



LEE COUNTY
SOUTHWEST FLORIDA
BOARD OF COUNTY COMMISSIONERS

John E. Manning
District One

(239) 533-5450

Cecil L. Pendergrass
District Two

October 21, 2013

Larry Kiker
District Three

Vacant
District Four

Frank Mann
District Five

Ms. Shelley Crant-Baggot
Florida Travel Marketing Inc.
1134 Lenox Court
Cape Coral, FL 33904

Roger Desjarlais
County Manager

Andrea Fraser
Acting County Attorney

SUBJECT: RFP130487 TOURISM SALES AND PROMOTION
REPRESENTATION

Donna Marie Collins
County Hearing
Examiner

ENCLOSURE (1): Executed Copy of Service Provider Agreement

Dear Ms. Baggot:

Enclosed is your executed copy of the Service Provider Agreement for the project known as "Northwest USA Representation".

The Contract No. is 6534 and must be on all invoices.

If you should have any questions, please contact our office at the above number.

Sincerely,
PROCUREMENT MANAGEMENT

Diana Khan
Office Manager

C: FinanceOnBase@leeclerk.net
Berta Maldonado
Project File

C-6534

SERVICE PROVIDER AGREEMENT

This SERVICE PROVIDER AGREEMENT is made and entered into this 17th day of September, 2013, between the Board of County Commissioners of LEE COUNTY, a political subdivision of the STATE OF FLORIDA hereinafter referred to as the "COUNTY", and **Florida Travel Marketing, Inc.** hereinafter referred to as the "PROVIDER".

WITNESSETH

WHEREAS, the COUNTY desires to obtain the services of said PROVIDER as further described herein referred to as **RFP130487 Tourism Sales and Promotion Representation**, and,

WHEREAS, the PROVIDER hereby certifies that it has been granted and possesses valid, current licenses to do business in the State of Florida and in Lee County, Florida, issued by the respective State Board and Government Agencies responsible for regulating and licensing the services to be provided and performed by the PROVIDER pursuant to this Agreement; and,

WHEREAS, the PROVIDER has reviewed the services required pursuant to this Agreement and is qualified, willing and able to provide and perform all such services in accordance with the provisions, conditions and terms hereinafter set forth.

NOW, THEREFORE, in consideration of the foregoing, and the terms and provisions as contained herein, the parties agree that a Contract shall exist between them consisting of the following:

ARTICLE 1.0 - SCOPE OF SERVICES

PROVIDER hereby agrees to provide and perform the Services required and necessary to complete the services and work as set forth in EXHIBIT "A", dated September 17 2013, entitled "SCOPE OF SERVICES", which is attached hereto and made a part of this Agreement.

ARTICLE 2.0 - DEFINITIONS

2.1 COUNTY shall mean the Board of County Commissioners of Lee County, a political subdivision of the State of Florida, and all officials and employees.

2.2 PROVIDER shall mean the individual, firm or entity offering services which, by execution of this Agreement, shall be legally obligated, responsible, and liable for providing and performing any and all of the services, work and materials, including services and/or the work of subcontractors, required under the covenants, terms and provisions contained in this Agreement.

2.3 SERVICES shall mean all services, work, materials, and all related professional, technical and administrative activities that are necessary to perform and complete the services required pursuant to the terms and provisions of this Agreement.

2.4 ADDITIONAL SERVICES shall mean any additional services that the COUNTY may request and authorize, in writing, which are not included in the Scope of Services as set forth in Article 1.0 above.

2.5 CHANGE ORDER shall mean a written document executed by both parties to this Agreement setting forth such changes to the Scope of Services as may be requested and authorized in writing by the COUNTY.

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C1(a)

2.6 SUPPLEMENTAL TASK AUTHORIZATION as used refers to a written document executed by both parties to an existing Professional Service Agreement, or Service Provider Agreement, setting forth and authorizing a limited number of Professional Services, tasks, or work. Such Supplemental Task Authorizations are consistent with and have previously been included within the scope of services in the initial Professional Services Agreement, or Service Provider Agreement, for which authorization has not been previously given or budgeted.

ARTICLE 3.0 - OBLIGATIONS OF THE PROVIDER

The obligations of the PROVIDER with respect to all the Basic Services and Additional Services authorized pursuant to this Agreement shall include, but not be limited to the following:

3.1 LICENSES. The PROVIDER agrees to obtain and maintain throughout the terms of this Contract all such licenses as are required to do business in the State of Florida and in Lee County, Florida, including, but not limited to, licenses required by the respective State Boards and other governmental agencies responsible for regulating and licensing the services provided and performed by the PROVIDER.

3.2 QUALIFIED PERSONNEL. The PROVIDER agrees that when the services to be provided and performed relate to a professional service(s) which, under Florida Statutes, requires a license, certificate of authorization, or other form of legal entitlement to practice such services, to employ and/or retain only qualified personnel to be in charge of all Basic Services and Additional Services to be provided pursuant to this Agreement.

3.3 STANDARDS OF PROFESSIONAL SERVICE. The PROVIDER agrees to provide and perform all services pursuant to this Agreement in accordance with generally accepted standards of professional practice and, in accordance with the laws, statutes, ordinances, codes, rules, regulations and requirements of governmental agencies which regulate or have jurisdiction over the services to be provided and/or performed by the PROVIDER.

3.4 CORRECTION OF ERRORS, OMISSIONS OR OTHER DEFICIENCIES

(1) Responsibility to Correct. The PROVIDER agrees to be responsible for the professional quality, technical adequacy and accuracy, timely completion, and the coordination of all data, studies, reports, memoranda, other documents and other services, work and materials performed, provided, and/or furnished by PROVIDER. The PROVIDER shall, without additional compensation, correct or revise any errors, omissions or other deficiencies in such data, studies and other services, work and materials resulting from the negligent act, errors or omissions or intentional misconduct of PROVIDER.

(2) County's Approval Shall Not Relieve Provider of Responsibility. Neither review, approval, or acceptance by COUNTY of data, studies, reports, memoranda, and incidental professional services, work and materials furnished hereunder by the PROVIDER, shall in any way relieve PROVIDER of responsibility for the adequacy, completeness and accuracy of its services, work and materials. Neither the COUNTY'S review, approval or acceptance of, nor payment for, any part of the PROVIDER'S services, work and materials shall be construed to operate as a waiver of any of the COUNTY'S rights under this Agreement, or any cause of action it may have arising out of the performance of this Agreement.

3.5 LIABILITY - PROVIDER TO HOLD COUNTY HARMLESS.

The PROVIDER shall be liable and agrees to be liable for, and shall indemnify, defend and hold the COUNTY harmless for any and all claims, suits, judgments or damages, losses and expenses including court costs, expert witness and professional consultation services, and attorneys' fees arising out of the PROVIDER'S errors, omissions, and/or negligence. The PROVIDER shall not be liable to, nor be required to indemnify the COUNTY for any portions of damages arising out of any error, omission, and/or negligence of the COUNTY, its employees, agents, or representatives.

3.6 NOT TO DIVULGE CERTAIN INFORMATION. PROVIDER agrees, during the term of this Agreement, not to divulge, furnish or make available to any third person, firm, or organization, without the COUNTY'S prior written consent, or unless incident to the proper performance of PROVIDER'S obligations hereunder, or as provided for or required by law, or in the course of judicial or legislative proceedings where such information has been properly subpoenaed; any non-public information concerning the services to be rendered by PROVIDER, AND PROVIDER shall require all of its employees and subcontractor(s) to comply with the provisions of this paragraph.

3.7 RESPONSIBILITY FOR ESTIMATES. In the event the services required pursuant to this Agreement include the PROVIDER preparing and submitting to the COUNTY any cost estimates, the PROVIDER, by exercise of his experience and judgement shall develop its best cost estimates and shall be held accountable, responsible and liable for the accuracy, completeness, and correctness of any and all such cost estimates to the extent provided hereafter.

3.8 ADDITIONAL SERVICES. Should the COUNTY request the PROVIDER to provide and perform professional services under this contract which are not set forth in EXHIBIT "A", the PROVIDER agrees to provide and perform such ADDITIONAL SERVICES as may be agreed to in writing by both parties to this Agreement.

ADDITIONAL SERVICES shall be administered and executed as "CHANGE ORDERS" or "SUPPLEMENTAL TASK AUTHORIZATIONS" under the Agreement. The Provider shall not provide or perform, nor shall the COUNTY incur or accept any obligation to compensate the PROVIDER for any ADDITIONAL SERVICES, unless a written CHANGE ORDER or SUPPLEMENTAL TASK AUTHORIZATION shall be executed by the parties.

Each such CHANGE ORDER or SUPPLEMENTAL TASK AUTHORIZATION shall set forth a description of (1) the Scope of the ADDITIONAL SERVICES requested; (2) the basis of compensation; and (3) the period of time and/or schedule for performing and completing the ADDITIONAL SERVICES.

ARTICLE 4.0 - COMPENSATION AND METHOD OF PAYMENT

4.1 BASIC SERVICES. The COUNTY shall pay the PROVIDER for all requested and authorized basic services rendered hereunder by the PROVIDER and completed in accordance with the requirements, provisions, and/or terms of this Agreement as set forth in EXHIBIT "B" dated September 17 2013, which is attached hereto and made a part of this Agreement.

4.2 ADDITIONAL SERVICES. The COUNTY shall pay the PROVIDER for all ADDITIONAL SERVICES as have been requested and authorized by the COUNTY and agreed to in writing by both parties to this Agreement, and according to the terms for compensation and payment of said ADDITIONAL SERVICES as set forth in EXHIBIT "B".

4.3 METHOD OF PAYMENT.

(1) MONTHLY STATEMENTS.

The PROVIDER shall be entitled to submit not more than one invoice statement to the COUNTY each calendar month covering services rendered and completed during the preceding calendar month. The PROVIDER'S invoice statement(s) shall be itemized to correspond to the basis of compensation as set forth in the Agreement or CHANGE ORDER(S) or SUPPLEMENTAL TASK AUTHORIZATION(S). The PROVIDER'S invoice statements shall contain a breakdown of charges, description of service(s) and work provided and/or performed, and, where appropriate, supportive documentation of charges consistent with the basis of compensation set forth in the Agreement or in CHANGE ORDER(S) or SUPPLEMENTAL TASK AUTHORIZATION(S).

(2) PAYMENT SCHEDULE.

The COUNTY shall issue payment to the PROVIDER within thirty (30) calendar days after receipt of an invoice statement from the PROVIDER in an acceptable form and containing the requested breakdown and detailed description and documentation of charges. Should the COUNTY object or take exception to the amount of any PROVIDER'S invoice statement, the COUNTY shall notify the PROVIDER of such objection or exception with the thirty (30) calendar day payment period set forth hereinbefore. If such objection or exception remains unresolved at the end of said thirty (30) calendar day period, the COUNTY shall withhold the disputed amount and make payment to the PROVIDER of the amount not in dispute. Payment of any disputed amount will be resolved by the mutual agreement of the parties to this Agreement.

4.4 PAYMENT WHEN SERVICES ARE TERMINATED AT THE CONVENIENCE OF THE COUNTY. In the event of termination of this Agreement at the convenience of the COUNTY, the COUNTY shall compensate the PROVIDER for: (1) all services performed prior to the effective date of termination; (2) reimbursable expenses then due; and (3) reasonable expenses incurred by the PROVIDER in affecting the termination of services and work, and incurred by the submittal to the COUNTY of any documents.

4.5 PAYMENT WHEN SERVICES ARE SUSPENDED. In the event the COUNTY suspends the PROVIDER'S services or work on all or part of the services required by this Agreement, the COUNTY shall compensate the PROVIDER for all services performed prior to the effective date of suspension and reimbursable expenses then due and any reasonable expenses incurred or associated with, or as a result of such suspension.

4.6 NON-ENTITLEMENT TO ANTICIPATED FEES IN THE EVENT OF SERVICE TERMINATION, SUSPENSION, ELIMINATION, CANCELLATION AND/OR DECREASE IN SCOPE OF SERVICES. In the event the services required pursuant to this Agreement are terminated, eliminated, cancelled, or decreased due to: (1) termination; (2) suspension in whole or in part; and (3) and/or are modified by the subsequent issuance of CHANGE ORDER(S), the PROVIDER shall not be entitled to receive compensation for anticipated professional fees, profit, general and administrative overhead expenses or for any other anticipated income or expense which may be associated with the services which are terminated, suspended, eliminated, cancelled or decreased.

ARTICLE 5.0 - TIME AND SCHEDULE OF PERFORMANCE

5.01 NOTICE TO PROCEED. Following the execution of this Agreement by both parties, and after the PROVIDER has complied with the insurance requirements set forth hereinafter, the COUNTY shall issue the PROVIDER a WRITTEN NOTICE TO PROCEED. Following the issuance of such NOTICE TO PROCEED the PROVIDER shall be authorized to commence work and the PROVIDER thereafter shall commence work promptly and shall carry on all such services and work as may be required in a timely and diligent manner to completion.

5.02 TIME OF PERFORMANCE. The PROVIDER agrees to complete the services required pursuant to this Agreement within the time period(s) for completion of the various phases and/or tasks of the project services set forth and described in this Agreement, as set forth in EXHIBIT "C", dated September 17, 2013, entitled "SCHEDULE OF PERFORMANCE", which EXHIBIT "C" is attached hereto and made a part of this Agreement.

Should the PROVIDER be obstructed or delayed in the prosecution or completion of its obligations under this Agreement as a result of causes beyond the control of the PROVIDER, or its sub-consultant(s) and/or subcontractor(s), and not due to their fault or neglect, the PROVIDER shall notify the COUNTY, in writing, within five (5) calendar days after the commencement of such delay, stating the cause(s) thereof and requesting an extension of the PROVIDER'S time of performance. Upon receipt of the PROVIDER'S request for an extension of time, the COUNTY shall grant the extension if the COUNTY determines the delay(s) encountered by the PROVIDER, or its sub-consultant(s) and/or subcontractor(s), is due to unforeseen causes and not attributable to their fault or neglect.

5.03 PROVIDER WORK SCHEDULE. The PROVIDER shall be required as a condition of this Agreement to prepare and submit to the COUNTY, on a monthly basis, commencing with the issuance of the NOTICE TO PROCEED, a PROVIDER'S WORK SCHEDULE. The WORK SCHEDULE shall set forth the time and manpower scheduled for all of the various phases and/or tasks required to provide, perform and complete all of the services and work required for completion of the various phases and/or tasks of the project services set forth and described in this Agreement, as set forth in EXHIBIT "C", pursuant to this Agreement in such a manner that the PROVIDER'S planned and actual work progress can be readily determined. The PROVIDER'S WORK SCHEDULE of planned and actual work progress shall be updated and submitted by the PROVIDER to the COUNTY on a monthly basis.

5.04 FAILURE TO PERFORM IN A TIMELY MANNER. Should the PROVIDER fail to commence, provide, perform, and/or complete any of the services and work required pursuant to this Agreement in a timely and diligent manner, the COUNTY may consider such failure as justifiable cause to terminate this Agreement. As an alternative to termination, the COUNTY at its option may, upon written notice to the PROVIDER, withhold any or all payments due and owing to the PROVIDER, not to exceed the amount of the compensation for the work in dispute, until such time as the PROVIDER resumes performance of his obligations in such a manner as to get back on schedule in accordance with the time and schedule of performance requirements as set forth in this Agreement.

ARTICLE 6.0 - SECURING AGREEMENT

The PROVIDER warrants that the PROVIDER has not employed or retained any company or person other than a bona fide employee working solely for the PROVIDER to solicit or secure this Agreement and that the PROVIDER has not paid or agreed to pay any person, company, corporation or firm other than a bona fide employee working solely for the PROVIDER any commission, percentage, gift, or any other consideration contingent upon or resulting from the award or making of this Agreement.

ARTICLE 7.0 - ASSIGNMENT, TRANSFER AND SUBCONTRACTS

The PROVIDER shall not assign or transfer any of its rights, benefits or obligations hereunder, except for transfers that result from: (1) the merger or consolidation of PROVIDER with a third party; or (2) the disestablishment of the PROVIDER'S professional practice and the establishment of the successor PROVIDER. Nor shall the PROVIDER subcontract any of its service obligations hereunder to third parties without prior written approval of the COUNTY. The PROVIDER shall have the right, subject to the COUNTY'S prior written approval, to employ other persons and/or firms to serve as subcontractors to PROVIDER in connection with the PROVIDER performing services and work pursuant to the requirements of this Agreement.

In providing and performing the services and work required pursuant to this Agreement, PROVIDER intends to engage the assistance of subcontractor(s) as set forth in EXHIBIT "D", dated 2003, entitled "PROVIDER'S ASSOCIATED SUBCONTRACTORS", which EXHIBIT "D" is attached hereto and made a part of this Agreement.

ARTICLE 8.0 - APPLICABLE LAW

This Agreement shall be governed by the laws, rules and regulations of the State of Florida, or the laws, rules and regulations of the United States when providing services funded by the United States government.

ARTICLE 9.0 - NON-DISCRIMINATION

The PROVIDER for itself, its successors in interest, and assigns, as part of the consideration thereof, does hereby covenant and agree that in the furnishing of services to the COUNTY hereunder, no person on the grounds of race, color, national origin, handicap, or sex shall be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination. Should PROVIDER authorize another person, with the COUNTY'S prior written consent, to provide services to the COUNTY hereunder, PROVIDER shall obtain from such person a written agreement pursuant to which such person shall, with respect to the services which he is authorized to provide, undertake for himself the obligations contained in this Section.

ARTICLE 10.0 - INSURANCE

10.1 INSURANCE COVERAGE TO BE OBTAINED

(1) The PROVIDER shall obtain and maintain such insurance or self-insurance as will protect him from: (1) claims under Workers' Compensation laws, Disability Benefit laws, or other similar employee benefit laws; (2) claims for damages because of bodily injury, occupational sickness or disease or death of his employees including claims insured by usual personal injury liability coverage; (3) claims for damages because of bodily injury, sickness or disease, or death of any person other than his employees including claims insured by usual personal injury liability coverage; and (4) from claims for injury to or destruction of tangible property including loss or use resulting therefrom, any or all of which claims may arise out of, or result from, the services, work and operations carried out pursuant to and under the requirements of this Agreement, whether such services, work and operations be by the PROVIDER, its employees, or by any sub-consultant(s), subcontractor(s), or anyone employed by or under the supervision of any of them, or for whose acts any of them may be legally liable.

(2) The insurance protection set forth hereinabove shall be obtained for not less than the limits of liability specified hereinafter, or as required by law, whichever is greater.

(3) The PROVIDER shall require, and shall be responsible for insuring, throughout the time that this Agreement is in effect, that any and all of its subcontractors obtains and maintains until the completion of that subcontractor's work, such of the insurance coverage's described herein and as are required by law to be provided on behalf of their employees and others.

(4) The PROVIDER shall obtain, have and maintain during the entire period of this Agreement all such insurance or a self-insurance program as set forth and required herein.

10.2 PROVIDER REQUIRED TO FILE INSURANCE CERTIFICATE(S)

(1) The PROVIDER, within fourteen (14) calendar days from receipt of the COUNTY'S written Notice of Award, shall submit to the COUNTY all such insurance certificates or self-insurance program documentation as are required under this Agreement. Failure of the PROVIDER to submit such certificates and documents within the required time shall be considered cause for the COUNTY to find the PROVIDER in default and terminate the contract. Before the PROVIDER shall commence any service or work pursuant to the requirements of this Agreement, the PROVIDER shall obtain and maintain insurance coverage's of the types and to the limits specified hereinafter, and the PROVIDER shall file with the COUNTY certificates of all such insurance coverage's.

(2) All such insurance certificates shall be in a form and underwritten by an insurance company(s) acceptable to the COUNTY and licensed in the State of Florida.

(3) Each Certificate of Insurance or self-insurance program documentation shall be submitted to the COUNTY in triplicate.

(4) Each Certificate of Insurance shall include the following:

(A) The name and type of policy and coverage's provided;

(B) The amount or limit applicable to each coverage provided;

(C) The date of expiration of coverage.

(D) The designation of the Lee County Board of County Commissioners both as an additional insured and as a certificate holder. (This requirement is excepted for Professional Liability Insurance and for Workers' Compensation Insurance); and

ARTICLE 11.0 - INSURANCE COVERAGES REQUIRED

The CONSULTANT shall obtain and maintain the following insurance coverages as provided hereinbefore, and in the type, amounts and in conformance with the following minimum requirements:

(1) WORKERS' COMPENSATION

Statutory benefits as defined by FS 440 encompassing all operations contemplated by this contract or agreement to apply to all owners, officers, and employees regardless of the number of employees. Workers Compensation exemptions may be accepted with written proof of the State of Florida's approval of such exemption. Employers' liability will have minimum limits of:

\$100,000 per accident

\$100,000 disease limit

\$500,000 disease – policy limit

(2) COMMERCIAL GENERAL LIABILITY

Coverage must be afforded on a form no more restrictive than the last edition of the Commercial General Liability Policy filed by the Insurance Services Office. Coverage shall apply to premises and/or operations, products and completed operations, independent contractors, contractual liability exposures with minimum limits of:

- \$500,000 per occurrence
- \$1,000,000 general aggregate
- \$500,000 products and completed operations
- \$500,000 personal and advertising injury

Coverage must include the following:

- (A) Contractual coverage applicable to this specific Agreement including any hold harmless and/or such indemnification agreement.

(3) BUSINESS AUTOMOBILE LIABILITY

Coverage must be afforded on a form no more restrictive than the latest edition of the Business Automobile Liability Policy filed by the Insurance Services Office and must include the following:

- (A) Minimum limits of \$500,000.00 combined single limit (CSL).
- (B) Coverage shall include owned vehicles, hired and leased, or non-owned vehicles.

~~(4) ERRORS AND OMISSIONS~~

~~Coverage shall include professional liability insurance, to cover claims arising out of negligent acts, errors or omissions of professional advice or other professional services.~~

~~Coverage must include the following:~~

- ~~(A) \$1,000,000 combined single limit (CSL) of BI and PD~~
- ~~(B) Such additional requirements as are set forth in Articles 13.01 and 13.02 hereinabove.~~
- ~~(C) Should the Professional Liability Insurance Policy issued pursuant to the above requirements and limits be written so as to provide an applicable deductible amount, or other exclusion or limitation as to the amount of coverage to be provided within the minimum coverage limits set forth above, the COUNTY shall hold the CONSULTANT responsible and liable for any such difference in the amount of coverage provided by the insurance policy. In the event of any such deductible amount, exclusion or limitation, the CONSULTANT shall be required to provide written documentation that is acceptable to the COUNTY establishing that the CONSULTANT has the~~

~~financial resources readily available to cover damages, injuries and/or losses which are not covered by the policy's deductible amounts, exclusions and/or limitations as stated above.~~

*The required minimum limit of liability shown in (2) Commercial General Liability and (3) Business Automobile Liability, may be provided in the form of "Excess Insurance" or "Commercial Umbrella Policies." In which case, a "Following Form Endorsement" will be required on the "Excess Insurance Policy" or "Commercial Umbrella Policy."

ARTICLE 12.0 - DUTIES AND OBLIGATIONS IMPOSED ON THE PROVIDER

The duties and obligations imposed upon the PROVIDER by this Agreement and the rights and remedies available hereunder shall be in addition to, and not a limitation of, any otherwise imposed or available by law or statute.

ARTICLE 13.0 - OWNERSHIP AND TRANSFER OF DOCUMENTS

All documents such as payment records, notes, computer files, evaluations, reports and other records and data relating to the services specifically prepared or developed by the PROVIDER under this Agreement shall be the property of the PROVIDER until the PROVIDER has been paid for performing the services and work required to produce such documents.

Upon completion or termination of this Agreement, all of the above documents to the extent requested by the COUNTY shall be delivered to the COUNTY or to any subsequent PROVIDER within thirty (30) calendar days.

The PROVIDER, at its expense, may make and retain copies of all documents delivered to the COUNTY for reference and internal use.

ARTICLE 14.0 - MAINTENANCE OF RECORDS

The PROVIDER will keep and maintain adequate records and supporting documentation applicable to all of the services, work, information, expense, costs, invoices and materials provided and performed pursuant to the requirements of this Agreement. Said records and documentation will be retained by the PROVIDER for a minimum of five (5) years from the date of termination of this Agreement, or for such period as required by law.

The COUNTY and its authorized agents shall, with reasonable prior notice, have the right to audit, inspect and copy all such records and documentation as often as the COUNTY deems necessary during the period of this Agreement, and during the period as set forth in the paragraph above; provided, however, such activity shall be conducted only during normal business hours of the PROVIDER and at the expense of the COUNTY.

ARTICLE 15.0 - HEADINGS

The headings of the Articles, Sections, Exhibits, and Attachments as contained in this Agreement are for the purpose of convenience only and shall not be deemed to expand, limit or change the provisions contained in such Articles, Section, Exhibits and Attachments.

ARTICLE 16.0 - ENTIRE AGREEMENT

This Agreement, including the referenced Exhibits and Attachments hereto, constitutes the entire Agreement between the parties hereto.

The following listed documents, which are referred to hereinbefore, are attached to and are acknowledged, understood and agreed to be an integral part of this Agreement:

- (1) EXHIBIT "A" entitled "Scope of Professional Services" dated September 17, 2013.
- (2) EXHIBIT "B" entitled "Compensation and Method of Payment" dated September 17, 2013.
- (3) EXHIBIT "C" entitled "Time and Schedule of Performance" dated September 17, 2013.
- (4) EXHIBIT "D" entitled "Consultant's Associated Sub-Consultant(s) and SubContractor(s)", dated September 17, 2013.
- (5) EXHIBIT "E" entitled "Project Guidelines and Criteria", dated September 17, 2013.
- (6) EXHIBIT "F" entitled "Amendment to Articles", dated September 17, 2013.
- (7) EXHIBIT "G" entitled "Insurance". (Containing copies of applicable Certificates of Insurance)

ARTICLE 17.0 - NOTICES AND ADDRESS

17.1 NOTICES BY PROVIDER TO COUNTY All notices required and/or made pursuant to this Agreement to be given to the PROVIDER to the COUNTY shall be in writing and shall be given by the United States Postal Service to the following COUNTY address of record:

Lee County Board of County Commissioners
PO Box 398
Ft Myers FL 33902-0398
Attention: Visitor & Convention Bureau

17.2 NOTICES BY AUTHORITY TO PROVIDER All notices required and/or made pursuant to this Agreement to be given by the COUNTY to the PROVIDER shall be made in writing and shall be given by the United States Postal Service to the following PROVIDER'S address of record:

Florida Travel Marketing, Inc.
1134 Lenox Court
Cape Coral, FL 33904
Phone/Fax: 239.945.0420/239.945.6212
Attention: Shelley Crant-Baggot
Email : shelleycrant@mac.com

17.3 CHANGE OF ADDRESS. Either party may change its address by written notice to the other party given in accordance with the requirements of this Article.

ARTICLE 18.0 - TERMINATION

This Agreement may be terminated by the COUNTY at its convenience, or due to the fault of the PROVIDER, by giving thirty (30) calendar days written notice to the PROVIDER. If the PROVIDER is adjudged bankrupt or insolvent; if it makes a general assignment for the benefit of its creditors; if a trustee or receiver is appointed for the PROVIDER or for any of its property; or if it files a petition to take advantage of any debtor's act or to reorganize under the bankruptcy or similar laws; or if it disregards the authority of the COUNTY'S designated representatives; or if it otherwise violates any provisions of this Agreement; or for any other just cause, the COUNTY may, without prejudice to any other right or remedy, and after giving the PROVIDER written notice, terminate this Agreement.

ARTICLE 19.0 - MODIFICATIONS

Modifications to the terms and provisions of this Agreement shall only be valid when issued in writing as a properly executed Supplemental Task Authorization(s) or CHANGE ORDER(S). In the event of any conflicts between the requirements, provisions, and/or terms of this Agreement and any written Supplemental Task Authorization(s) or CHANGE ORDER(S) shall take precedence.

ARTICLE 20.00 – SEVERABILITY

If any word, phrase, sentence, part, subsection, or other portion of this Agreement, or any application thereof, to any person, or circumstance is declared void, unconstitutional, or invalid for any reason, then such word, phrase, sentence, part, subsection, other portion, or the proscribed application thereof, shall be severable, and the remaining portions of this Agreement, and all applications thereof, not having been declared void, unconstitutional, or invalid, shall remain in full force, and effect.

ARTICLE 21.00 – VENUE

Venue for any administrative and/or legal action arising under this Agreement shall be in Lee County, Florida.

ARTICLE 22.00 – NO THIRD PARTY BENEFICIARIES

Both parties explicitly agree, and this Agreement states that no third party beneficiary status or interest is conferred to, or inferred to, any other person or entity.

ARTICLE 23.0 - ACCEPTANCE

Acceptance of this Agreement shall be indicated by the signature of the duly authorized representative of the parties in the space provided.

IN WITNESS WHEREOF, the parties have executed this Agreement effective the day and year first written above.

ATTEST:

COUNTY: LEE COUNTY, FLORIDA

CLERK OF CIRCUIT COURT
Linda Doggett, Clerk

BOARD OF COUNTY COMMISSIONERS

BY: [Signature]

BY: [Signature]

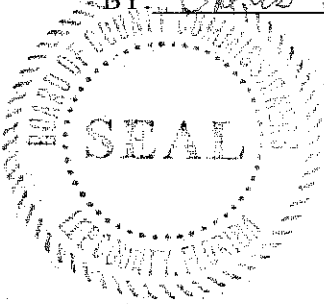
Chair

DATE: 10.15.13

APPROVED AS TO FORM

BY: [Signature]

County Attorney's Office



ATTEST:

Florida Travel Marketing, Inc.

Firm

[Signature]
(Witness)

BY: [Signature]

(Authorized Signature)

[Signature]
(Witness)

Shelley Grant-Baggett, President

(Printed Name & Title)

DATE: 10/14/2013

CORPORATE SEAL:



Date: September 17, 2013

SCOPE OF SERVICES

for RFP130487 Tourism Sales and Promotion Representation

BASIC SERVICES

Section 1. GENERAL SCOPE STATEMENT

The CONSULTANT shall provide and perform the following services, which shall constitute the GENERAL SCOPE of the BASIC SERVICES under the covenants, terms, and provisions of this SERVICE PROVIDER AGREEMENT.

Tourism Sales and Promotion Representation

Services to be provided by the Provider include, but are not limited to, such activities as conducting sales calls on tour operators, travel agents, and convention meeting planners, conducting tourism trade show promotions, organizing and implementing familiarization tours of Lee County, work as tourism industry liaison, general consultation and promotional activities.

Lee County Visitor and Convention Bureau will provide stationery, postage, access to telephone for sales work, business cards, sales kits, brochures, booth space, booth décor, booth furnishings and will ship all necessary show related materials to the destination location.

Promotional or sales opportunities outside the office will be pursued by Provider, at the discretion of the Visitor & Convention Bureau's (VCB) Director of Sales (hereinafter called the "Project Coordinator").

For the duration of this agreement, the Provider agrees to maintain its current business address. Thirty days notice is required of any relocation of Provider.

Section 2. TASKS

Pursuant to the GENERAL SCOPE of the BASIC SERVICES stated herein above, the CONSULTANT shall perform all services and/or work necessary to complete the following task(s) and/or provide the following item(s) which are enumerated to correspond to the task(s) and/or items set forth in EXHIBIT "B" entitled "COMPENSATION AND METHOD OF PAYMENT".

Services to be provided include, but are not limited to, such tasks as the following:

Sales Calls/Media Calls/Group Tour Shows

Will include, but not limited to travel agencies and tour operators at designated locations other than Lee County. An "Event Evaluation" form will be completed and submitted to the project manager immediately following the assignment or no later than five working days following the completed trip. This may involve extensive evening and weekend work that will not be compensated at a differentiated rate.

Consumer/Trade Shows

The Provider and/or such approved staff will physically attend scheduled promotions designated by the VCB's project coordinator and on completion of said promotion, shall complete, and submit the report no later than five working days following the completion of the assignment. The Provider shall be responsible for preparation and coordination of shipments of all appropriate collateral material, booth set-up prior to the show, and break-down and shipping of the booth and related materials after the show is completed. Provider shall be responsible for supervision of such works as may be required by show regulations. This may involve extensive evening and weekend work that will not be compensated at a differentiated rate.

Familiarization Tours

The Provider will arrange, conduct and complete Familiarization Tours shall include, but not restricted to: arranging free or reduced rate transportation, lodging and meals in addition to complete itineraries for submittal to the project manager. They shall include, but not restricted to, personal guide service or pre-designated visitors to Lee County. Provider will also conduct site inspections to appropriate hospitality related businesses. All familiarization tour plans and arrangements shall have the prior approval of the project manager. This may involve extensive evening and weekend work that will not be compensated at a differentiated rate. Estimated at a minimum of 1 familiarization tour per year .

Reporting Requirements

Annual report to detail accomplishments of the year in a format acceptable to VCB;

- Immediate notice to the VCB of any staffing changes;
- Any additional information and/or data requested by the VCB at frequencies to be determined based on the work being performed and the schedule of performance in the promotional campaign.
- Update for any business booked as a result of Provider's promotional efforts
- Must follow business throughout entire Sales cycle.

Follow-up

Shall include but not be restricted to meeting with the project manager at his/her office for the purpose of debriefing prior assignments and review of written reports of previous activities. In addition, the Provider shall be responsible for typing and e-mailing follow-up sales or promotions communication to clients and hospitality partners and materials to persons contacted as a result of promotional sales efforts.

General Consultation and Promotional Activities

Will constitute but not be restricted to discussing future in-county assignments of contacting and personally making visits to various hotels, restaurants, retail outlets and other hospitality related businesses conjunction with any and all sales related or promotional programs.

Sales Reports & Performance Goals

Prior to the start of each fiscal year the Provider agrees to submit a strategic plan outlining the state of the market, trends, etc. objectives to accomplish for the year, accompanied with strategies and list of tactics with estimated budget, along with how each objective will be measured for the return on investment.

The Provider will submit sales reports upon completion of trade/events to include number of leads per tradeshow, provide a monthly report to include activities and update on leads generated, assisted bookings, lost opportunities/cancellations into the destination combined with a year to date tracking for performance measures.

Objectives and goals will be reviewed on an annual basis and re-established for the following year.

Performance Measures and Accountability

The following minimum performance measures will be reported to the VCB on a monthly basis.

- Work with VCB staff and leadership to develop and meet annual goals and objectives designed to increase in visitation from key domestic markets to Lee County, Florida
- Develop and maintain client relationships with travel agents, and media accounts in assigned key markets of interest.
- Assist in developing, planning, coordinating, and implementing sales and/or promotional programs that will showcase the destination in assigned territory.
- Establish Lee County, FL in the marketplace as a desirable destination for holiday travel, while positioning it to successfully compete for market share with other highly recognized destinations.
- Remain current on industry best practices, standards and benchmarks by, but not limited to, reading publications, participating in and attending events in your territory.
- Evaluate sales trends, competition and economic/business conditions; recommends modifications when necessary in sales strategies.
- Maintain financial responsibility to meet budget goals.

Sales

- Achieve 25 consumers per consumer trade show to opt-into monthly VCB promotional e-newsletter aimed at enticing visitation through relationship marketing.
- Required to perform a minimum of seventy-five (75) sales calls annually to domestic tour operators, retail travel agencies agents on an annual basis
- Conduct a minimum of two (2) travel agent or domestic tour operator trainings annually.
- Conduct a minimum of one (1) travel agent familiarization tour to Lee County.

Communications/Public Relations

- Attend three (3) media events on behalf of Lee County Visitor & Convention Bureau.
- Develop itineraries as needed for visiting outdoor writers.
- Assist with hosting three (3) key outdoor media writers to Lee County.

Daily, Monthly and Annual Reports

- Will promptly provide lists of contract and leads to appropriate staff for input into Simpleview CRM system. And will input data into Simpleview CRM system for any follow up consultant provides directly to contacts/leads.
- Billing is per task/general consultation and appropriate invoices will be provided to VCB financial officer for processing.
- Upon completion of each task, a report will be filed in a timely manner.
- Immediate notice to the VCB of any staffing changes;
- Update for any business booked as a result of Provider's promotional efforts
- Must follow all business reported throughout entire Sales cycle.
- Remain current on industry best practices, standards and benchmarks by, but not limited to, reading publications, participating in and attending events in assigned territory.
- Evaluate sales trends, competition and economic/business conditions; recommends modifications when necessary in sales strategies.
- Maintain financial responsibility to meet budget goals.

EXHIBIT B

Date: September 17, 2013

COMPENSATION AND METHOD OF PAYMENT

For RFP130487 Tourism Sales and Promotion Representation

Section 1. BASIC SERVICES/TASK(S)

The COUNTY shall compensate the CONSULTANT for providing and performing the Task(s) set forth and enumerated in EXHIBIT "A", entitled "SCOPE OF PROFESSIONAL SERVICES", as follows:

NOTE: A Lump Sum (L.S.) or Not-to-Exceed (N.T.E.) amount of compensation to be paid the CONSULTANT should be established and set forth below for each task or sub-task described and authorized in Exhibit "A". In accordance with Agreement Article 5.02(2) "Method of Payment", tasks to be paid on a Work-in-Progress payment basis should be identified (WIPP).

Task Number	Task Title	Amount of Compensation	Indicate Basis of Compensation LS or NTE	If Applicable Indicate (W.I.P.P.)
	Provide Tourism Sales and Promotion Representation Total Annual Agreement \$250,000.00 NTE	\$250,000.00 USD	NTE	
TOTAL		\$250,000.00	NTE	

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Section 2. ADDITIONAL SERVICES

The COUNTY shall compensate the CONSULTANT for such ADDITIONAL SERVICES as are requested and authorized in writing for such amounts or on such a basis as may be mutually agreed to in writing by both parties to this Agreement. The basis and/or amount of compensation to be paid the CONSULTANT for ADDITIONAL SERVICES requested and authorized in writing by the COUNTY shall be as set forth in Article 3.11 of this Agreement.

Should it be mutually agreed to base compensation for ADDITIONAL SERVICES on an hourly rate charge basis for each involved professional and technical employee's wage rate classification, the applicable hourly rates to be charged are as set forth and contained in ATTACHMENT NO. 1 hereto dated September 17, 2013, entitled "CONSULTANT'S PERSONNEL HOURLY RATE SCHEDULE".

Section 3. REIMBURSABLE EXPENSES AND COSTS

When the CONSULTANT'S compensation and method of payment is based on an hourly rate for professional and/or technical personnel, the CONSULTANT shall, in addition to such hourly rates as are set forth in Attachment No. 1 hereto, be entitled to reimbursement of out-of-pocket, non-personnel expenses and costs as set forth in ATTACHMENT NO. 2 hereto dated September 17, 2013, entitled "NON-PERSONNEL REIMBURSABLE EXPENSES AND COSTS".

Display and Collateral Materials

Provider will not be held responsible or liable for loss or damage to any collateral materials or display items (i.e. booth, kiosk, TV monitor, etc.)

ATTACHMENT NO. 1 TO EXHIBIT B

Date: September 17, 2013

CONSULTANT'S PERSONNEL HOURLY RATE SCHEDULE ***

for RFP130487 Tourism Sales and Promotion Representation

CONSULTANT OR SUB-CONSULTANT NAME Florida Travel Marketing, Inc.
 (A separate Attachment No. 1 should be included for each Sub-Consultant)

(1) Project Position or Classification (Function to be Performed)	(2) Current Direct* Payroll Average Hourly Rate	(3) Multiplier**	(4) Hourly Rate To Be Charged (Column 2x3)
<p>Managing Director and Project Supervisor</p> <p>This Domestic Rate includes (<i>Expense when traveling within the United States of America excluding Lee County, FL</i>) Hourly Wage Transportation (air, train, car, coach, etc.) Accommodations (i.e. lodging, meals, etc.) Gratuities, taxes, surcharges, tolls, postage, Telecommunications.</p> <p>This International Rate includes: Hourly Wage Transportation (air, train, car, coach, etc.) Accommodations (i.e. lodging, meals, etc.) Gratuities, taxes, surcharges, tolls, postage, Telecommunications</p> <p>This Lee County Rate includes: (<i>Expenses when working in Lee County, FL</i>) Hourly Wage Promotional report preparation and Reporting to County Staff. Familiarization representation with Domestic/Foreign guest. Attendance at regularly scheduled staff meetings. Availability to Project Manager to accomplish tasks as may be necessary with Lee County. Ground transportation to include parking and toll fees.</p>			<p>\$96.00 USD</p> <p>\$108.00 USD</p> <p>\$66.00 USD</p>

*NOTE: Direct Payroll hourly rate means the actual gross hourly wage paid.

**NOTE: Indicate applicable multiplier for indirect personnel costs, general administrative and overhead costs, and profit.

***NOTE: A separate personnel hourly rate schedule should also be attached for each Sub-Consultant listed in Exhibit "D".

NOTE: Contract reimbursement includes annual required insurance premium.

EXHIBIT D

Date: September 17, 2013

CONSULTANT'S ASSOCIATED SUB-CONSULTANT(S) AND SUBCONTRACTOR(S)

for RFP130487 Tourism Sales and Promotion Representation

CONSULTANT has identified the following Sub-Consultant(s) and/or SubContractor(s) which may be engaged to assist the CONSULTANT in providing and performing services and work on this Project:

(If none, enter the word "none" in the space below.)

Service and/or Work to be Provided or Performed	Name and Address of Individual or Firm	Disadvantaged, Minority or Women Business Enterprise. (If Yes, Indicate Type)			Sub-Consultant Services are Exempted from Prime Consultant's Insurance Coverage	
		Yes	No	Type	Yes	No
Tourism Sales and Promotion Representation (per Exhibit A)	C & L Travel Marketing (Mr. Chris White and Ms. Linda White)		X		X	
	Note: All work performed by the sub-consultants will be paid by the consultant/provider.					

EXHIBIT E

Date: September 17, 2013

PROJECT GUIDELINES AND CRITERIA

for RFP130487 Tourism Sales and Promotion Representation

The COUNTY has established the following Guidelines, Criteria, Goals, Objectives, Constraints, Schedule, Budget and/or Requirements which shall serve as a guide to the CONSULTANT in performing the professional services and work to be provided pursuant to this Agreement:

(If none, enter the word "none" in the space below)

Item No. 1

Conflict of Interest:

Provider agrees, during the term of this Agreement, not to divulge, furnish or make available to any third person, firm, or organization, without the County's prior written consent, or unless incident to the proper performance of Provider's obligations hereunder, or as provided for or required by law, or in the course of judicial or legislative proceedings where such information has been properly subpoenaed; any non-public information concerning the services to be rendered by Provider, and Provider shall require all of its employees and subcontractor(s) to comply with the provisions of this paragraph.

Notices by either party must be given by letter, email or by fax message addressed to the other party at:

For Lee County

Tamara Pigott, Executive Director
c/o Lee County VCB
2201 Second Street, Ste. 600
Fort Myers, FL 33901

For Provider

Florida Travel Marketing, Inc.
Attn.: Shelley Crant-Baggot
1134 Lenox Court
Cape Coral, FL 33904

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09/25/01

EXHIBIT E

Item No. 2

Tourism Sales and Promotion Representation
Proposed FY 2013-14
Show Participation / Sales Calls
(May include but not limited to)

Event Name	Date	Location
S Women's Show Orlando	October 10-13, 2013	Orlando, FL
Florida Sportsman Expo	October 12-13, 2013	West Palm Beach, FL
S Women's Show Jacksonville	October 17-20, 2013	Jacksonville, FL
AAA New Eng Fall Show	October 19-20, 2013	Providence, RI
WP Beach Home Show (FTM Co-op)	October 25-27, 2013	West Palm Beach, FL
Home Based Travel Agent Forum	October 28-30, 2013	Orlando, FL
AWTA*	October 28, 2013	New Rochelle, NY
AAA Super Bowl of Knowledge	November TBA	Charlotte, NC
Eastern Travel Assn Trade Show	November 18-20, 2013	Pennsylvania
WIT Luncheon/Trade Show*	November	Albany, NY
PTANA Trade Shows	December 2-6, 2013	New England
Atlanta Boat Show (FTM Co-op)	January 9-12, 2014	Atlanta, GA
2014 Florida RV Supershow	January 15-19, 2014	Tampa, FL
Chicago Boat Show	January 16-20, 2014	Chicago, IL
Cincinnati Trvl Spts & Boat Show	Jan 17-19, 22-26, 2014	Cincinnati, OH
Great Vacations Travel Expo	January 24-26, 2014	Columbus, OH
Flager/PC H Show (FTM Co-op)	January 25-26, 2014	Flager/Palm Coast, FL
Snowbird Extravag (FTM Co-op)	January 28-29, 2014	Lakeland, FL
Boston Globe Travel Show	February 7-9, 2014	Boston, MA
Travel & Adventure Los Angeles	February 8-9, 2014	Long Beach, CA
Great Big Home/Garden Show*	February 8-16, 2014	Cleveland, Oh
Indianapolis Boat Spt Trvl Show	February 14-23, 2014	Indianapolis, IN

Peninsula Trade Shows*	February 17-20	ATL/Grville/Charlotte/Grboro
Capitol Home & Garden Show*	February 21-23, 2014	Chantilly, VA
S W Savannah (FTM Co-op)	February 21-23, 2014	Savannah, GA
Minneapolis Home & Garden Show	Feb 26-Mar 2, 2014	Minneapolis, MN
St. Louis Boat & Sport Show	Feb 26-Mar 2, 2014	St. Louis, MO
AAA Travel Marketplace	March 7-9, 2014	Foxborough, MA
Canoecopia	March 7-9, 2014	Madison, WI
Milwaukee Journal Sport Show	March 5-9, 2014	West Allis, WI
Saltwater Fishing Expo*	March 14-16, 2014	Sommerset, NJ
Funjet Trade Shows	Spring TBD	Texas
Southern Women's Show Nashville	March 27-30, 2014	Nashville, TN
S Women's Show Raleigh	April 25-27, 2014	Raleigh, NC
Michigan Intl Women's Show	May 1-4, 2014	Novi, MI
Funjet Trade Shows	August TBD	Midwest
Summer Sales Calls (7-9 series)		TBD
S Women's Show Charlotte	TBD	Charlotte, NC
Florida Sportsman Expo - Tampa	TBD	Tampa, FL

Date: September 17, 2013

AMENDMENT TO ARTICLES

For: RFP130487 Tourism Sales and Promotion Representation

For amending (i.e., changing, deleting from or adding to) the articles.

NOTE: Each Article to be amended should be set forth and described in such a manner as to clearly indicate what the proposed changes, deletions or additions are with respect to the present Article provisions, and should set forth the wording of the Article resulting from the Amendment. The following identification system should be followed: Indicate additional (new) words or phrases by inserting the words in the text and then underline, (i.e., Months) and indicated words or phrases in the text to be deleted by striking over (i.e. ~~Weeks~~).

THE PROVISIONS HEREBY SUPERCEDE ANY PROVISIONS TO THE CONTRARY CONTAINED ELSEWHERE IN THE ARTICLES OR EXHIBITS.

~~(4) ERRORS AND OMISSIONS~~

~~Coverage shall include professional liability insurance, to cover claims arising out of negligent acts, errors or omissions of professional advice or other professional services. Coverage must include the following:~~

~~(A) \$1,000,000 combined single limit (CSL) of BI and PD~~

~~(B) Such additional requirements as are set forth in Articles 13.01 and 13.02 hereinabove.~~

~~(C) Should the Professional Liability Insurance Policy issued pursuant to the above requirements and limits be written so as to provide an applicable deductible amount, or other exclusion or limitation as to the amount of coverage to be provided within the minimum coverage limits set forth above, the COUNTY shall hold the CONSULTANT responsible and liable for any such difference in the amount of coverage provided by the insurance policy. In the event of any such deductible amount, exclusion or limitation, the CONSULTANT shall be required to provide written documentation that is acceptable to the COUNTY establishing that the CONSULTANT has the financial resources readily available to cover damages, injuries and/or losses which are not covered by the policy's deductible amounts, exclusions and/or limitations as stated above.~~

CMO:
09/25/01



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/03/12

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

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

PRODUCER Bouchard-Fort Myers 8191 College Pkwy Suite 202 Fort Myers, FL 33919 Bouchard Insurance	239-489-3232 239-489-1084	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: FLOR-37
INSURED Florida Travel Marketing, Inc. 1134 Lenox Court Cape Coral, FL 33904-5935		INSURER(S) AFFORDING COVERAGE
		INSURER A: Southern Owners Insurance Co
		INSURER B: Auto-Owners Insurance Company
		INSURER C:
		INSURER D:
		INSURER E:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	X		20545556	12/10/12	12/10/13	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> HIRED & NON-OWNED						PERSONAL & ADV INJURY \$ 1,000,000
GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJE <input type="checkbox"/> LOC							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			4484255400	12/10/12	12/10/13	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS	\$						
<input checked="" type="checkbox"/> NON-OWNED AUTOS	\$						
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			4484255401	12/10/12	12/10/13	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE						\$
RETENTION \$ WAIVED							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A	20545557	12/18/12	12/18/13	WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY.

CERTIFICATE HOLDER <p style="text-align: center;">LEECO</p> LEE COUNTY BOCC ATTN: RISK MGMT PO BOX 398 FT MYERS, FL 33902	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/31/2013

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

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

PRODUCER USI Insurance Svcs LLC, SCL 1724 SE 17th Avenue Ocala, FL 34471 352 732-4550	CONTACT NAME: Cindy Williams PHONE (A/C, No, Ext): 352-732-4550 E-MAIL ADDRESS: cynthia.williams@usi.biz		FAX (A/C, No): 352-732-0132
	INSURER(S) AFFORDING COVERAGE INSURER A: Southern-Owners Insurance Compa		NAIC # 10190
INSURED C & L Travel Marketing Corp 303 SE 17th Street #309-227 Ocala, FL 34471	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			78865094	06/14/2013	06/14/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER Lee County BOCC Attn: Risk Management P. O. Box 398 Fort Myers, FL 33902	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/31/2013

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PRODUCER Angie Lewis--State Farm 1122 NE 36th Ave State Farm Ocala, FL 34470 	CONTACT NAME: Angie Lewis PHONE: (A/C No. Ext): 253-291-244 E-MAIL: angie@angielewis.com ADDRESS: (A/C. No): 352-291-2442
INSURED C & L Travel Marketing Christopher and Linda White 303 SE 17th St #309-227 Ocala FL 34471	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADOL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/DP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		C13 3509-C09-59L 984 5688-E17-59A	09/09/13 05/17/13	03/09/14 11/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

C13 3509-C09-59L 2006 Ford Freestyle Van

984 5688-E17-59A ENOL

CERTIFICATE HOLDER Lee County BOCC Attn: Risk Management PO Box 398 Ft. Myers, FL 33902	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 7.31.13
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ACORD 25 (2010/05)

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1001486 132849.8 01-23-2013



CERTIFICATE OF LIABILITY INSURANCE

LLF
R054DATE (MM/DD/YYYY)
07-31-2013

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

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

PRODUCER ISG/APPALACHIAN UNDERWRITERS/PHS 245748 P: (866) 467-8730 F: (877) 538-8526 PO BOX 29611 CHARLOTTE NC 28229	CONTACT NAME: PHONE (A/C, No, Ext): (866) 467-8730 FAX (A/C, No): (877) 538-8526 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED C & L TRAVEL MARKETING CORP 303 SE 17TH ST STE 309-22 Ocala FL 34471	INSURER A: Hartford Underwriters Ins Co NAIC # 30104	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

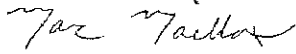
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		20 WEC NO4537	10/17/2012	10/17/2013	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Those usual to the Insured's Operations.

CERTIFICATE HOLDER Lee County BOCC Attn: Risk Management PO BOX 398 FORT MYERS, FL 33902	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CONTRACT REVIEW CHECKLIST

CONTRACT TYPE: SERVICE PROVIDER AGREEMENT

SUBJECT: Project known as: RFP130487 TOURISM SALES AND PROMOTION REPRESENTATION

between Lee County and Florida Travel Marketing, Inc. (V#103079)

Reference: Department Director approval:
County Administrator approval:

Reference: Board action approving contract/agreement

September 17, 2013 Agenda Item No. C1A

The subject contract is forwarded herewith for review and/or endorsements:

(1) By the Director of Routed by Procurement Management

Project Sponsoring Department

- Recommending execution
- Not recommending execution for the following reason(s)

Date received _____ Date returned/forwarded _____

Signed _____

2013 OCT 11 PM 2:23
RECEIVED BY
LEE CO. ATTORNEY

(2) By Procurement Management
 Recommending execution
 Not recommending execution for the following reason(s)

Date received 10/7/13 Date returned/forwarded 10/10/13

Signed Diana Khan

(3) By the Risk Management
 Recommending execution
 Not recommending execution for the following reason(s)

Date received Oct 10, 2013 Date returned/forwarded Oct 11, 2013

Signed _____

(4) By the County Attorney
 Recommending execution
 Not recommending execution for the following reason(s)

Date received _____ Date returned/forwarded 10/11/13

Signed JPL

RECEIVED
OCT-16-2013
MINUTES OFFICE

(5) **BOARD**
(6) Clerks Office, Minutes Department Cd 10/16/2013
(7) **PROCUREMENT MGMT.** Diana Khan

**Lee County Board Of County Commissioners
Agenda Item Summary**

Blue Sheet No. 20130760

ACTION REQUESTED/PURPOSE:

- A) Award RFP130487 Tourism Sales and Promotion Representation to the sole proposer Florida Travel Marketing, Inc (a locally owned company and DBE) for a period of one year with the option to renew for four additional one year periods.
- B) Grant the Visitor & Convention Bureau Director the authority to renegotiate and renew the contract, with the assistance of Procurement and approval of County Administration, for additional one year periods, if doing so is in the best interest of Lee County.
- C) Approve an annual expenditure not-to-exceed \$250,000.00.
- D) Authorize Chair on behalf of the Board to execute the Agreements upon receipt.

FUNDING SOURCE:

Tourist Development Tax Fund

WHAT ACTION ACCOMPLISHES:

Approves and places under contract a Consultant for the Visitor & Convention Bureau to perform sales calls, consumer/trade shows, media calls, group tour shows, familiarization tours, follow-up and general consultation and promotional activities.

MANAGEMENT RECOMMENDATION: Approve

Departmental Category: C1A		Meeting Date: 9/17/2013
Agenda: Consent	Requirement/Purpose: (specify) <input type="checkbox"/> Statute <input type="checkbox"/> Ordinance <input checked="" type="checkbox"/> Admin Code AC-4-1 <input type="checkbox"/> Other	Request Initiated Commissioner: Department: VISITOR AND CONVENTION BUREAU Division: No Divisions By: Tamara Pigott

Background:

Proposals were solicited on behalf of the Board of County Commissioners for the project known as Visitor & Convention Bureau Tourism Sales and Promotion Representation.

On July 16, 2013, the Division of Procurement Management received one Proposal. At the Proposal Evaluation Meeting on July 29, 2013 it was the consensus of the Committee to recommend that the Board award the contract to Florida Travel Marketing, Inc., a local business and a DBE. The Committee consisted of the following staff members: Bob Franceschini, Chair; Pamela Johnson, VCB; and, Berta Maldonado, VCB.

Funds are available: HB5520317400 - Tourist Development Tax Fund.

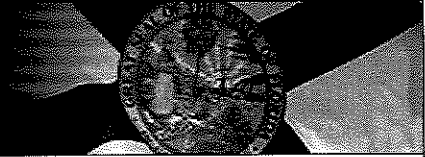
Please see Attachment:

- (1) Service Provider Agreement

11. Required Review:

<i>Tamara Pigott</i>	<i>Robert Franceschini</i>	<i>Dawn Perry-Lehnert</i>	<i>Thelma Davis</i>	<i>Peter Winton</i>	<i>Roger Desjarlais</i>
VISITOR AND CONVENTION BUREAU	Purchasing	County Attorney	Budget Analyst	Budget Services	County Manager

12. Commission Action:

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Profit Corporation**

FLORIDA TRAVEL MARKETING, INC.

Filing Information

Document Number	J27128
FEI/EIN Number	592701370
Date Filed	08/05/1986
State	FL
Status	ACTIVE
Last Event	AMENDED AND RESTATED ARTICLES
Event Date Filed	10/20/1995
Event Effective Date	NONE

Principal Address1134 LENOX CT
CAPE CORAL, FL 33904

Changed: 03/07/1996

Mailing Address1134 LENOX CT
CAPE CORAL, FL 33904

Changed: 05/01/1995

Registered Agent Name & AddressCRANT-BAGGOT, SHELLEY
1134 LENOX CT.
CAPE CORAL, FL 33904

Name Changed: 05/01/1994

Address Changed: 05/01/1994

Officer/Director Detail**Name & Address**

Title P

CRANT-BAGGOT, SHELLEY
1134 LENOX CT
CAPE CORAL, FL

Title STD

CRANT-BAGGOT, SHELLEY
1134 LENOX COURT
CAPE CORAL, FL

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Title VP

BAGGOT, DANIEL
1134 LENOX CT
CAPE CORAL, FL

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2012	01/18/2012
2013	03/26/2013

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