# EXHIBIT “C”

**Paycheck Protection Program**
**Second Draw Borrower Application Form**
**Revised March 3, 2021**

OMB Control No.: 3245-0417
Expiration Date: 9/30/2021

| **Check One:** ❑ Sole proprietor ❑ Partnership ❑ C-Corp ❑ S-Corp ☑ LLC ❑ Independent contractor ❑ Self-employed individual ❑ 501(c)(3) nonprofit ❑ 501(c)(6) organization ❑ 501(c)(19) veterans organization ❑ Housing cooperative ❑ Tribal business ❑ Other _____ | **DBA or Tradename (if applicable)** | **Year of Establishment (if applicable)** |
|---|---|---|
| | | 04/25/2012 |

| **Business Legal Name** | **NAICS Code** | |
|---|---|---|
| HM-UP DEVELOPMENT ALAFAYA TRAILS LLC | 236220 | |
| **Business Address (Street, City, State, Zip Code - No P.O. Box addresses allowed)** | **Business TIN (EIN, SSN, ITIN)** | **Business Phone** |
| 1250 N Alafaya Trail | 45-5089431 | (305) 582-5529 |
| | **Primary Contact** | **Email Address** |
| Orlando, FL, 32828 | Eric Sheppard | eric.sheppard10@gmail.com |

| | | | | | |
|---|---|---|---|---|---|
| **Average Monthly Payroll:** | $ 59,359 | **x 2.5 (or x 3.5 for NAICS 72 applicants) equals Loan Request Amount (may not exceed $2,000,000):** | $ 148,397 | **Number of Employees (including affiliates, if applicable; may not exceed 300 unless "per location" exception applies):** | 19 |
| **Purpose of the loan (select all that apply):** | ☑ Payroll Costs | ☐ Rent / Mortgage Interest | ☑ Utilities | ☐ Covered Operations Expenditures | |
| | ☐ Covered Property Damage | ☐ Covered Supplier Costs | ☑ Covered Worker Protection Expenditures | ☐ Other (explain): _____ | |
| **PPP First Draw SBA Loan Number:** | 8233047308 | | | | |

| **Reduction in Gross Receipts of at Least 25% (Applicants for loans of $150,000 or less may leave blank but must provide upon or before seeking loan forgiveness or upon SBA request):** | **2020 Quarter (e.g., 2Q 2020):** | Annual 2020 | **Reference Quarter (e.g., 2Q 2019):** | Annual 2019 |
|---|---|---|---|---|
| | **Gross Receipts:** | $ 1,047,653.0 | **Gross Receipts** | $ 1,414,576.0 |

**Applicant Ownership**

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

| **Owner Name** | **Title** | **Ownership %** | **TIN (EIN, SSN, ITIN)** | **Address** |
|---|---|---|---|---|
| EricSheppard | MANAGING MEMBER | 85 | 266-15-1106 | 180 bal cross drive, bal harbour, FL, 33154 |
| | | | | |

**PPP Applicant Demographic Information (Optional)**

**Veteran/gender/race/ethnicity data is collected for program reporting purposes only. Disclosure is voluntary and will have no bearing on the loan application decision.**

| Principal Name | Principal Position |
|---|---|
| | |

| | Select Response Below: |
|---|---|
| Veteran | ☐ Non-Veteran; ☐ Veteran; ☐ Service-Disabled Veteran; ☐ Spouse of Veteran; ☐ Not Disclosed |
| Gender | ☐ Male; ☐ Female; ☐ Not Disclosed |
| Race (more than 1 may be selected) | ☐ American Indian or Alaska Native; ☐ Asian; ☐ Black or African-American; ☐ Native Hawaiian or Pacific Islander; ☐ White; ☐ Not Disclosed |
| Ethnicity | ☐ Hispanic or Latino; ☐ Not Hispanic or Latino; ☐ Not Disclosed |

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