

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2009	2010	2011	2012	2013
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	(\$54,028)	(\$108,056)	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>(\$54,028)</u>	<u>(\$108,056)</u>	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes **X** No

Budget Account No: Fund 1222 Dept 800 Unit 8011 Object 6225
 Program _____

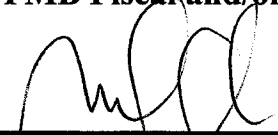
B. Recommended Sources of Funds/Summary of Fiscal Impact:

Payable June 1st and January 1st

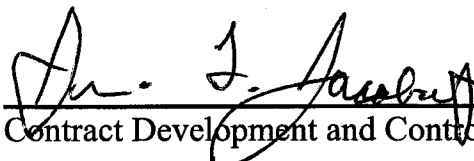
C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development Comments:

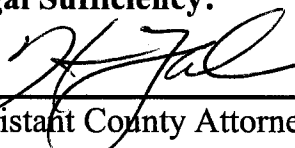


 OFMB
 5/26/09
 5/13/09
 5/12/09



 Contract Development and Control
 5/27/09

B. Legal Sufficiency:



 Assistant County Attorney
 5/27/09

C. Other Department Review:

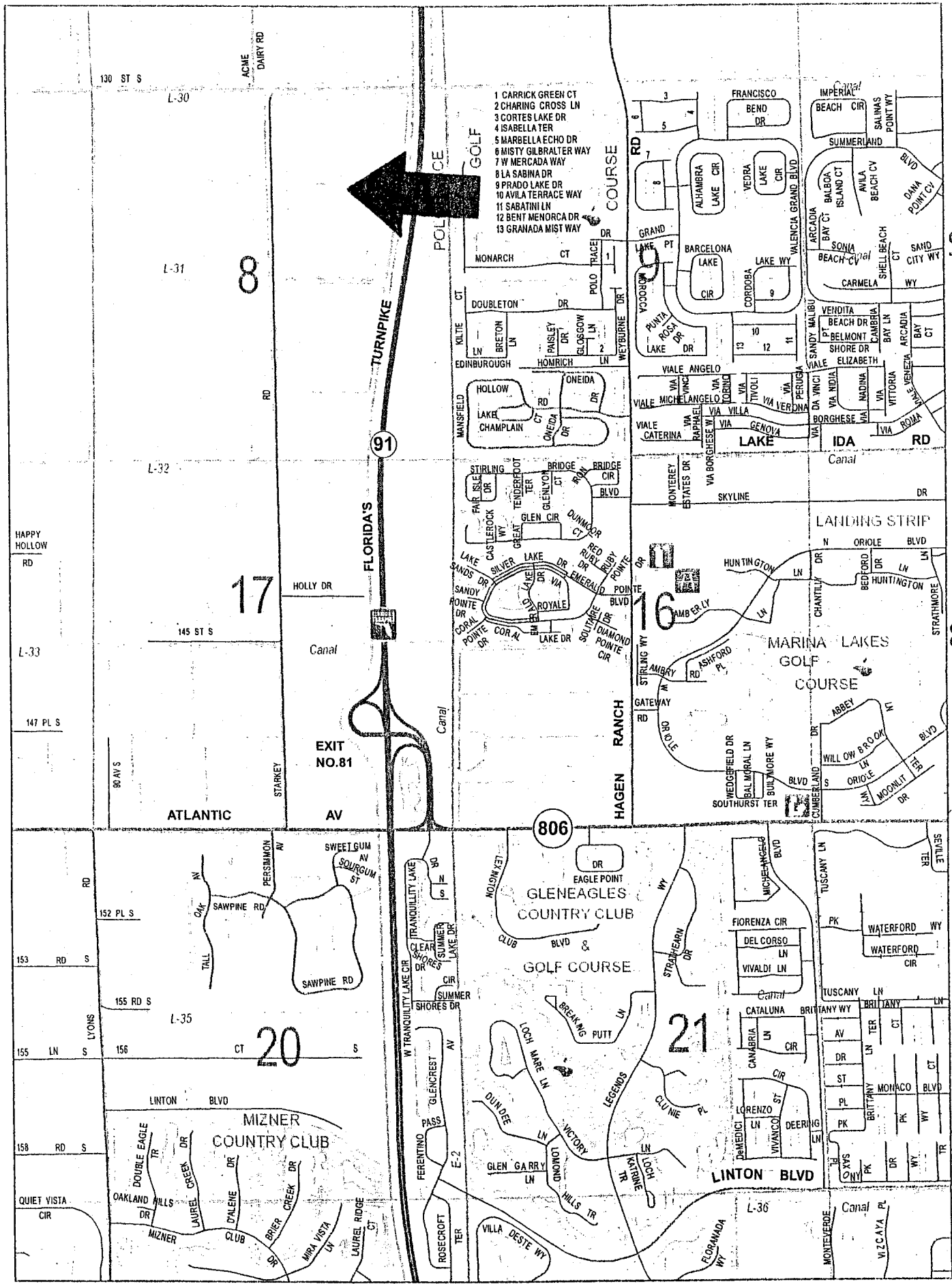
 Department Director

This summary is not to be used as a basis for payment.

T46

T

T46



34

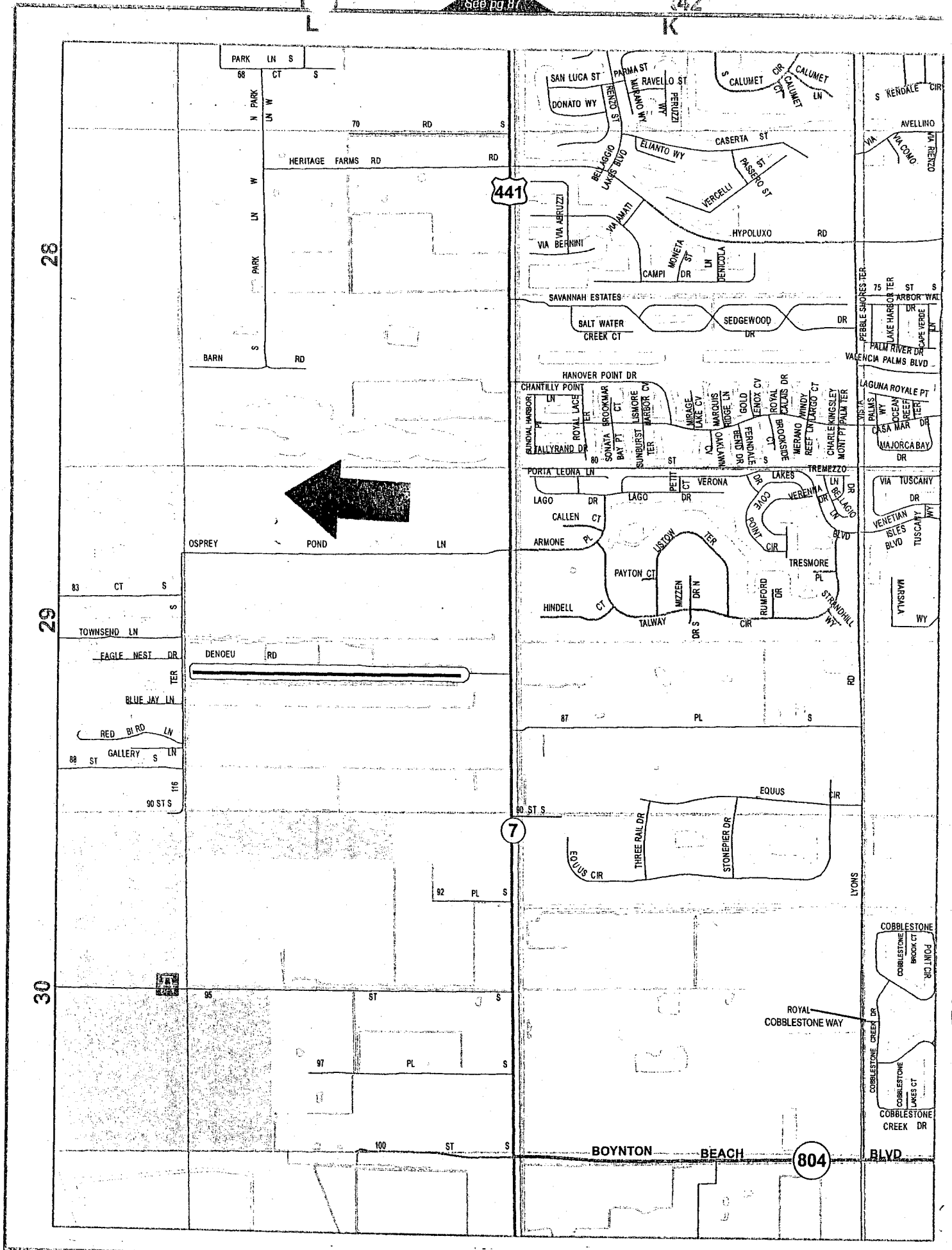
35

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LOCATION MAP

A

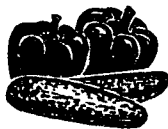
Handwritten signature or initials.



LOCATION MAP

B

II



BEDNER GROWERS, INC.

14186 STARKEY ROAD
DELRAY BEACH, FL 33446

(561) 499-3994 OFFICE
(561) 499-2078 SHOP
(561) 496-7123 FAX

RECEIVED

APR 03 2009

PALM BEACH COUNTY PROPERTY & REAL ESTATE MANAGEMENT
2633 VISTA PARKWAY
WEST PALM BEACH, FL 33411-5605

APRIL 1, 2009.

ATTN; RICHARD C. BOGATIN

PLEASE BE ADVISED THIS LETTER SERVES AS BEDNER FARM, INC. NOTICE
FOR THE OPTION TO RENEW THE LEASE AGREEMENT WITH PALM BEACH
COUNTY.

IT IS OUR INTENT TO OCCUPY THE PREMISE FOR ANOTHER YEAR
STARTING JUNE 1, 2009 TO MAY 31, 2010.

THE SEMI-ANNUAL RENT SHALL BE SUBMITTED BY THE DUE DATE OF
MAY 31, 2009.

SINCERELY,

CHARLES A. BEDNER , PRESIDENT
BEDNER FARM, INC.

BUDGET AVAILABILITY STATEMENT

REQUEST DATE: 3/30/2009

REQUESTED BY: Ted A. Simmons

PHONE: (561) 233-0203

FAX:

PROJECT TITLE: Bedner Farms, Inc. renewal option # 8

PROJECT NO.:

Fiscal Years	2009	2010			
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	(\$54,028)	(\$108,056)	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>(\$54,028)</u>	<u>(\$108,056)</u>	=====	=====	=====
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

*** By signing this BAS your department agrees to these staff costs and your account will be charged upon receipt of this BAS by FD&O. Unless there is a change in the scope of work, no additional staff charges will be billed.*

BUDGET ACCOUNT NUMBER

FUND: 1222

DEPT: 800

UNIT: 8011

REVENUE SOURCE: 6225

SUB OBJ:

IS ITEM INCLUDED IN CURRENT BUDGET: YES _____ NO _____

IDENTIFY FUNDING SOURCE FOR EACH ACCOUNT: (check all that apply)

- Ad Valorem (source/type: _____)
- Non-Ad Valorem (source/type: _____)
- Grant (source/type: _____)
- Park Improvement Fund (source/type: _____)
- General Fund
- Operating Budget
- Federal/Davis Bacon
- _____

APR 1 2009

Department: Environmental Resources Mgmt

BAS APPROVED BY: Liz Purvis DATE: 3/30/09

ENCUMBRANCE NUMBER: N/A

CERTIFICATE OF INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

FLORIDA FARM BUREAU INSURANCE COMPANIES P.O. BOX 147030 GAINESVILLE, FLORIDA 32614-7030	COMPANIES AFFORDING COVERAGES: Company Letter A: Florida Farm Bureau General Ins. Co. Company Letter B: Florida Farm Bureau Casualty Ins. Co.
NAME AND ADDRESS OF INSURED: BEDNER GROWERS INC AND BEDNER BROTHERS INC 14186 STARKEY RD DELRAY BEACH, FL 33446-4006	

The policies of insurance listed below have been issued to the insured named above and are in force at this time. 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.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
					General Aggregate	Products-completed operations aggregate
A	General Liability: <input checked="" type="checkbox"/> Commercial General Liability (Occurrence Form) <input type="checkbox"/> Owner's & Contractor's Protective <input type="checkbox"/> Farmer's Personal Liability	CPP 9501496	12/31/2008	12/31/2009	\$ 1,000	\$ 1,000
					\$ 500	\$ 500
					\$ 50	\$ 50
					\$ 5	\$ 5
					\$	\$
					\$	\$
A	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				\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
A	Excess Liability: <input checked="" type="checkbox"/> Umbrella Form <input type="checkbox"/> Other than Umbrella form	UMC 9520833	12/31/2008	12/31/2009	\$ 2,000	\$ 2,000
					\$	\$
	Employers Liability: <input type="checkbox"/> Farm Employer's Liability <input type="checkbox"/> Farm Employee's Medical				\$	\$
	Other:				\$	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES:

SEE FORM CG 20 24 11 85
 LOSS PAYEE
 BARNs, STABLEs, OUTBUILDINGS-TYPE 3 FRAME FARM SHOP-LIMIT OF LIABILITY \$40,000
 BARNs, STABLEs, OUTBUILDINGS-TYPE 1 NCII FARM EQUIPMENT BUILDING-LIMIT OF LIABILITY \$90,000

CANCELLATION: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER: PALM BEACH COUNTY BOCC PROPERTY AND REAL ESTATE MANAGEMENT ATTN: DIRECTOR 2633 VISTA PARKWAY, WEST PALM BEACH, FL 33411
--

COUNTY CODE 50 DATE ISSUED 02/04/09
 Serviced by PALM BEACH County Farm Bureau
TOM BISHOP
 AUTHORIZED REPRESENTATIVE

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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Florida Profit Corporation

BEDNER GROWERS, INC.

Filing Information

Document Number V21921
FEI/EIN Number 650332613
Date Filed 03/16/1992
State FL
Status ACTIVE

Principal Address

14186 STARKEY RD
DELRAY BEACH FL 33446

Changed 04/28/2003

Mailing Address

14186 STARKEY RD.
DELRAY BEACH FL 33446 US

Changed 03/04/1993

Registered Agent Name & Address

PERRY, MARK A.
50 SOUTHEAST FOURTH AVENUE
DELRAY BEACH FL US

Officer/Director Detail

Name & Address

Title PD

BEDNER, CHARLES A.
14186 STARKEY ROAD
DELRAY BEACH FL

Title VD

BEDNER, BRUCE A.
14186 STARKEY ROAD
DELRAY BEACH FL

Title STD

BEDNER, STEPHEN W.
14186 STARKEY ROAD
DELRAY BEACH FL

Annual Reports

2008 FOR PROFIT CORPORATION ANNUAL REPORT**FILED
Apr 07, 2008
Secretary of State**

DOCUMENT# 537085

Entity Name: BEDNER FARM, INC.

Current Principal Place of Business:14186 STARKEY RD
DELRAY BEACH, FL 33446**New Principal Place of Business:****Current Mailing Address:**14186 STARKEY RD
DELRAY BEACH, FL 33446**New Mailing Address:**

FEI Number: 59-1784981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:BEDNER, STEPHEN
14186 STARKEY ROAD
DELRAY BEACH, FL 33446 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:Title: D (X) Delete
Name: BEDNER, ARTHUR C.,
Address: 226 N.E. 13TH AVE
City-St-Zip: POMPANO BEACH, FLTitle: D () Delete
Name: BEDNER, HENRIETTA,
Address: 226 N.E. 13TH AVE
City-St-Zip: POMPANO BEACH, FLTitle: PD () Delete
Name: BEDNER, CHARLES
Address: RURAL ROUTE 1 BOX 315B
City-St-Zip: DELRAY BEACH, FL 33446Title: VD () Delete
Name: BEDNER, BRUCE
Address: RURAL ROUTE 1 BOX 290T
City-St-Zip: DELRAY BEACH, FL 33446Title: STD () Delete
Name: BEDNER, STEPHEN
Address: 11178 MANATEE TERRACE
City-St-Zip: LAKE WORTH, FL 33467**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN W BEDNER

STD

04/07/2008

Electronic Signature of Signing Officer or Director

Date