

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 MUNICIPAL ADVISOR WHO ADVISED THE UNIT OF LOCAL GOVERNMENT WITH RESPECT TO THE BOND ISSUE.

___ **NO BOND COUNSEL** ___ **NO MUNICIPAL ADVISOR** ___ **NO OTHER PROFESSIONALS**

BOND COUNSEL(S):

MUNICIPAL 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 MUNICIPAL ADVISOR**, IN CONNECTION WITH THE BOND ISSUE, TO ANY PERSON NOT REGULARLY EMPLOYED OR ENGAGED BY SUCH UNDERWRITER OR MUNICIPAL ADVISOR:

_____ **NO FEE, BONUS OR GRATUITY PAID BY UNDERWRITER OR MUNICIPAL ADVISOR**

(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 MUNICIPAL ADVISORS:

_____ **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: _____
