

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2010	2011	2012	2013	2014
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	(61,459.25)	(61,459.25)	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>(61,459.25)</u>	<u>(61,459.25)</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____
Is Item Included in Current Budget:	Yes	<u>X</u>	No	_____	_____
Budget Account No:	Fund <u>1222</u>	Dept <u>800</u>	Unit <u>8011</u>	Object <u>6225</u>	
	Program _____				


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


Rent is \$122,918.50 annually, based upon \$500.00 per acre for 245.83 farmable acres, paid in semi-annual installments of \$61,459.25 on 6/1/2010 and 1/1/2011.

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS


A. OFMB Fiscal and/or Contract Development Comments:


 OFMB
 4/30/10
 5/10/10


 Contract Development and Control 5/7/10

B. Legal Sufficiency:

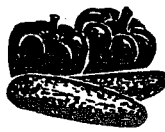
This item complies with current County policies.

 5/7/10
 Assistant County Attorney

C. Other Department Review:

 Department Director

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



BEDNER GROWERS, INC.

14186 STARKEY ROAD
DELRAY BEACH, FL 33446

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

RECEIVED

MAR 18 2010

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

MARCH 16, 2010

ATTN; ROSS HERING

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, 2010 TO MAY 31, 2011.

THE SEMI-ANNUAL RENT SHALL BE SUBMITTED BY THE DUE DATE OF
MAY 31, 2010.

SINCERELY,

CHARLES A. BEDNER , PRESIDENT
BEDNER FARM, INC.

ATTACHMENT #3

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 FARM INC

210 N UNIVERSITY DR STE 200
CORAL SPRINGS, FL 33071-7339

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	
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 9521697 02	07/19/2009	07/19/2010	GENERAL AGGREGATE	\$ 2,000
					PRODUCTS-COMPLETED OPERATIONS AGGREGATE	\$ 2,000
					PERSONAL & ADVERTISING INJURY	\$ 1,000
					EACH OCCURRENCE	\$ 1,000
					FIRE DAMAGE (Any one fire)	\$ 50
					MEDICAL EXPENSE (Any one person)	\$ 5
	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			RECEIVED AUG 17 2009	COMBINED SINGLE LIMIT	\$
					BODILY INJURY (Per Person)	\$
					BODILY INJURY (Per Accident)	\$
					PROPERTY DAMAGE	\$
	EXCESS LIABILITY: <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	\$
	EMPLOYERS LIABILITY: <input type="checkbox"/> FARM EMPLOYER'S LIABILITY <input type="checkbox"/> FARM EMPLOYEE'S MEDICAL					\$ (Each Occurrence)
						\$ (Each Employee)
	OTHER:					\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES:

SEE FORM CG 20 11 11 85

LOCATIONS: 003 - 005

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 & REAL ESTATE MANAGEMENT
 ATTN: DIRECTOR
 2633 VISTA PKWY
 WEST PALM BEACH FL 33411-5613

County Code 50-0 Date Issued 08/11/2009

Serviced by PALM BEACH County Farm Bureau

ROBERT LENTA
 AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED — MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

1. Designation of Premises (Part Leased to You): 13056 STARKEY RD, DELRAY BEACH FL
2. Name of Person or Organization (Additional Insured): PALM BEACH COUNTY BOCC
3. Additional Premium: \$ 28 PRP & REAL ESTATE MGMT

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence " which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED — MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

1. Designation of Premises (Part Leased to You): OSPREY POND LN/W OF HWY 441, BOYNTON BCH
2. Name of Person or Organization (Additional Insured): PALM BEACH COUNTY BOCC
3. Additional Premium: \$ 20 PRP & REAL ESTATE MGMT

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence " which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED — MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

1. Designation of Premises (Part Leased to You): OSPREY POND LN/W OF SR 7, BOYNTON BCH
2. Name of Person or Organization (Additional Insured): PALM BEACH COUNTY BOCC
PRP & REAL ESTATE MGMT
3. Additional Premium: \$ 18

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence " which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

STATEMENT OF EXEMPTION FROM WORKER'S COMPENSATION REQUIREMENT

RECEIVED

TO: Palm Beach County Board of County Commissioners
Property and Real Estate Management
Attn: Director
2633 Vista Parkway
West Palm Beach, FL 33411

AUG 05 2009

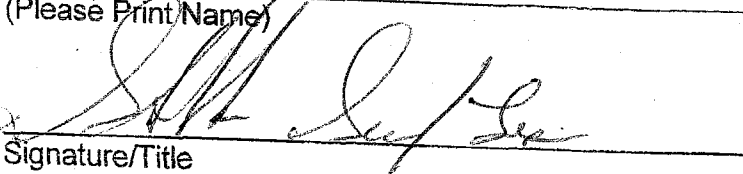
This will affirm that:

1. We are not engaged in the "construction industry" as defined in FL Chapter 440 and do not employ more than three persons (including Corporate Officers, if any).
2. We do not carry Florida Workers Compensation insurance.
3. Any persons that we may engage to work will have legal status as independent contractors, and not employees.
4. All such independent contractors have been advised that they are not covered for Workers Compensation insurance, and would be responsible for carrying their own such coverage if they desire.
5. If we should fall under Florida's requirement for carrying Workers Compensation insurance, we shall immediately obtain such coverage and provide evidence of it to you.

Accordingly, we hereby apply for exemption from Palm Beach County's requirement for carrying Workers Compensation insurance.

Stephen Bedner Secretary/Treasurer

(Please Print Name)


Signature/Title

7/29/09
Date

Bedner Farm, Inc

Company Name

210 N. University Drive, Suite 200 Coral Springs, FL 33071

Company Street Address/City/State/Zip Code



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No Events
 No Name History

Detail by Entity Name

Florida Profit Corporation

BEDNER FARM, INC.

Filing Information

Document Number 537085
FEI/EIN Number 591784981
Date Filed 06/14/1977
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
 Changed 04/28/2003

Registered Agent Name & Address

BEDNER, STEPHEN
 14186 STARKEY ROAD
 DELRAY BEACH FL 33446 US
 Name Changed: 04/28/2003
 Address Changed: 04/28/2003

Officer/Director Detail

Name & Address

Title D
 BEDNER, HENRIETTA
 226 N.E. 13TH AVE
 POMPANO BEACH FL

Title PD
 BEDNER, CHARLES
 RURAL ROUTE 1 BOX 315B
 DELRAY BEACH FL 33446

Title VD
 BEDNER, BRUCE
 RURAL ROUTE 1 BOX 290T

DELRAY BEACH FL 33446

Title STD

BEDNER, STEPHEN
11178 MANATEE TERRACE
LAKE WORTH FL 33467

Annual Reports

Report Year Filed Date

2007	04/23/2007
2008	04/07/2008
2009	04/14/2009

Document Images

- 04/14/2009 -- ANNUAL REPORT
- 04/07/2008 -- ANNUAL REPORT
- 04/23/2007 -- ANNUAL REPORT
- 04/26/2006 -- ANNUAL REPORT
- 04/15/2005 -- ANNUAL REPORT
- 04/22/2004 -- ANNUAL REPORT
- 04/28/2003 -- ANNUAL REPORT
- 05/05/2002 -- ANNUAL REPORT
- 04/26/2001 -- ANNUAL REPORT
- 04/20/2000 -- ANNUAL REPORT
- 04/20/1999 -- ANNUAL REPORT
- 03/13/1998 -- ANNUAL REPORT
- 04/17/1997 -- ANNUAL REPORT
- 05/01/1996 -- ANNUAL REPORT
- 04/14/1995 -- ANNUAL REPORT

Note: This is not official record. See documents if question or conflict.

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2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2009
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 () Delete
Name: BEDNER, HENRIETTA
Address: 226 N.E. 13TH AVE
City-St-Zip: POMPANO BEACH, FL

Title: PD () Delete
Name: BEDNER, CHARLES
Address: RURAL ROUTE 1 BOX 315B
City-St-Zip: DELRAY BEACH, FL 33446

Title: VD () Delete
Name: BEDNER, BRUCE
Address: RURAL ROUTE 1 BOX 290T
City-St-Zip: DELRAY BEACH, FL 33446

Title: 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:

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

04/14/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date

BUDGET AVAILABILITY STATEMENT

REQUEST DATE: 4/13/2010

REQUESTED BY: Steven K. Schlamp
Property Spec./PREM

PHONE: 233-0239
FAX: 233-0210

PROJECT TITLE: Bedner Farm Renewal Option 9 of 21

PROJECT NO.: 2010-5.007

Fiscal Years	2010	2011	2012	2013	2014
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	<\$61,459.25>	<\$61,459.25>	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<\$61,459.25>	<\$61,459.25>	_____	_____	_____
# 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

REVNUe SOURCE: 6225
SUB OBJ:

IS ITEM INCLUDED IN CURRENT BUDGET: YES X NO _____

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

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

SUBJECT TO IG FEE? YES NO- Revenue Generating Contract

Department: Environmental Resources Management

BAS APPROVED BY: Liz Purvis DATE: 4/13/10

ENCUMBRANCE NUMBER:

ATT.#4