

STATE OF FLORIDA
DIVISION OF BOND FINANCE
LOCAL BOND MONITORING SECTION

This form represents an update and compilation of the BF2003, BF2004-A and BF2004-B forms.

- * Bond Information forms (BF2003) are required to be completed by local governments pursuant to Chapter 19A-1.003, Florida Administrative Code (F.A.C.).
- * Bond Disclosure forms BF2004-A (Competitive Sale) or BF2004-B (Negotiated Sale) are required to be filed with the Division within 120 days of the delivery of the issue pursuant to Sections 218.38(1)(b)1 and 218.38(1)(c)1, Florida Statutes (F.S.), respectively.
- * Final Official Statements, if prepared, are required to be submitted pursuant to Section 218.38(1), F.S..
- * Please complete **all items** applicable to the issuer as provided by the Florida Statutes.
- * PURSUANT TO SECTION 218.369, F.S., ISSUERS OF BOND ANTICIPATION NOTES ARE **EXEMPT** FROM THESE FILING REQUIREMENTS.

**BF2003
BOND INFORMATION FORM**

PART I. ISSUER INFORMATION

1. NAME OF GOVERNMENTAL UNIT: _____

2. MAILING ADDRESS OF GOVERNMENTAL UNIT OR ITS MANAGER: _____

3. COUNTY(IES) IN WHICH GOVERNMENTAL UNIT HAS JURISDICTION: _____

4. TYPE OF ISSUER: ___ COUNTY ___ CITY ___ AUTHORITY ___ INDEPENDENT SPECIAL DISTRICT
 ___ DEPENDENT SPECIAL DISTRICT ___ OTHER (SPECIFY) _____

PART II. BOND ISSUE INFORMATION

1. NAME OF BOND ISSUE: _____

2. AMOUNT ISSUED: \$ _____ 3. AMOUNT AUTHORIZED: \$ _____

4. DATED DATE: _____ 5. SALE DATE: _____ 6. DELIVERY DATE: _____

7. LEGAL AUTHORITY FOR ISSUANCE: FLORIDA STATUTES _____
 SPECIAL ACTS _____
 OTHER _____

8. TYPE OF ISSUE: ___ GENERAL OBLIGATION ___ SPECIAL ASSESSMENT ___ SPECIAL OBLIGATION
 ___ REVENUE ___ COP (CERTIFICATE OF PARTICIPATION) ___ LEASE-PURCHASE
 ___ BANK LOAN/LINE OF CREDIT

9. A. IS THIS A PRIVATE ACTIVITY BOND (PAB)? ___ YES ___ NO
 B. (1) IF YES, DID THIS ISSUE RECEIVE A PAB ALLOCATION? ___ YES ___ NO
 (2) IF YES, AMOUNT OF ALLOCATION: \$ _____

10. SPECIFIC REVENUE(S) PLEDGED:
 (1) PRIMARY _____
 (2) SECONDARY _____
 (3) OTHER(S) _____

11 A. PURPOSE(S) OF THE ISSUE:

- (1) PRIMARY _____
- (2) SECONDARY _____
- (3) OTHER(S) _____

B. IF PURPOSE IS REFUNDING, COMPLETE THE FOLLOWING:

(1) FOR EACH ISSUE REFUNDED LIST: NAME OF ISSUE, DATED DATE, ORIGINAL PAR VALUE (PRINCIPAL AMOUNT) OF ISSUE, AND AMOUNT OF PAR VALUE (PRINCIPAL AMOUNT) REFUNDED.

(2) REFUNDED DEBT HAS BEEN: ___ RETIRED **OR** ___ DEFEASED

(3) A. DID THE REFUNDING ISSUE CONTAIN NEW MONEY? ___ YES ___ NO

B. IF YES, APPROXIMATELY WHAT PERCENTAGE OF PROCEEDS IS NEW MONEY? _____%

12. TYPE OF SALE: ___ COMPETITIVE BID ___ NEGOTIATED ___ NEGOTIATED PRIVATE PLACEMENT

13. BASIS OF INTEREST RATE CALCULATION, I.E., INTEREST RATE USED TO STRUCTURE THE BOND ISSUE:

NET INTEREST COST RATE (NIC) _____ % TRUE INTEREST COST RATE (TIC) _____ %

CANADIAN INTEREST COST RATE (CIC) _____ % ARBITRAGE YIELD (ARBI) _____ %

SPECIFY OTHER: _____

14. INSURANCE/ENHANCEMENTS: ___ AGIC ___ AMBAC ___ CGIC ___ CLIC ___ FGIC ___ FSA

___ HUD ___ MBIA ___ NGM ___ LOC(LETTER OF CREDIT) ___ OTHER (SPECIFY) _____

___ **NOT INSURED**

15. RATING(S): ___ MOODY'S ___ S & P ___ FITCH ___ DUFF&PHELPS ___ OTHER (SPECIFY) _____

___ **NOT RATED**

16. DEBT SERVICE SCHEDULE: ATTACH **COMPLETE** COPY OF SCHEDULE PROVIDING THE FOLLOWING INFORMATION:

MATURITY DATES (MO/DAY/YR)

COUPON/INTEREST RATES

ANNUAL INTEREST PAYMENTS

PRINCIPAL (PAR VALUE) PAYMENTS

MANDATORY TERM AMORTIZATION

17. LIST OR ATTACH OPTIONAL REDEMPTION PROVISIONS: _____

18. PROVIDE THE NAME AND ADDRESS OF THE SENIOR MANAGING UNDERWRITER OR SOLE PURCHASER.

19. PROVIDE THE NAME(S) AND ADDRESS(ES) OF ANY ATTORNEY OR FINANCIAL CONSULTANT WHO ADVISED THE UNIT OF LOCAL GOVERNMENT WITH RESPECT TO THE BOND ISSUE.

NO BOND COUNSEL **NO FINANCIAL ADVISOR** **NO OTHER PROFESSIONALS**

BOND COUNSEL(S):

FINANCIAL ADVISOR(S)/CONSULTANT(S):

OTHER PROFESSIONALS:

20. PAYING AGENT _____ **NO PAYING AGENT**

21. REGISTRAR _____ **NO REGISTRAR**

22. COMMENTS: _____

PART III. RESPONDENT INFORMATION

FOR ADDITIONAL INFORMATION, THE DIVISION SHOULD CONTACT:

Name and Title _____ Phone _____

Company _____

INFORMATION RELATING TO PARTY COMPLETING THIS FORM (If different from above):

Name and Title _____ Phone _____

Company _____

Date Report Submitted _____

BF2004-A and BF2004-B

NOTE: The following items are required to be completed in full for **all** bond issues **except** those sold pursuant to Section 154 Part III, Sections 159 Parts II, III or V; or Section 243 Part II, Florida Statutes.

23. ANY FEE, BONUS, OR GRATUITY **PAID BY ANY UNDERWRITER OR FINANCIAL CONSULTANT**, IN CONNECTION WITH THE BOND ISSUE, TO ANY PERSON NOT REGULARLY EMPLOYED OR ENGAGED BY SUCH UNDERWRITER OR CONSULTANT:

_____ **NO FEE, BONUS OR GRATUITY PAID BY UNDERWRITER OR FINANCIAL CONSULTANT**

(1) COMPANY NAME _____
FEE PAID: \$ _____ SERVICE PROVIDED or FUNCTION SERVED: _____

(2) COMPANY NAME _____
FEE PAID: \$ _____ SERVICE PROVIDED or FUNCTION SERVED: _____

(3) COMPANY NAME _____
FEE PAID: \$ _____ SERVICE PROVIDED or FUNCTION SERVED: _____

(4) COMPANY NAME _____
FEE PAID: \$ _____ SERVICE PROVIDED or FUNCTION SERVED: _____

24. ANY OTHER FEES **PAID BY THE UNIT OF LOCAL GOVERNMENT** WITH RESPECT TO THE BOND ISSUE, INCLUDING ANY FEE PAID TO ATTORNEYS OR FINANCIAL CONSULTANTS:

_____ **NO FEES PAID BY ISSUER**

(1) COMPANY NAME _____
FEE PAID: \$ _____ SERVICE PROVIDED or FUNCTION SERVED: _____

(2) COMPANY NAME _____
FEE PAID: \$ _____ SERVICE PROVIDED or FUNCTION SERVED: _____

(3) COMPANY NAME _____
FEE PAID: \$ _____ SERVICE PROVIDED or FUNCTION SERVED: _____

(UNLESS YOU ARE EXEMPT FROM FILING A BF2004), PLEASE PROVIDE THE SIGNATURE OF EITHER THE CHIEF EXECUTIVE OFFICER OF THE GOVERNING BODY OF THE UNIT OF LOCAL GOVERNMENT OR THE GOVERNMENTAL OFFICER PRIMARILY RESPONSIBLE FOR COORDINATING THE ISSUANCE OF THE BONDS:

NAME (Typed/Printed): _____

SIGNATURE: _____

TITLE: _____

DATE: _____

BF2004-B

ITEMS 25 AND 26 MUST BE COMPLETED FOR ALL BONDS SOLD BY NEGOTIATED SALE

25. MANAGEMENT FEE CHARGED BY UNDERWRITER: \$_____ PER THOUSAND PAR VALUE.
OR
PRIVATE PLACEMENT FEE: \$_____
___ **NO MANAGEMENT FEE OR PRIVATE PLACEMENT FEE**
26. UNDERWRITER'S EXPECTED GROSS SPREAD: \$_____ PER THOUSAND PAR VALUE.
___ **NO GROSS SPREAD**
-
-

PART IV. CONTINUING DISCLOSURE INFORMATION

In order to better serve local governments, the Division of Bond Finance will remind issuers as their deadlines approach for filing continuing disclosure information required by SEC Rule 15c2-12, based on the following information:

27. Is the issuer required to provide continuing disclosure information in accordance with SEC Rule 15c2-12?
_____ Yes _____ No

28. If yes, on what date is the continuing disclosure information required to be filed?

29. Provide the following information regarding the person(s) responsible for filing continuing disclosure information required by SEC Rule 15c2-12 and the continuing disclosure agreement (including other obligated parties, if appropriate).

Name: _____

Title: _____

Mailing Address: _____

Telephone Number: _____

FAX Number: _____

E-mail address (if e-mail notification is requested): _____

PART V. RETURN THIS FORM AND THE FINAL OFFICIAL STATEMENT, IF ONE WAS PREPARED,

TO:

Courier Deliveries: Division of Bond Finance
State Board of Administration
1801 Hermitage Blvd., Suite 200
Tallahassee, FL 32308

Mailing Address: Division of Bond Finance
State Board of Administration
P. O. Drawer 13300
Tallahassee, FL 32317-3300

Phone: 850/413-1304 or 413-1305

FAX: 850/413-1315

REVISED Dec. 9, 2002 / bfcombo