, immigration card number or passport number:					
4.	Home Address (Street and Number) 1400 Estero Blvd.					
	City Fort Myers Beach			State FL	Zip Code 33931	
5.	Do you currently own or have an interest in any business selling alcoholic beverages, wholesale cigarette or tobacco products, or a bottle club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state.					
	Trade Name (D/B/A)			License Number		
	Location Address					
6.	Have you ever had any type of alcoholic beverage, or bottle club license, or cigarette, or tobacco permit refused, revoked or suspended anywhere in the past 15 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below. The location address should include the city and state.					
	Trade Name (D/B/A)			License Number		
	Location Address					
7.	Have you been convicted of a felony or an offense involving alcoholic beverages anywhere? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the information requested below and provide a Certified Copy of the Arrest Disposition , as requested in the Application Requirements checklist.					
	Date		Location			
	Type of Offense					
8.	Have you ever been arrested or issued a notice to appear, or had any criminal charges filed against you within the past 15 years in any state of the United States or its territories? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the information requested below and a CERTIFIED COPY OF THE DISPOSITION . Attach additional sheet if necessary.					
	Date 6-24-02		Location Lee County			
	Type of Offense Falsely Personating Officer					

9 Are you an official with State police powers granted by the Florida Legislature?
 Yes No
 If yes, provide details:

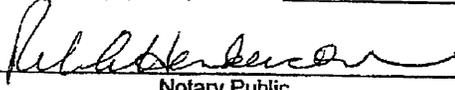
NOTARIZATION STATEMENT

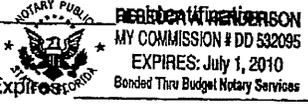
"I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45 and 837.06, Florida Statutes, that I have fully disclosed any and all parties financially and or contractually interested in this business and that the parties are disclosed in Section 12 of this application. I further swear or affirm that the foregoing information is true and correct."

STATE OF FLORIDA
 COUNTY OF LEE


 APPLICANT SIGNATURE

The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this 9th Day
 of June, 2007, By ROBERT G. CONIDARIS who is () personally known
 to me OR () who produced _____

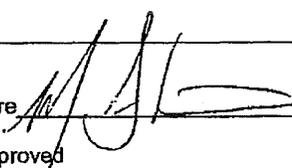

 Notary Public
REBECCA A. HENDERSON


 Commission Expires _____
 Banded Thru Budget Notary Services

(ATTACH ADDITIONAL COPIES AS NECESSARY)

*** Social Security Number**

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless a Federal statute specifically requires it or allows states to collect the number. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 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 professional and occupational license applications and are used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317. The State of Florida is authorized to collect the social security number of licensees pursuant to the Social Security Act, 42 U.S.C. 405(c)(2)(C)(I). This information is used to identify licensees for tax administration purposes.

SECTION 5 - DESCRIPTION OF PREMISES TO BE LICENSED <small>ABSTRACT AUTHORIZED SIGNATURE REQUIRED</small>			
Trade Name (D/B/A)		LANI KAI Island Resort	
1.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the proposed premises movable or able to be moved?
2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is there any access through the premise to any area over which you do not have dominion and control?
3.	Neatly draw a floor plan of the premises in ink, including sidewalks and other outside areas which are contiguous to the premises, walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises sought to be licensed. A multi-story building where the entire building is to be licensed must show each floor plan. No architectural drawings are accepted.		
See Attached.			
DBPR Authorized Signature		Date	
		7/5/07	
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Disapproved	
Comments			

SECTION 212 SALES TAX
TO BE COMPLETED BY THE DEPARTMENT OF REVENUE

Trade Name (D/B/A)
Lani Kai Island Resort

The named applicant for a license/permit has complied with the Florida Statutes concerning registration for Sales and Use Tax.

1. This is to verify that the current owner as named in this application has filed all returns and that all outstanding billings and returns appear to have been paid through the period ending 8-31-07 or the liability has been acknowledged and agreed to be paid by the applicant. This verification does not constitute a certificate as contained in Section 212.10 (1), Florida Statutes (Not applicable if no transfer involved).
2. Furthermore, the named applicant for an Alcoholic Beverage License has complied with Florida Statutes concerning registration for Sales and Use Tax, and has paid any applicable taxes due.

Signed [Signature] Date 6-20-07

Title Tax Specialist II

Department of Revenue Stamp:

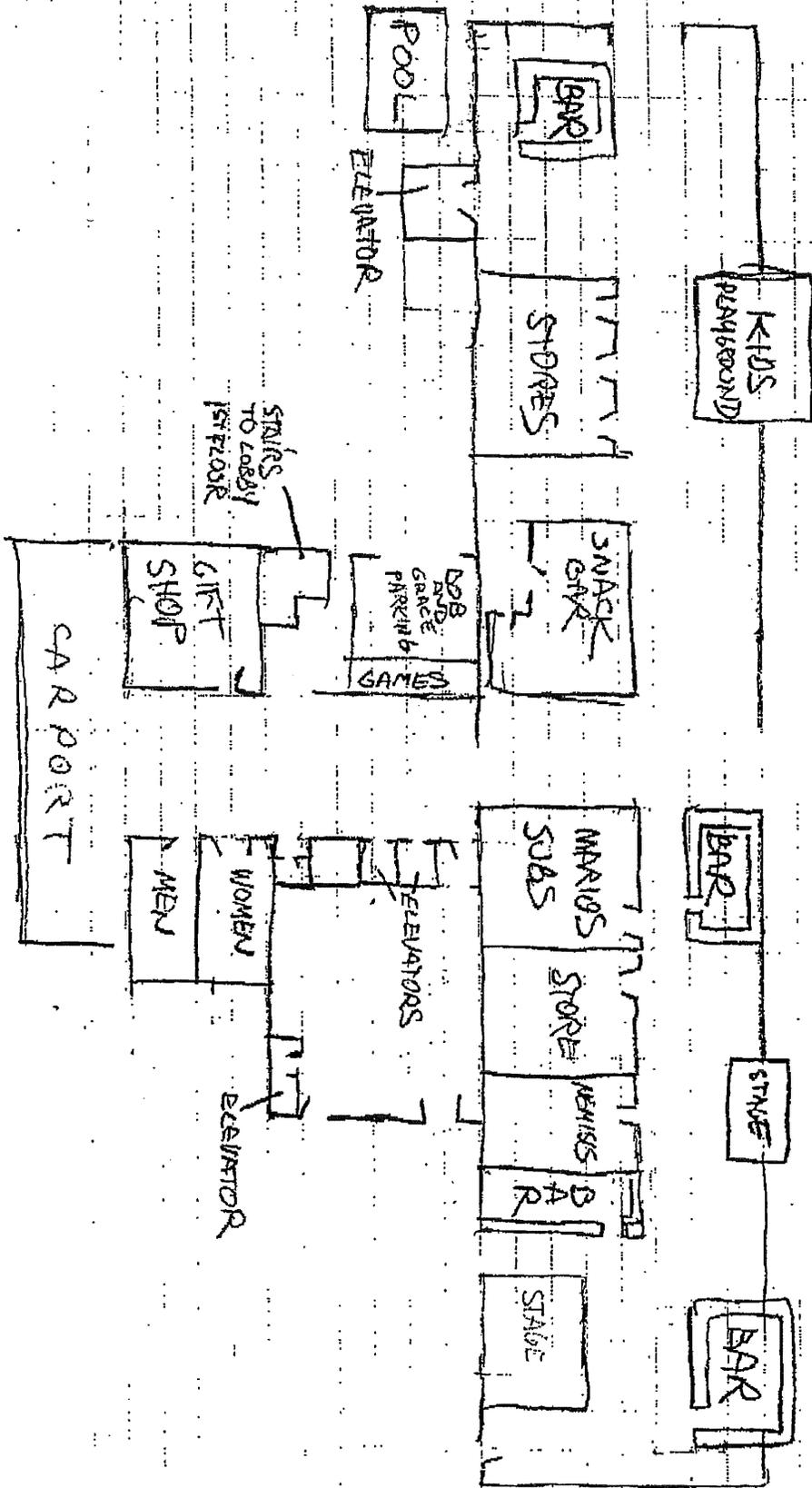
[Signature]
6/20/07

RECEIVED
DEPT. OF REVENUE
FLO. DIV. OF REVENUE

2007 JUN 20 P 2:01

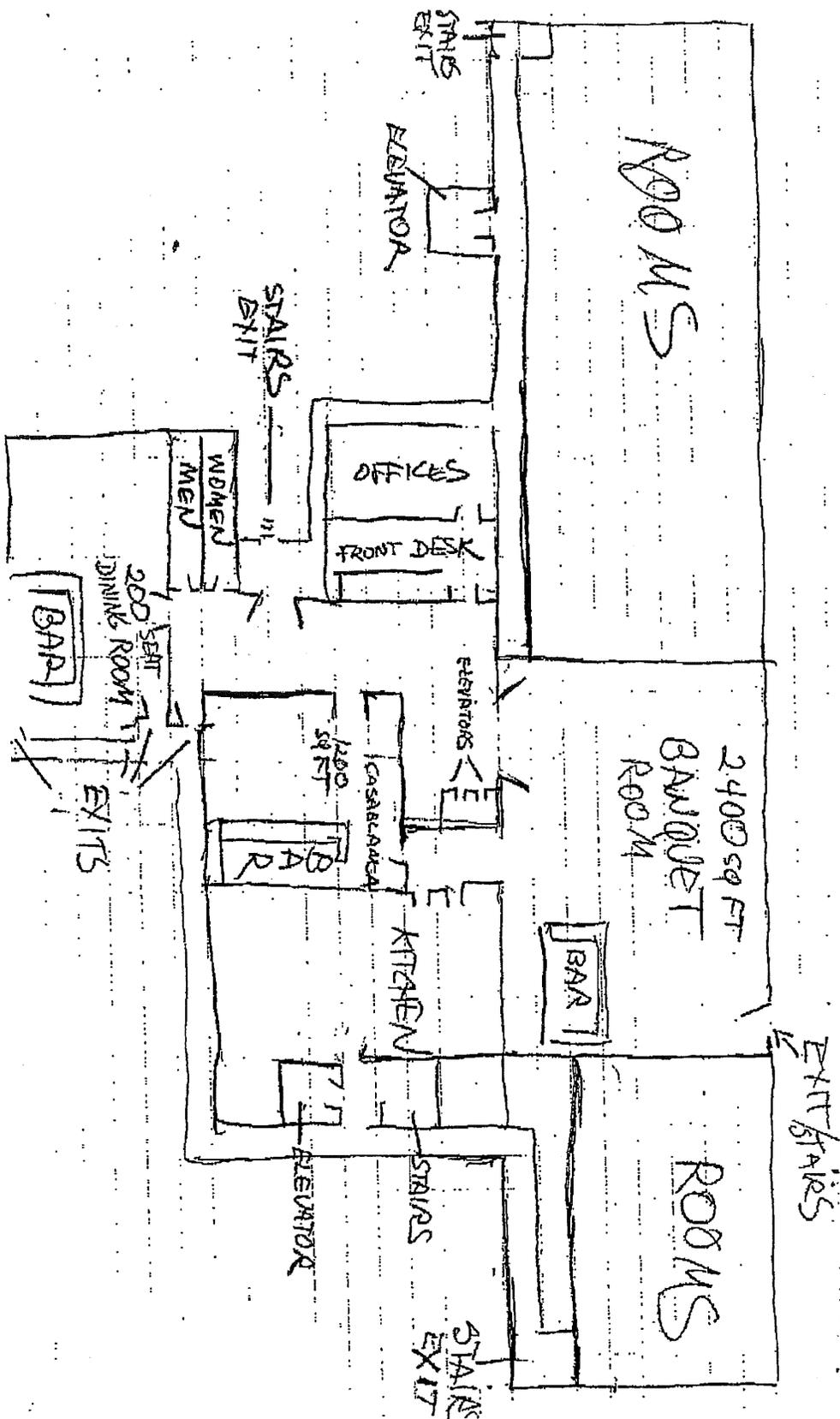
GOLF

GROUNDS FLOOR



GOLF

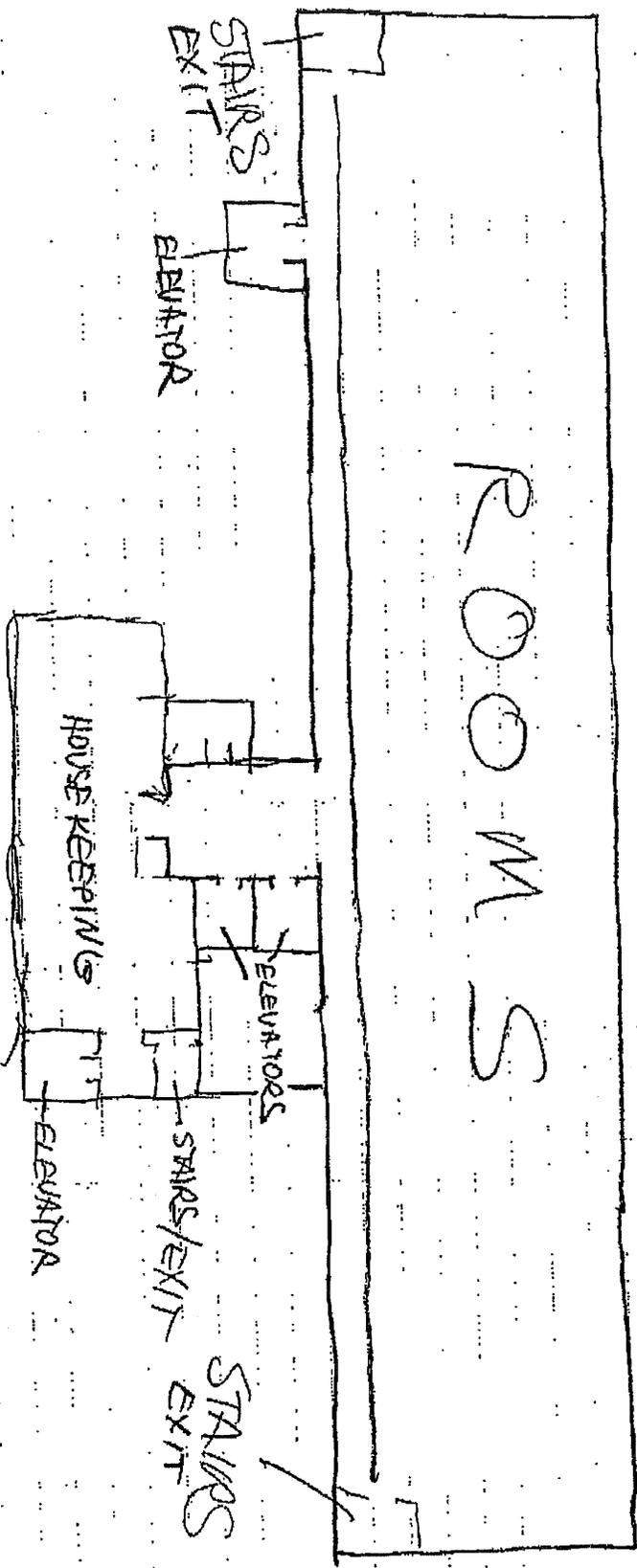
1ST FLOOR



GOLF

2ND FLOOR

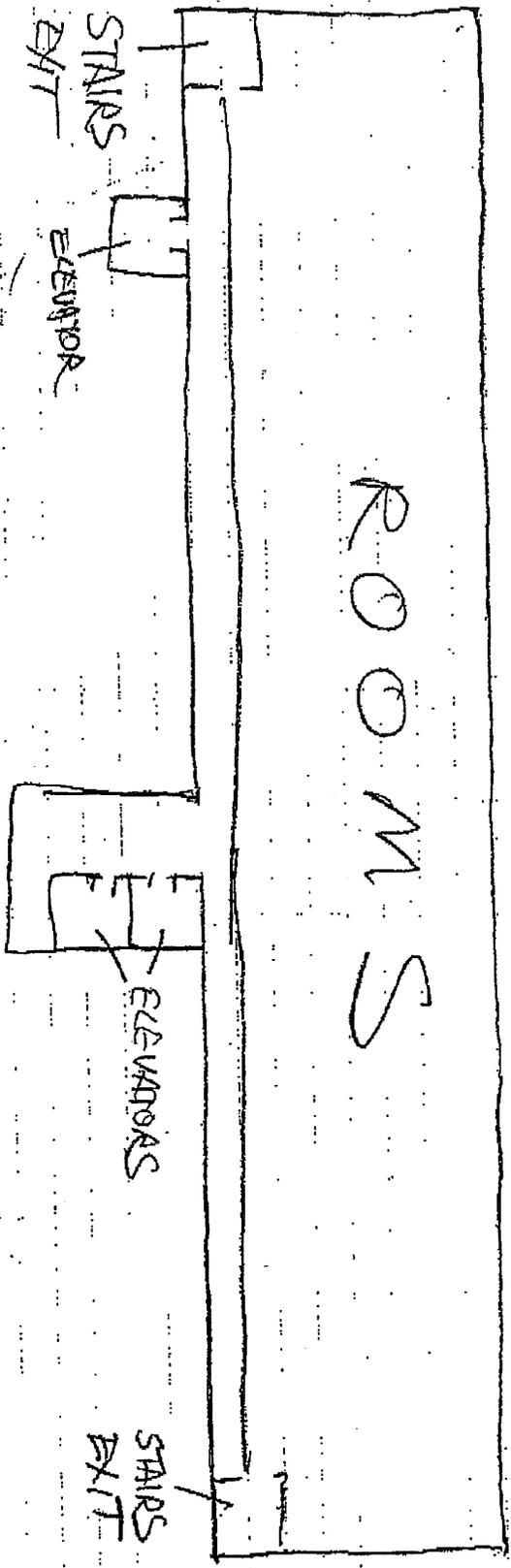
ROOMS



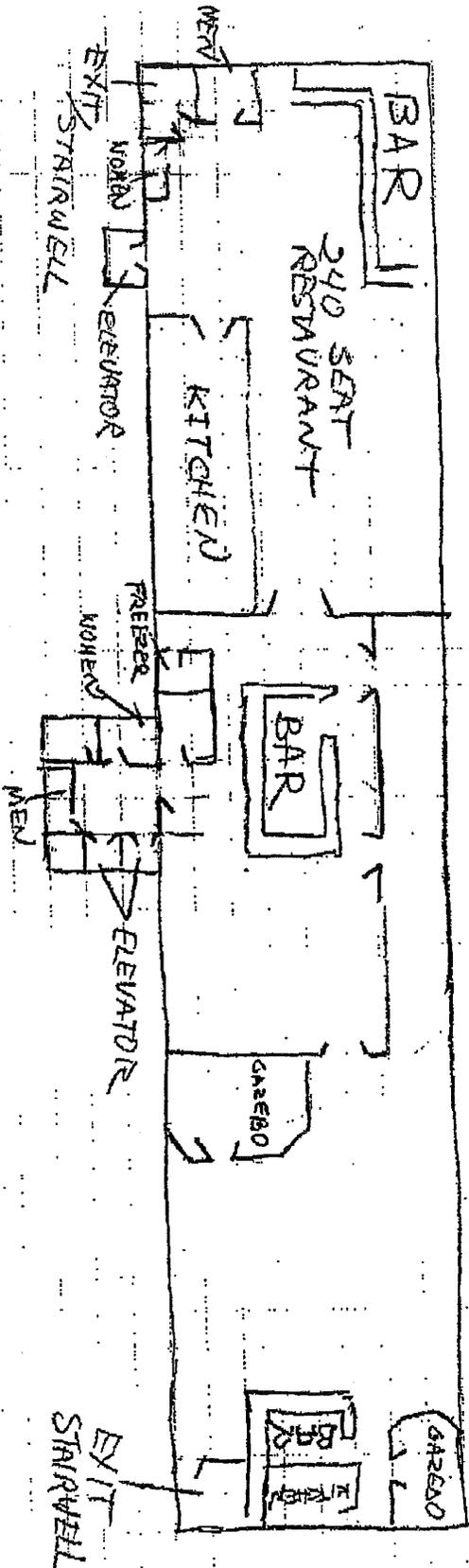
GOLF

3rd, 4th, 5th FLOORS

ROOMS



GOLF



6TH FLOOR SUNDECK

SECTION 7 - DISCLOSURE OF INTERESTED PARTIES

Note: Failure to disclose an interest, direct or indirect, could result in denial, suspension and/or revocation of your license.

Trade Name (D/B/A)

Lani Kai Island Resort, Inc. d/b/a Lani Kai Island Resort

1. List below the names, titles and percentage of stock held for all officers, directors, stockholders, managing members and general partners of the corporation or other legal entity for which this license or permit is being sought. Attach extra sheets if necessary. If the applicant is a limited partnership or limited liability company, attach a list of all limited partners and members.

Title/Position	Name	Stock %
President	Robert G. Conidaris	
Vice President	Grace A. Conidaris	
Secretary		
Treasurer		
Director(s)		
Stockholder(s)		
Managing Member(s)		
General Partner(s)		

2. Are there any persons not listed above who have guaranteed or co-signed a lease or loan, or any person or entity who has loaned money to the business that is not a traditional lending institution?

Yes No

If yes, you must list the person(s) or entity and indicate which of the below applies.

Name	Guarantor	Co-signer	Lender	Interest Rate (List)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Trade Name (D/B/A)

Lani Kai Island Resort, Inc. d/b/a Lani Kai Island Resort

SECTION VIII

() Quota-Alcoholic Beverage License () Special Alcoholic Beverage License () Club Alcoholic Beverage License

This license is issued pursuant to 561.20(2)(a)(1), Florida Statute or Special Act and as such we acknowledge the following requirements must be met and maintained:

The premises must be operated as a bona fide hotel, motel or motor court with 100 or more guestrooms. Sales & service of Alcoholic beverages must be discontinued when these conditions are not met. Consumption on premises and packaged sales of alcoholic beverages are allowed. All alcoholic beverages offered for resale must be purchased from a licensed distributor.

Please initial and date:

Applicant's initials

Date 6-9-07

SECTION 13 - AFFIDAVIT OF APPLICANT
NOTARIZATION REQUIRED

Trade Name (D/B/A) Lani Kai Island Resort, Inc. d/b/a Lani Kai Island Resort

"I, the undersigned individually, or if a corporation for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such, I hereby swear or affirm that the attached sketch or blueprint is substantially a true and correct representation of the premises to be licensed and agree that the place of business, if licensed, may be inspected and searched during business hours or at any time business is being conducted on the premises without a search warrant by officers of the Division of Alcoholic Beverages and Tobacco, the sheriff, his deputies, and police officers for the purposes of determining compliance with the beverage and cigarette laws."

"I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45 and 837.06, Florida Statutes, that I have fully disclosed any and all parties financially and or contractually interested in this business and that the parties are disclosed in section 12 of this application. I further swear or affirm that the foregoing information is true and correct."

STATE OF FLORIDA

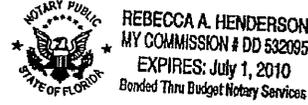
[Signature]
APPLICANT SIGNATURE

COUNTY OF LEE

APPLICANT SIGNATURE

The foregoing was (Sworn to and Subscribed OR () Acknowledged Before me this 9th Day of June, 2007, By ROBERT G. EDWARDS who is (personally known to me OR () who produced _____ as identification.

[Signature]
Notary Public REBECCA A. HENDERSON Commission Expires: _____



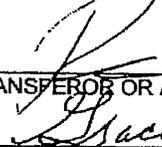
SECTION III AFFIDAVIT OF TRANSFEROR
NOTARIZATION REQUIRED

Trade Name (D/B/A)

Lani Kai Island Resort, Inc. d/b/a Lani Kai Island Resort

I, the undersigned, hereby swear or affirm that I am duly authorized to make this affidavit and do hereby consent, on my behalf or on behalf of the transferor, to the above transfer, and represent to the Division of Alcoholic Beverages and Tobacco that the license which is being transferred is as shown in the application and that a bona fide sale in good faith has been made to the within applicant of the business for which the foregoing transfer of license is sought.

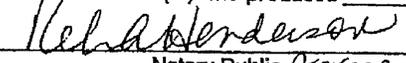
STATE OF FLORIDA


TRANSFEROR OR AUTHORIZED OFFICER SIGNATURE

COUNTY OF LEE


TRANSFEROR OR AUTHORIZED OFFICER SIGNATURE

The foregoing was (Sworn to and Subscribed OR () Acknowledged Before me this 9th Day of June, 2007, By ROBERT + GRACE CONIDARIS who is (personally known to me OR () who produced _____ as identification.


Notary Public REBECCA A. HENDERSON

Commission Expires: _____



REBECCA A. HENDERSON
MY COMMISSION # DD 532095
EXPIRES: July 1, 2010
Bonded Thru Budget Notary Services

SECTION 115: CURRENT LICENSEE UPDATE DATA SHEET

This section is to be completed for all current alcoholic beverage and/or tobacco license holders listed on the application to ensure the most up to date information is captured.

Trade Name (D/B/A) ~~Conidaris, Robert & Grace Ann~~ / Lani Kai Island Resort

386965

Last Name Conidaris First Robert Middle G.

Current License Number(s) BEV/4600356

Date of Birth 9-30-31 / Social Security Number [REDACTED]

Street Address 1400 Estero Blvd.

City Fort Myers Beach State FL Zip Code 33931

Last Name Conidaris First Grace Middle A.

Current License Number(s) BEV/4600356

Date of Birth 6-27-33 / / Social Security Number [REDACTED] "9"

Street Address 1400 Estero Blvd.

City Fort Myers Beach State FL Zip Code 33931

Last Name First Middle

Current License Number(s)

Date of Birth / / Social Security Number*

Street Address

City State Zip Code

Last Name First Middle

Current License Number(s)

Date of Birth / / Social Security Number*

Street Address

City State Zip Code

FOR DIVISION USE ONLY - DO NOT WRITE BELOW THIS LINE	
Trade Name (D/B/A)	
CODE: City	County
FEIN NUMBER	
TYPE	TRANS
	TOS
FEE	182.00
	50.00
TOTAL	232.00
Approved by <u>Rencle</u>	Date <u>7/23/7</u> Audited: <u>X</u> Unaudited:
District Office Received Date Stamp	District Office Accepted Date Stamp
RECEIVED OSPR	ACCEPTED FOR PROCESSING JUL - 2 2007
DIV. OF ABT FORT MYERS	

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION
DIVISION OF ALCOHOLIC BEVERAGES & TOBACCO

APPLICATION FOR EXTENSION OF LICENSED PREMISES

Temporary Permanent

Full Name of Applicant: Cordaris, Robert & Grace Ann

Trade Name (D/B/A): Lani Kai Island Resort

Location Address (Street): 1400 Estero Blvd Ft Myers Beach, FL 33931
Street Number City Zip

Beverage License Number: 4600356 Series: 4 COP S

FOR TEMPORARY EXTENSIONS ONLY:

Date(s) of Extension: _____

ZONING:

To be completed by the local zoning authorities.

The above temporary permanent extension of the licensed premises as shown in the sketch does comply does not comply with zoning requirements for the sale of alcoholic beverages pursuant to this application.

Signed: Patricia E. Houde Title: Service Delivery Supervisor Feb 27 2001

HEALTH:

To be completed by the Division of Hotels and Restaurants, the County Health Authority or Department of Health and Rehabilitative Services, if applicable.

The above temporary permanent extension of the licensed premises as shown in the sketch does comply does not comply with the requirements of the Florida Sanitary Code.

Signed: [Signature] Date: 2-26-01

Title: Sanitation & Safety Specialist Agency: DBPR

AFFIDAVIT OF APPLICANT

"I, the undersigned individual, or if a corporation for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above application and, as such I hereby swear or affirm that the sketch is a true and correct representation of the extended licensed premises and agree that the place of business may be inspected and searched during business hours or anytime business is being conducted on the premises without a search warrant by officers of the Division of Alcoholic Beverages and Tobacco, the sheriff, his deputies, and police officers for purposes of determining compliance with the beverage and cigarette laws.

I understand that the premises must be restored to its original form at the conclusion of the authorized temporary event.

I swear under oath or affirmation under penalty of perjury as provided in Florida Statute 359.791, 562.45 and 837.06 that the foregoing information is true and correct."

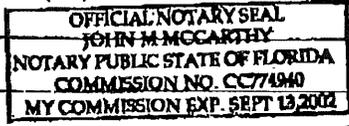
STATE OF _____

COUNTY OF _____

[Signature]
Grace Cordaris
Signature

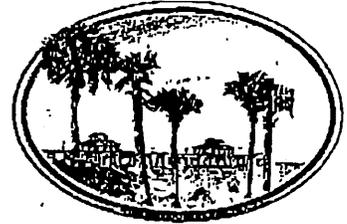
The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this _____ Day of _____

By _____, who is (X) personally known to me OR () who produced _____ as identification.



Notary Public
[Signature]

Commission Expires: 9-13-2002



Town of Fort Myers Beach

FAX TRANSMISSION

DATE: Feb. 27, 2001
TO: Bryan Kelner
FAX: 479-8198
FROM: Pam Houck
PHONE: 765-0202
FAX:
SUBJECT: Pami Kai
OF PAGES: 3 (including cover)

COP 2001-00031



STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION
DIVISION OF ALCOHOLIC BEVERAGES & TOBACCO

APPLICATION FOR EXTENSION OF LICENSED PREMISES

Temporary Permanent

Full Name of Applicant: Cordaris, Robert & Grace Ann

Trade Name (D/B/A): Lani Kai Island Resort

Location Address (Street): 1400 Estero Blvd Ft Myers Beach, Fl 33931
Street Number City Zip

Beverage License Number: 4600356 Series: 4 COP S

FOR TEMPORARY EXTENSIONS ONLY:

Date(s) of Extension: _____

ZONING:

To be completed by the local zoning authorities.

The above temporary permanent extension of the licensed premises as shown in the sketch does comply does not comply with zoning requirements for the sale of alcoholic beverages pursuant to this application.

Signed: Paula E. Houde Title: Service Delivery Officer Feb 27, 2001

HEALTH:

To be completed by the Division of Hotels and Restaurants, the County Health Authority or Department of Health and Rehabilitative Services, if applicable.

The above temporary permanent extension of the licensed premises as shown in the sketch does comply does not comply with the requirements of the Florida Sanitary Code.

Signed: [Signature] Date: 2-26-01

Title: SANITATION & SAFETY SPECIALIST Agency: DBPR

AFFIDAVIT OF APPLICANT

"I, the undersigned individual, or if a corporation for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above application and, as such I hereby swear or affirm that the sketch is a true and correct representation of the extended licensed premises and agree that the place of business may be inspected and searched during business hours or anytime business is being conducted on the premises without a search warrant by officers of the Division of Alcoholic Beverages and Tobacco, the sheriff, his deputies, and police officers for purposes of determining compliance with the beverage and cigarette laws.

I understand that the premises must be restored to its original form at the conclusion of the authorized temporary event.

I swear under oath or affirmation under penalty of perjury as provided in Florida Statute 359.791, 562.45 and 837.06 that the foregoing information is true and correct."

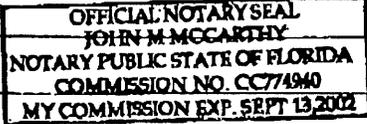
STATE OF _____

COUNTY OF _____

[Signature]
Grace Cordaris
Signature

The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this _____ Day of _____,

By _____, who is (X) personally known to me OR () who produced



as identification.

Commission Expires: 9-13-2002

Notary Public
[Signature]

County records from e-connect

[Home](#) [Case Types](#) [Status](#) [Parcel](#) [Help](#)

View Case Status

The information below summarizes the permit/case you selected.

Case Number	Type of Request	<u>Resolution/Ordinance #</u>	Final Decision	Status
COP2001-00031	Sign Off	Not Available	Not Available	<u>Approved</u>

Project Name: LANI KAI ISLAND RESORT
Planning Community: Fort Myers Beach **Jurisdiction:** Fort Myers Beach
Address: 1400 ESTERO BLVD **Strap #:** 194624W40070D0020
Location:
Type of License: 4-COP-S
Description: Lanai Kai Island Resort Signoff/4COP/S with outdoor seating
Planner: **Phone:**
Received: 3/1/2001
LC HEX/BS ZB/FMB LPA Date: LC BCC/BS CC/FMB TC Date:

People

Role	Name	Address
Owner	CONIDARIS ROBERT + GRACE	3622 HERITAGE LN FT MYERS FL 33908
Applicant	ROBERT CORDARIS	1400 ESTERO BLVD FORT MYERS BEACH FL 33931
Applicant	GRACE ANN CORDARIS	

Activities

Type	Hearing Date	Completed	Disposition
Application Deemed Complete			
Sign Off State Licence Appl.		3/1/2001	<u>DONE</u>
Sign Off State Licence Appl.			

Fees

Item	Fee Amount	Fee Remaining
No fees attached to this case		

Documents for Activities

If you are unable to open a 'Certificate of Occupancy or an Elevation Certificate', please send an email to [Geoff Rinehart](mailto:Geoff.Rinehart). If you are unable to open any other type of document, please send an email to [Jean Mars](mailto:Jean.Mars). Please include the case number and the name of the document you are looking to receive. For General Permitting information please call 239-533-8329 or email eConnect@leegov.com.

[Back to Search](#)

[Top of Page](#)



Version: 3.5.3.20051221.03

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To comment on this page, send email to eConnect@leegov.com or call (239) 533-8329.

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View Case Status

The information below summarizes the permit/case you selected.

Case Number	Type of Request	Resolution/Ordinance #	Final Decision	Status
COP2001-00031	Sign Off	Not Available	Not Available	<u>Approved</u>

Project Name:	LANI KAI ISLAND RESORT		
Planning Community:	Fort Myers Beach	Jurisdiction:	Fort Myers Beach
Address:	1400 ESTERO BLVD	Strap #:	194624W40070D0020
Location:			
Type of License:	4-COP-S		
Description:	Lanai Kai Island Resort Signoff/4COP/S with outdoor seating		
Planner:			Phone:
Received:	3/1/2001		
LC HEX/BS ZB/FMB LPA Date:			LC BCC/BS CC/FMB TC Date:

People

Role	Name	Address
Owner	CONIDARIS ROBERT + GRACE	3622 HERITAGE LN FT MYERS FL 33908
Applicant	ROBERT CORDARIS	1400 ESTERO BLVD FORT MYERS BEACH FL 33931
Applicant	GRACE ANN CORDARIS	

Activities

Type	Hearing Date	Completed	Disposition
Application Deemed Complete			
Sign Off State Licence Appl.		3/1/2001	<u>DONE</u>
Sign Off State Licence Appl.			

Fees

Item	Fee Amount	Fee Remaining
No fees attached to this case		

Documents for Activities

If you are unable to open a 'Certificate of Occupancy or an Elevation Certificate', please send an email to [Geoff Rinehart](mailto:Geoff.Rinehart@leegov.com). If you are unable to open any other type of document, please send an email to [Jean Mars](mailto:Jean.Mars@leegov.com). Please include the case number and the name of the document you are looking to receive. For General Permitting information please call 239-533-8329 or email eConnect@leegov.com.

9:14:19 AM 7/27/2011

Complaint Details

Below is a listing of public complaints regarding the person or entity selected. This may not reflect all public complaints filed with the Department. The Department is also precluded from disclosing any complaints which are confidential pursuant to Florida Statutes.

If you would like a full list of public complaints against an individual or entity or to make a public records request for complaints listed please visit our [Public Records page](#).

You can search for public records pertaining to unlicensed activity complaints through an additional database by visiting our [Search Unlicensed Activity Complaints page](#).

Name: LANI KAI ISLAND RESORT INC

Number	Class	Incident Date	Status	Disposition	Disposition Date	Discipline	Discipline Date
2007038818	Inspection	07/05/2007	Inv. Complete - No Action	Official Notice	07/05/2007		

Contact Us :: [1940 North Monroe Street, Tallahassee FL 32399](#) :: Call.Center@dbpr.state.fl.us :: Customer Contact Center: 850.487.1395

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Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions regarding DBPR's ADA web accessibility, please contact our Web Master at webmaster@dbpr.state.fl.us.

[Home](#) [Case Types](#) [Status](#) [Parcel](#) [Help](#)

View Case Status

The information below summarizes the permit/case you selected.

Case Number	Type of Request	<u>Resolution/Ordinance #</u>	Final Decision	Status
COP2001-00031	Sign Off	Not Available	Not Available	<u>Approved</u>

Project Name:	LANI KAI ISLAND RESORT		
Planning Community:	Fort Myers Beach	Jurisdiction:	Fort Myers Beach
Address:	1400 ESTERO BLVD	Strap #:	<u>194624W40070D0020</u>
Location:			
Type of License:	4-COP-S		
Description:	Lanai Kai Island Resort Signoff/4COP/S with outdoor seating		
Planner:		Phone:	
Received:	3/1/2001		
<u>LC HEX/BS ZB/FMB LPA Date:</u>		<u>LC BCC/BS CC/FMB TC Date:</u>	

People		
Role	Name	Address
Owner	CONIDARIS ROBERT + GRACE	3622 HERITAGE LN FT MYERS FL 33908
Applicant	ROBERT CORDARIS	1400 ESTERO BLVD FORT MYERS BEACH FL 33931
Applicant	GRACE ANN CORDARIS	

Activities			
Type	Hearing Date	Completed	Disposition
Application Deemed Complete			
Sign Off State Licence Appl.		3/1/2001	<u>DONE</u>
Sign Off State Licence Appl.			

Fees		
Item	Fee Amount	Fee Remaining
No fees attached to this case		

Documents for Activities

If you are unable to open a 'Certificate of Occupancy or an Elevation Certificate', please send an email to [Geoff Rinehart](mailto:Geoff.Rinehart@leegov.com). If you are unable to open any other type of document, please send an email to [Jean Mars](mailto:Jean.Mars@leegov.com). Please include the case number and the name of the document you are looking to receive. For General Permitting information please call 239-533-8329 or email eConnect@leegov.com.

Back to Search	Top of Page
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Version: 3.5.3.20051221.03

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To comment on this page, send email to eConnect@leegov.com or call (239) 533-8329.

[Home](#) [Case Types](#) [Status](#) [Parcel](#) [Help](#)

View Case Status

The information below summarizes the permit/case you selected.

Case Number	Type of Request	Resolution/Ordinance #	Final Decision	Status
COP2001-00044	FMB PubHrg COP	01-15	DONE	<u>Approved</u>

Project Name:	DIAMONDHEAD ISLAND		
Planning Community:	Fort Myers Beach	Jurisdiction:	Fort Myers Beach
Address:	2000 ESTERO BLVD	Strap #:	<u>194624W40090A0010</u>
Location:			
Type of License:	4-COP-S		
Description:	Diamondhead Island Beach Resort Outdoor Seating in conjunction with 4-COP-S		
Planner:	Dan Folke	Phone:	
Received:	4/3/2001		
LC HEX/BS ZB/FMB LPA Date:		LC BCC/BS CC/FMB TC Date:	

People

Role	Name	Address
Owner	DIAMONDHEAD ISLAND BCH RESORT	6640 ESTERO BLVD FT MYERS BEACH FL 33931
Applicant	BEVERLY GRADY	2320 FIRST STREET SUITE 1000 FT MYERS FL 33901
Agent	BEVERLY GRADY	2320 FIRST STREET SUITE 1000 FORT MYERS FL 33901

Activities

Type	Hearing Date	Completed	Disposition
SPC Application (Public Hrng)		6/5/2001	<u>APPR</u>
Distribute Staff Report			
LPA Date Established	4/12/2001		
LPA Recommendation			
TC Date Established		6/5/2001	<u>DONE</u>
TC Final Notice/Agenda Dist.			
TC Final Notice/Agenda Dist.			
TC Resolution Distributed		11/9/2001	<u>DONE</u>
<i>Comments:</i> 01-15			

Fees

Item	Fee Amount	Fee Remaining
FMB - Special Permit COP	1,000.00	0.00
Total	\$1,000.00	\$0.00

The total fee due on this permit/application is \$0.00

Documents for Activities

If you are unable to open a 'Certificate of Occupancy or an Elevation Certificate', please send an email to [Geoff Rinehart](mailto:Geoff.Rinehart@leegov.com). If you are unable to open any other type of document, please send an email to [Jean Mars](mailto:Jean.Mars@leegov.com). Please include the case number and the name of the document you are looking to receive. For General Permitting information please call 239-533-8329 or email eConnect@leegov.com.

Back to Search	Top of Page
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Version: 3.5.3.20051221.03

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County Resolution Z-77-134

RESOLUTION Z - 77-134

The following resolution was offered by Commissioner Roberts
and seconded by Commissioner Taylor, and upon poll of the
members present the vote was as follows:

R. Doug Taylor	AYE
L. H. Bob Whan	AYE
Roland Q. Roberts	AYE
Betty Evans	AYE
R. L. Steele	AYE

WHEREAS, Charles Pastore (Lessee) and John Reich (Owner) has requested a Change
in zoning from BU-1 to BU-3A and a Special Permit for consumption on premises

SUBJECT PROPERTY:

SEE ATTACHED LEGAL DESCRIPTION

WHEREAS, a public hearing of the Lee County Zoning Board was advertised and
held, as requested by law, and after hearing all interested parties and consider-
ing adjacent areas, the Zoning Board recommended that the petition be approved
for a change in zoning from BU-1 to BU-3A and a Special Permit for consumption on
premises

WHEREAS, this Board after reviewing the records and recommendations of the
Zoning Board and having given an opportunity to all interested persons to be heard
after being duly sworn according to law, and upon due and proper consideration
having been given to this matter, this Board took action as hereinafter described.

NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners, Lee County,
Florida, that the decision of the Zoning Board recommending approval for a change in
zoning from BU-1 to BU-3A and a Special Permit for consumption on premises be
set aside and grant a Special Permit for consumption on premises of beer and wine.

PASSED AND ADOPTED THIS 13th DAY OF June, 1977

Approved As
To Form.

Heard May 23, 1977

77-5-19

by 
County Attorney

LEGAL DESCRIPTION FOR CHARLES PASTORE (LESSEE) AND
JOHN REICH (OWNER)

Z-77-134..

77-5-19

45?

SUBJECT PROPERTY: Lots 3 and 4, and the South 10 feet of Lot 5 of Block "E", in Crescent Park Addition as recorded in Plat Book 4, at Page 46, public records of Lee County, Florida, together with that certain strip of land 12.67 ft wide lying and bordering on the West side of the canal in Crescent Park Addition, and extending from the canal to the roadway between the South line of Lot 4, in Block "E" of said Addition and the North line of the South 10 ft of Lot 5 of said Block "E" extended, being a strip 12.67 ft wide by 60 ft along said canal; TOGETHER with that part of the 20 foot roadway, vacated by Resolution of the Board of County Commissioners, recorded in Misc. Book 28, at Page 220, adjacent to the above described lands.

SIZE OF PROPERTY: 112.67' x 100'

LANI KAI FILE

Fax from Town '01

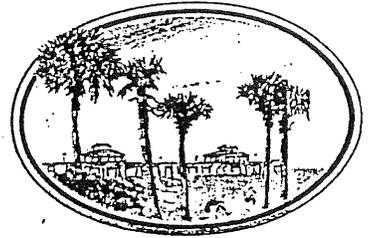
Fax from Town '01

Fax from Town '01

State Alcohol License Info from ABT

Property Card Info

Survey



Town of Fort Myers Beach

FAX TRANSMISSION

DATE: 2-22-01

TO: Bob Comadena

FAX: 463 2986

FROM: Pam Howard

PHONE:

FAX:

SUBJECT: County Bev. Renew Record

OF PAGES: 11 (including cover)

FAXED
2/23/01

(FOR STAFF USE ONLY)

REQUEST FOR ZONING COMPLIANCE
FOR APPLICATION FOR
ALCOHOLIC BEVERAGE LICENSE

X Consumption On Premises
_____ Consumption Off Premises

- Applicants Name ROBERT + ERICA CONIDARIS
- Business Name LAWIKAI ISLAND RESORT
- Location Address 1400 ESTERO BLVD. FT. MYERS BCH. FL. 33931
- Mailing Address SAME
- Phone No. 813-463-3111
Strap No. s 19 T 46 R 24 A 07 P GOOD 0020
Zoning C1

Hearing for Special Exception _____ Yes X No

If Yes, what is the Hearing No.? _____

and Resolution No.? _____

(Attach Copy of Resolution)

If No, the applicant must submit sufficient documentation to prove legality of non-conforming C.O.P.

(0106)

028124

STATE OF FLORIDA DEPARTMENT OF BUSINESS REGULATION
DIVISION OF HOTELS AND RESTAURANTS
TALLAHASSEE, FLORIDA 32302-1212

REVIEWS

ISSUED 1400 ESTERO ASSOC
TO LARI KAT ISLAND RESORT
1400 ESTERO BLVD
FT MYERS BCH FL 33931-2798

MAILED 1400 ESTERO ASSOC
TO LARI KAT ISLAND RESORT
1400 ESTERO BLVD
FT MYERS BCH FL 33931-2798

PLEASE LICENSE IS NOT TRANSFERABLE FROM PLACE OR INDIVIDUAL TO ANOTHER

LICENSE NUMBER

46 01875H-3

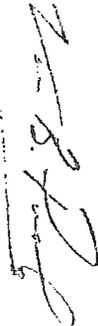
LODGING	
CLASS	UNITS
MTL	100

FOOD SERVICE	
SEATS	SERVICES

REG FEE \$ 3.00
LICENSE FEE \$ 120.00
LATE RENEWAL \$.00

TOTAL FEE PAID \$ 123.00

EXPIRES ON DATE 12/01/09



VAN B. POOLE, SECRETARY
AUDIT CONTROL NO.

00937

LEE COUNTY HEALTH DEPARTMENT
FORT WYERS, FLORIDA
OPERATING PERMIT FOR FOOD ESTABLISHMENTS

PERMIT REMAINS THE PROPERTY OF THE LEE COUNTY HEALTH DEPT.

13-675

SUBJECT TO ANNUAL RENEWAL

3-21-79

DATE OF ISSUE

PERMIT IS HEREBY GRANTED TO: 1400 ESTERCO ASSOCIATES, OWNER

at 1400 ESTERCO BLVD., F.M.B. and limited to the following type services:

FOOD SERVICE FOOD PROCESSING
MILL FOOD & BEVERAGE FOOD SERVICE

This permit is issued in compliance, based upon available records, with rules of Florida Administrative Codes, Chapters 10D-1A, 10D-14, 10D-15, and 10D-16, and to the applicable Lee County or Municipal ordinances. Any deficiencies present at the time of issuance shall be corrected by the permittee. A permit designated "conditional" shall be valid only if the deficiencies specified are corrected.

BY: *[Signature]*
LEE COUNTY HEALTH DIRECTOR

DBR 7C9L
Rev. 7-84

STATE OF FLORIDA
DEPARTMENT OF BUSINESS REGULATION
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Section I

1. TYPE OF APPLICATION: Check Appropriate Box(es)

- New Decrease in Series Change of Business Name
- New - Temporary Change in Series Change of Officers
- Transfer Change of Location Correction
- Transfer - Temporary Change of Location- Other
- Increase in Series Temporary

2. Current Business Name: Louis Hain Island Resort
 Current Location Address: 1400 Estero Blvd
 Current License Number: 46-003565 Current Series: 4COP

3. TYPE OF APPLICANT: Check Appropriate Box and List Charter Number, if Applicable

- Individual Partnership Charter Number _____
- Corporation Limited Partnership

4. Applicant's Full Name: Jesse Ann Condaris

Business Name: Louis Hain Island Resort

Location Address: 1400 Estero Blvd. Ft Myers Fla
Street Number City County Zip

Mailing Address: 1400 Estero Blvd Ft Myers FL 33931
Street Number City State Zip

5. Type of License Desired: (Series 4COP) If you are an applicant for a special or club alcoholic beverage license the following must also be completed:

The special liquor license is issued pursuant to _____ Florida Statutes or Special Acts, and as such we acknowledge the following minimum requirements must be met and maintained:

6. List below names not listed above for all those connected directly or indirectly in the business for which the license is sought: (This includes Partner(s), Spouse, Director(s), Stockholder(s), Corporate Officer(s), Limited or General Partner(s), Corporation(s), or any form of entity which is connected with this business. Attach extra sheets if necessary).

A. Corporation:	NAME	INTEREST
1. President:	_____	Stock %
2. Vice President:	_____	Stock %
3. Secretary:	_____	Stock %
4. Treasurer:	_____	Stock %
5. Stockholder:	_____	Stock %
B. Limited Partnership:		
1. Limited Partner:	_____	%
2. General Partner:	<u>100% Partnership by the Entireties</u>	%
C. Direct Interest:		
Direct Interest:	_____	%
D. Indirect Interest:		
Indirect Interest:	_____	%

SECTION II

1. SALES TAX: To be completed by the Department of Revenue.

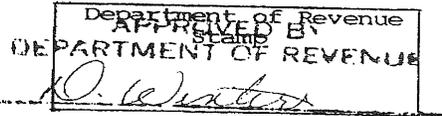
Certification by Florida Department of Revenue:

Please review the records of your Department for the current status of the aforementioned account. The Division of Alcoholic Beverages and Tobacco of the Department of Business Regulation needs this information in order to process this application.

[Signature]
(Owner or Authorized Signature)

This is to certify that this account is in good standing.

By: Donna Winters
Title: Collection Specialist II
Date: 3-9-89



2. ZONING: To be completed by the Local Zoning Authorities.

The above location () Does Comply () Does Not Comply with zoning requirements for the sale of alcoholic beverages pursuant to this application. If this premises is located within the limits of an incorporated municipality, indicate the name, and if not indicate the county.

Signed: Bryan Lehn Title: Principal Planner
If City: change of name (Name) If County: Lee Co. (Name)
03-10-89

3. HEALTH: To be completed by the State/County Health Authority.

The above establishment () Does Comply () Does Not Comply with requirements of the Florida Sanitary Code.

Signed: [Signature] Date: 3/9/89
Sanitarian/County Health Department

4. RIGHT OF OCCUPANCY:

- A. Is the proposed premises other than a permanent structure, movable or able to be moved?
- B. Is the proposed premises located in a shopping center, shopping mall, or office building?
- C. Is the premises occupied by anyone other than as listed on this application?
- D. Is there any access through the premises to any area over which you do not have dominion and control?
- E. Does applicant have a legal right of occupancy to the premises?
- F. Does applicant own the property?
- G. Does applicant rent, lease or sublease the property?
- H. If answer to G. is yes, is anyone else listed as lessee or sublessee who is not on the application?

	YES	NO
A.		X
B.		X
C.		X
D.		X
E.	X	
F.	X	
G.		X
H.		

I. If applicant rents, leases or subleases give the following:

Name of landlord: _____
Address of landlord: _____
How long is agreement for and what is the landlord paid as rent?: _____

5. FEDERAL EMPLOYER'S IDENTIFICATION NUMBER: Complete B., or C.

A. Federal Employer's Identification Number 59-1786887

B. Not required ()

C. Not Available () I will submit to your agency as soon as possible.

SECTION III

These questions must be answered about this business for every person or entity listed. Copies of agreements and documentation to support the financial arrangements must be submitted with this application.

- 1. Is there a management contract or service agreement in connection with this business?
- 2. Are there any agreements which require a payment of a percentage of gross or net receipts from the business operation?
- 3. Does anyone hold a mortgage or security agreement for this business?
- 4. Have you or anyone listed on this application borrowed money from or accepted money, equipment, fixtures, or anything of value from an owner or representative of a distiller, rectifier, blender, bottler, manufacturer, brewer, distributor, exporter, importer or retailer or secured a loan from any source connected with the alcoholic beverage industry?
- 5. List the total investment: \$ _____
 A. Total cash invested: \$ _____
 B. Total loans invested: \$ _____
- 6. If purchasing the business, what is the total purchase price? . . \$ _____
- 7. List the names of all persons, firms or corporations that have or will advance any money for the operation of this business or that hold any mortgage or security agreement against this business or have the right or ability to receive money from the business.

YES	NO
	J
	J
	J
	J

NAME	TYPE OF LOAN	AMOUNT OF LOAN

FOR DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO USE ONLY

CENTRAL OFFICE USE ONLY

DISTRICT OFFICE DATE STAMP

[Empty box for Central Office Use Only]

[Empty box for District Office Date Stamp]

AFFIDAVIT OF APPLICANT(S)

"I, the undersigned individual, or if a corporation for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such I hereby swear or affirm that the attached sketch or blueprint is substantially a true and correct representation of the premises to be licensed and agree that the place of business, if licensed, may be inspected and searched during business hours or at any time business is being conducted on the premises without a search warrant by Officers of the Division of Alcoholic Beverages and Tobacco, the Sheriff, his Deputies, and Police Officers for purposes of determining compliance with the beverage law.

"I swear under oath or affirmation under penalty of perjury as provided for in 559.791, 562.45, and 837.06, Florida Statutes, that the foregoing information is true to the best of my knowledge and that no other person or entity except as indicated herein has an interest in the alcoholic beverage license or business for which these statements are made and that all of the above listed persons or entities meet the qualifications necessary to hold an interest in an alcoholic beverage license."

STATE OF FLORIDA

County of _____

Sworn to and subscribed before me
this _____ day of _____, 19____.

Notary Public

(Applicant)

(Applicant)

My Commission Expires _____

AFFIDAVIT OF SELLER(S)

"I, the undersigned, hereby swear or affirm that I am duly authorized to make this affidavit and do hereby consent, on my behalf or on behalf of the seller, to the above transfer, and represent to the Division of Alcoholic Beverages and Tobacco that the license which is being transferred is as shown in the application and that a bona fide sale in good faith has been made to the within applicant of the business for which the foregoing transfer of license is sought."

STATE OF FLORIDA

County of _____

Sworn to and subscribed before me
this _____ day of _____, 19____.

Notary Public

(Seller or Authorized Officer)

(Seller or Authorized Officer)

My Commission Expires _____

SKETCH OF LICENSED PREMISES

DBR 710L
Rev. 1-84

DEPARTMENT OF BUSINESS REGULATION
DIVISION OF ALCOHOLIC BEVERAGES AND TOBACCO
PERSONAL QUESTIONNAIRE

FULL NAME: (Do Not Use Initials) <i>Grace Ann Condon</i>		Social Security Number: <i>053-26-6659</i>	Date of Birth: <i>6/29/33</i>	Age: <i>55</i>
Place of Birth: <i>Rochester, NY</i>	Race: <i>W</i>	Sex: <i>F</i>	Home Phone Number: <i>813-433-2861</i>	
Current Residence Address:			Business Phone: <i>813-463-3111</i>	

Are you a citizen of the United States? Yes () No ()
 If the answer is no, complete the following:
 Have you legally entered this country? Yes () No ()

Alien Registration Number: _____ Country of Origin: _____
 TRADE NAME OF BUSINESS TO BE LICENSED: _____ BUSINESS ADDRESS: (Number, Street, City)

Louis Hui Island Resort *1400 Estero Blvd - St. Myers*

LIST EMPLOYMENT FOR PAST FIVE YEARS - INCLUDE ANY PERIOD OF UNEMPLOYMENT

Period		JOB TITLE	EMPLOYER'S NAME & ADDRESS WITH ZIP CODE INCLUDE SELF EMPLOYMENT
FROM	TO		
		<i>Housewife</i>	

Have you ever been in this state, any other state, by the United States or by any foreign country:	YES	NO
1. Arrested, charged or convicted of any violation of the law <u>excluding</u> minor traffic violations?		<input checked="" type="checkbox"/>
2. Have you in the past or presently, individually or as an officer of a corporation:		<input checked="" type="checkbox"/>
a. Held, or had an interest in a beverage license or cigarette permit? .		<input checked="" type="checkbox"/>
b. Been denied a beverage license or cigarette permit?		<input checked="" type="checkbox"/>
c. Had a beverage license or cigarette permit revoked?		<input checked="" type="checkbox"/>
d. Held stock or had any interest in, affiliated or connected with, directly or indirectly any business which manufactures, distributes, imports, exports or sells at retail any alcoholic beverages?		<input checked="" type="checkbox"/>
3. Are you an official with state police powers granted by the Florida Legislature?		<input checked="" type="checkbox"/>

If answer to any of these questions is YES, list full particulars which include charge(s), date and place of arrest(s), arresting agencies, whether convicted and give business name(s), city(ies), state(s) and date(s). (Attach extra sheets if necessary.)

DISTRICT OFFICE COPY

DEPARTMENT OF BUSINESS REGULATION
DIVISION OF ALCOHOLIC BEVERAGES & TOBACCO
ALCOHOLIC BEVERAGE LICENSE FOR THE PERIOD
APRIL 1, 1988 THRU MARCH 31, 1989

CITY NAME

ÖBR-723-L

LICENSE/
PERMIT NO.

46-003568

SERIES

4COP

FEE

\$ 1750.00

AUDIT NUMBER

15604

294932

ISSUED TO:

LOCATION:

LANI KAI
PATTERS NORMAN & CONIDARIS ROBERT
RENEWAL
THIS LICENSE MAY NOT BE MOVED FROM THIS LOCATION

1400 ESTERO BLVD
FT MYERS BEACH FL

THIS LICENSE/PERMIT AUTHORIZES THE HOLDER TO CONDUCT THE DEFINED BUSINESS AT THE LOCATION
IMPRINTED HEREON PURSUANT TO APPLICABLE LAWS AND ADMINISTRATIVE RULES OF THE STATE OF FLORIDA.

PATTERS NORMAN & CONIDARIS ROBERT
1400 ESTERO BLVD
FT MYERS BEACH FL

30931580 LIA MC
03/31/88

1750.00

PAID

C05471007

LEE

ISSUED PURSUANT TO LAW BY

DIRECTOR, DIVISION OF ALCOHOLIC BEVERAGES & TOBACCO

MAILING ADDRESS

COUNTY

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY THE DIVISION OF ALCOHOLIC BEVERAGES & TOBACCO

Parcel 19-46-24-W4-0070D.0020

1400 Estero Blvd

Lani Kai



Town of Fort Myers Beach

FAX TRANSMISSION

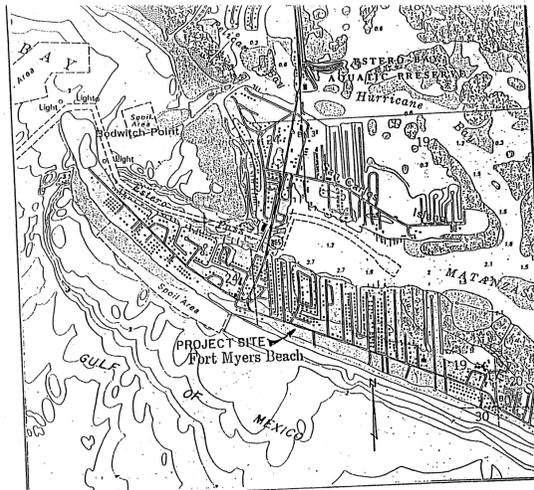
DATE: Feb. 27, 2001
TO: Bryan Kelner
FAX: 479-8198
FROM: Pam Houck
PHONE: 765-0202
FAX:
SUBJECT: Pam Kai
OF PAGES: 3 (including cover)

COP 2001-00031

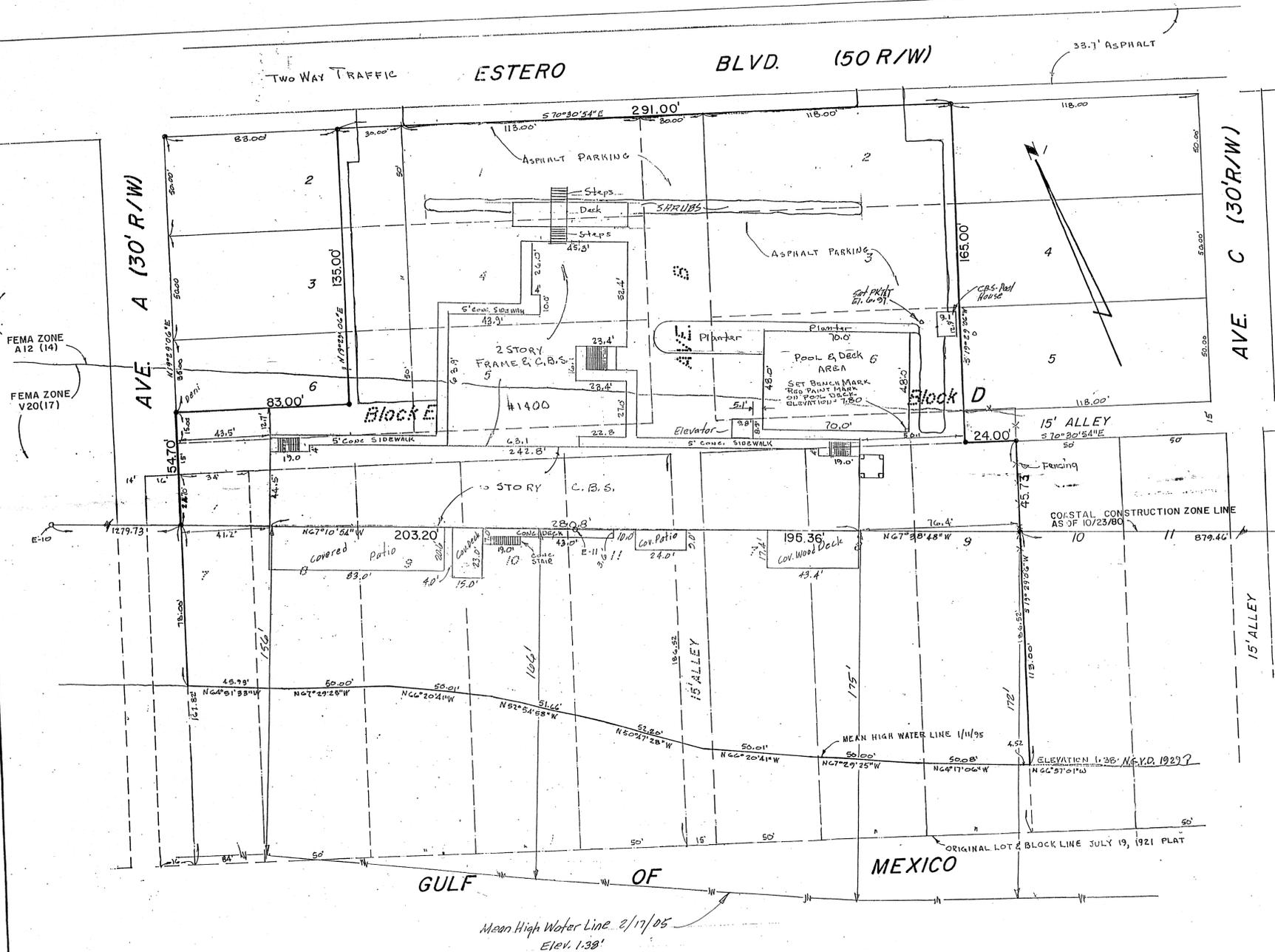




APPROVED
 Mean High Water
 Survey File 1279
 By: [Signature] Date: 3/13/95



VICINITY MAP
 1:24,000



LEGAL DESCRIPTION:
 A PARCEL OF LAND LING BLOCKS "D" AND "E" OF CRESCENT BEACH, A SUBDIVISION AS RECORDED IN PLAT BOOK 4 AT PAGE 45, PUBLIC RECORDS OF LEE COUNTY, FLORIDA, DESCRIBED AS FOLLOWS: LOTS 2,3,6,7,8, AND 9 - BLOCK "D" AND LOTS 1,4,5,8,9, 10 AND 11 - BLOCK "E" AND LOT 7 LESS WESTERLY 16 FEET THEREOF BLOCK "E"; AND ALSO THE EASTERLY 30 FEET OF LOTS 2,3, AND 6 AND THE SOUTHERLY 15 FEET OF LOT 6 - BLOCK "E" TOGETHER WITH THE VACATED STREET AND ALLEY FORMERLY KNOWN AS AVENUE "D" BETWEEN THE SAID BLOCK "D" AND "E" AND INCLUDING THOSE VACATED ALLEYS BETWEEN LOT 5 AND 6 ON THE NORTH, AND LOTS 7,8,9,10 AND 11 ON THE SOUTH IN SAID BLOCK "E" AND THE VACATED ALLEYWAY BETWEEN LOT 6 ON THE NORTH AND LOTS 7,8 AND 9 ON THE SOUTH IN THE SAID BLOCK "D". ALL LING IN SECTION 19, TOWNSHIP 46 SOUTH, RANGE 24 EAST, ESTERO ISLAND, LEE COUNTY, FLORIDA.

ADDRESS: 1400 ESTERO BLVD.

- LEGEND**
- = 1/4" Iron/Cap Set
 - = 1/2" Iron Rod Found
 - △ = PK Nail Set
 - = PK Nail Found
 - = Concrete Monument Found
 - P.U.E. = Public Utility Easement
 - D.B. = Drainage Easement
 - P.C. = Point of Curve
 - P.T. = Point of Tangent
 - P.R.C. = Point of Reverse Curve
 - R/W = Right of Way
 - P.O.B. = Point of Beginning
 - P.O.C. = Point of Commencement
 - C.B.S. = Concrete Block Stucco
 - N.G.V.D. = National Geodetic Vertical Datum (1929)
 - P.P. = Power Pole
 - T.PED. = Telephone Pedestal
 - P.H. = Fire Hydrant
 - C.B. = Catch Basin
 - = Center Line
 - D = Deed
 - M = Measured
 - C = Calculated
 - P = Plat

- NOTES:**
1. Description as furnished by client.
 2. No search of the Public Records was conducted by this firm.
 3. Elevations as shown are based on N.G.V.D. 1928 datum unless otherwise stated.
 4. Bearings are based on plat or deed.
 5. Encroachments are based on plat.
 6. There may be other encroachments not shown hereon recorded in the Public Records of governing county.
 7. No determination of Hazardous Waste Material has been made by this firm.
 8. Signor limits liability only up to the cost of the survey.
 9. This survey is protected by copyright and all rights are reserved.

CERTIFICATION:
 I HEREBY CERTIFY THAT THIS SKETCH OF SURVEY OF THE HEREON DESCRIBED PROPERTY IS A TRUE AND CORRECT REPRESENTATION OF A SURVEY MADE UNDER MY DIRECTION, AND THAT SAID SURVEY IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND UNLESS OTHERWISE SHOWN THERE ARE NO VISIBLE ENCROACHMENTS. I FURTHER CERTIFY THAT THE SURVEY REPRESENTED HEREON MEETS THE MINIMUM TECHNICAL STANDARDS FOR LAND SURVEYING IN THE STATE OF FLORIDA, ESTABLISHED PURSUANT TO CHAPTER 61C17-6, FLORIDA ADMINISTRATIVE CODE.

- NOTE:**
- 1 - MEAN HIGH WATER ELEVATIONS 1.30 FEET N.G.V.D. 1929 BASED ON INTERPOLATION BETWEEN TIDE STATIONS 872-5383 AND 872-5110.
 - 2 - PROCEDURE USED TO DETERMINE MEAN HIGH WATER - INTERPOLATION TIDE STATIONS USED FOR INTERPOLATIONS:
- | MHW ST. NO. | MHW EL. FT., NGVD 29 | RANGE FEET |
|--------------|----------------------|------------|
| 872-5383 | 1.27 | 1.69 |
| 872-5110 | 1.54 | 2.09 |
| PROJECT SITE | 1.38 | |
- 3 - BEARINGS SHOWN ARE BASED ON COASTAL CONSTRUCTION ZONE LINE SURVEY DATED 10/23/80.
 - 4 - THE MEAN HIGH WATER SURVEY DEPICTED HEREON COMPLIES WITH CHAPTER 177, PART II FLORIDA STATUTES AND CHAPTER 10-5 FLORIDA ADMINISTRATIVE CODE AND IS RECORDED IN THE PUBLIC REPOSITORY OF THE FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION, MEAN HIGH WATER SURVEY FILE 1279
 - 5 - MEAN HIGH WATER ELEVATION 1.38 FEET, NGVD 1929 AS LOCATED ON 1/11/95.

BY: [Signature]
 R. L. Schumann, RLS
 Florida Rec. No. 2239
 2/1/95
 Date of Signature

3/20/06 Update Improvements
 3/17/05 Revised to show current MHWL.
 2/25/03 Updated to show current improvements.
 3/10/95 REVISED ADDITION DIMENSION AND FILE NUMBER

DATE: 2/13/95
 SCALE: 1" = 80'
 JOB: 10656

S & H LAND SURVEY COMPANY
 13591 MCGREGOR BOULEVARD
 SUITE 19
 FT. MYERS, FL 33919
 (239)481-2366

Mean High Water - Keep On File