Reset Form

CERTIFICATION OF TAXABLE VALUE

Print Form

DR-420 R. 5/12 Rule 12D-16.002 Florida Administrative Code Effective 11/12

Year:	2013	VOLUSIA					
	pal Authority : FAX HOSPITAL	Taxing Aut HALIFAX H		3,3			
SECT	TION I: COMPLETED BY PROPERTY APPRAISER					132 W. A.W.	
1.	Current year taxable value of real property for operating pur	poses		\$	11,	591,526,854	(1)
2.	Current year taxable value of personal property for operating	g purposes	-	\$ 859,341,852 (2)			
3.	Current year taxable value of centrally assessed property for	operating p	urposes	\$ 13,983,775 (3)			
4.	Current year gross taxable value for operating purposes (Lin	e 1 plus Line	2 plus Line 3)	\$	12,	464,852,481	(4)
5.	Current year net new taxable value (Add new construction, improvements increasing assessed value by at least 100%, as personal property value over 115% of the previous year's value	nnexations,	and tangible	\$ 63,953,002 (5)			
6.	Current year adjusted taxable value (Line 4 minus Line 5)			\$	12,	400,899,479	(6)
7.	Prior year FINAL gross taxable value from prior year applicat		\$	12,	207,294,978	(7)	
8.	Does the taxing authority include tax increment financing ar of worksheets (DR-420TIF) attached. If none, enter 0	nter number	✓ YES	□ NO	Number 12	(8)	
9.	Does the taxing authority levy a voted debt service millage of years or less under s. 9(b), Article VII, State Constitution? If ye DR-420DEBT, Certification of Voted Debt Millage forms attached	number of	☐ YES	✓ NO	Number 0	(9)	
	Property Appraiser Certification I certify the	taxable valu	es above are o	correct to t	he best o	f my knowled	lge.
SIGN HERE	Signature of Property Appraiser:			Date :			
TIEKE	Electronically Certified by Property Appraiser			6/26/20	13 1:16	PM	****
SECT	ION II: COMPLETED BY TAXING AUTHORITY						
	If this portion of the form is not completed in FULL your possibly lose its millage levy privilege for the ta	ax year. If an	y line is not ap			tion and	
10.	Prior year operating millage levy (If prior year millage was adjumillage from Form DR-422)	usted then u	se adjusted	1.25	500	per \$1,000	(10)
11.	Prior year ad valorem proceeds (Line 7 multiplied by Line 10, o	divided by 1,0	000)	\$	***	15,259,119	(11)
12.	Amount, if any, paid or applied in prior year as a consequence of an dedicated increment value (Sum of either Lines 6c or Line 7a for all D			\$		702,182	(12)
13.	Adjusted prior year ad valorem proceeds (Line 11 minus Line	12)		\$		14,556,937	(13)
14.	Dedicated increment value, if any (Sum of either Line 6b or Line 7e fo	or all DR-420TI	F forms)	\$		576,976,947	(14)
15.	Adjusted current year taxable value (Line 6 minus Line 14)		\$	11,	823,922,532	(15)	
16.	Current year rolled-back rate (Line 13 divided by Line 15, mult	00)	1.23	311	per \$1000	(16)	
17.	Current year proposed operating millage rate		1.00	000	per \$1000	(17)	
18.	Total taxes to be levied at proposed millage rate (Line 17 mu by 1,000)	ne 4, divided	\$		12,464,852	(18)	

19.	Т	YPE of principa	al authority (check	one)	Cou	inty nicipality		✓	Independ Water Ma			(19)
20.	А	pplicable taxir	ng authority (check	(one)	✓ Prin	cipal Aut	hority		Depender Water Ma		District District Basin	(20)
21.	ls	millage levied i	n more than one co	unty? (che	eck one)		Yes	√	No	, , , , , , , , , , , , , , , , , , ,	<i>)</i> ;	(21)
		DEPENDENT	SPECIAL DISTRIC	TS AND N	MSTUs	STOP		S	TOP HER	E - SIGN	AND SUBM	1IT
22.		endent special disti	l prior year ad valorem p ricts, and MSTUs levying					20	\$		14,556,937	(22)
23.	Curi	rent year aggrega	ate rolled-back rate (Lin	ne 22 divide	d by Line	15, multi	olied by 1,0	000)	1.2	311	per \$1,000	(23)
24.	Curi	rent year aggrega	te rolled-back taxes (L	ine 4 multip	olied by Li	ine 23, div	ided by 1,0	000)	\$		15,345,480	(24)
25.	Enter total of all operating ad valorem taxes proposed to be levied by to taxing authority, all dependent districts, and MSTUs, if any. (The sum of DR-420 forms)						\$		12,464,852	(25)		
26.	Current year proposed aggregate millage rate (Line 25 divided by Lir by 1,000)				by Line 4,	multiplied		1.0	000	per \$1,000	(26)	
27.		rent year propose 23, minus 1 , mu	ed rate as a percent cha ultiplied by 100)	ange of roll	led-back	rate (Line	26 divided	l by			-18.77 [%]	(27)
ı		rst public get hearing	Date : 9/9/2013	Time : 5:05 PM		Place: 303 N. Clyde Morris Blvd. France Tower Conference R Daytona Beach, FL 32114			onference Roo	om A,		
		Taxing Autho	ority Certification	The milla	ages cor	nply wit		visio			ny knowledge d the provisio	
(Signature of Chief Administrative Officer: G Electronically Certified by Taxing Authority							The second secon	te: 3/2013 2	:47 PM		
	N Title: H ERIC M. PEBURN, CHIEF FINANCE OFFICER			- W. V.				Contact Ti HIEF FINAN		ER		
F	2	Mailing Address 303 N CLYDE MO					sical Addre N CLYDE		RIS BLVD			
	City, State, Zip: DAYTONA BEACH, FL 32114					Phone Number : Fax Number : 386-425-4568 386-425-4575						

Reset Form

DEPARTMENT OF REVENUE

MAXIMUM MILLAGE LEVY CALCULATION PRELIMINARY DISCLOSURE

For municipal governments, counties, and special districts

Print Form

DR-420MM-P R. 5/12 Rule 12D-16.002 Florida Administrative Code Effective 11/12

Ye	ar: 2013	County:	VOLU	JSIA				
	ncipal Authority : LIFAX HOSPITAL	Taxing Authorit HALIFAX HOSP		1 1 pp 2 2 44 2 4 2 2 2 2 2 2 2 2 2 2 2 2 2	40.40			
1.	Is your taxing authority a municipality or independent special dist valorem taxes for less than 5 years?	trict that has levie	d ad	Yes	☐ No	(1)		
	IF YES, STOP HERE. SIGN AN	D SUBMIT. You	are no	ot subject to	a millage limitati	on.		
2.	Current year rolled-back rate from Current Year Form DR-420, Line	e 16		1.2311	per \$1,000	(2)		
3.	Prior year maximum millage rate with a majority vote from 2012 Fo	orm DR-420MM, Lii	ne 13	4.8043	per \$1,000	(3)		
4.	Prior year operating millage rate from Current Year Form DR-420,		1.2500	per \$1,000	(4)			
	If Line 4 is equal to or greater than Line 3, skip to Line 11. If less, continue to Line 5.							
	Adjust rolled-back rate based on prior year majority-vote maximum millage rate							
5.	Prior year final gross taxable value from Current Year Form DR-420	0, Line 7	\$	_into	12,207,294,978	(5)		
6.	Prior year maximum ad valorem proceeds with majority vote (Line 3 multiplied by Line 5 divided by 1,000)		\$		58,647,507	(6)		
7.	Amount, if any, paid or applied in prior year as a consequence of a measured by a dedicated increment value from Current Year For		\$		702,182	(7)		
8.	Adjusted prior year ad valorem proceeds with majority vote (Line	6 minus Line 7)	\$		57,945,325	(8)		
9.	Adjusted current year taxable value from Current Year form DR-4	20 Line 15	\$		11,823,922,532	(9)		
10.	Adjusted current year rolled-back rate (Line 8 divided by Line 9, mu	ltiplied by 1,000)		4.9007	per \$1,000	(10)		
	Calculate maximum millage levy							
11.	Rolled-back rate to be used for maximum millage levy calculation (Enter Line 10 if adjusted or else enter Line 2)			4.9007	per \$1,000	(11)		
12.	Adjustment for change in per capita Florida personal income (See	Line 12 Instruction	ns)	2	1.0169	(12)		
13.	Majority vote maximum millage rate allowed (Line 11 multiplied by	/Line 12)		4.9835	per \$1,000	(13)		
14.	Two-thirds vote maximum millage rate allowed (Multiply Line 13 b	y 1.10)		5.4819	per \$1,000	(14)		
15.	Current year proposed millage rate			1.0000	per \$1,000	(15)		
16.	Minimum vote required to levy proposed millage: (Check one	e)				(16)		
✓	a. Majority vote of the governing body: Check here if Line 15 is le to the majority vote maximum rate. Enter Line 13 on Line 17		to Line 1	13. The maxim	um millage rate is o	equal		
	b. Two-thirds vote of governing body: Check here if Line 15 is les		Line 14	, but greater t	han Line 13. The			
Ш	maximum millage rate is equal to proposed rate. Enter Line 1.		h = = .	if I i 15 i		4		
	c. Unanimous vote of the governing body, or 3/4 vote if nine members or more: Check here if Line 15 is greater than Line 14. The maximum millage rate is equal to the proposed rate. Enter Line 15 on Line 17.							
	d. Referendum: The maximum millage rate is equal to the proposition	sed rate. Enter Li	ne 15 o	on Line 17.				
17.	The selection on Line 16 allows a maximum millage rate of (Enter rate indicated by choice on Line 16)			4.9835	per.\$1,000	(17)		
18.	Current year gross taxable value from Current Year Form DR-420,	\$		12,464,852,481	(18)			

		Authority : X HOSPITAL				· · · · · · · · · · · · · · · · · · ·		0MM-P R. 5/12 Page 2
19.	Cur	rent year proposed taxes (Line 15 multiplie	ed by Line 18, divided	l by 1,000)	\$	12,46	4,852	(19)
20.	1,00				\$		8,592	(20)
	DE	PENDENT SPECIAL DISTRICTS	AND MSTUs	STOP	P HERI	E. SIGN AND S	UBM	IIT.
		er the current year proposed taxes of all d illage . <i>(The sum of all Lines 19 from each d</i>			\$		0	(21)
22.	Tota	al current year proposed taxes (Line 19 plu	ıs Line 21)		\$	12,46	4,852	(22)
		al Maximum Taxes						
23.		er the taxes at the maximum millage of all ring a millage <i>(The sum of all Lines 20 from</i>			\$		0	(23)
24.	Tota	al taxes at maximum millage rate (Line 20)	\$	62,11	8,592	(24)		
7	Total Maximum Versus Total Taxes Levied							
25.		total current year proposed taxes on Line kimum millage rate on Line 24? (Check on		than total taxes at the	✓ YES	S NO		(25)
	s	Taxing Authority Certification		s and rates are correct to the ovisions of s. 200.065 and t				
1	1	Signature of Chief Administrative Officer	1		Date:			
1	G V	Electronically Certified by Taxing Author	ity		7/3/20	13 2:47 PM		
50	Title: ERIC M. PEBURN, CHIEF FINANCE OFFICER			Contact Name and C ERIC M. PEBURN, CH				
	Mailing Address: 303 N CLYDE MORRIS BLVD			Physical Address : 303 N CLYDE MORRI	S BLVD			
	City, State, Zip : DAYTONA BEACH, FL 32114			Phone Number : Fax Number : 386-425-4568 386-425-4575				

Complete and submit this form DR-420MM-P, Maximum Millage Levy Calculation-Preliminary Disclosure, to your property appraiser with the form DR-420, Certification of Taxable Value.



Yea	ar:	2013		County:	٧	OLUSIA		
		l Authority: X HOSPITAL		Taxing Au HALIFAX	thority : HOSPITAL			2001100
		nity Redevelopment Area :		Base Year	·:			
Da	yton	a Beach-Ballough Road	p	1985				
SEC	TIOI	NI: COMPLETED BY PROPERTY APPRAISER						
1.	Curi	ent year taxable value in the tax increment area	a	\$			19,517,593	(1)
2.	Base	year taxable value in the tax increment area				\$	9,086,882	(2)
3.	Curi	ent year tax increment value (Line 1 minus Line	2)			\$	10,430,711	(3)
4.	Prio	r year Final taxable value in the tax increment a	rea			\$	19,782,611	(4)
5.	Prio	r year tax increment value (Line 4 minus Line 2)				\$	10,695,729	(5)
SI	IGN	Property Appraiser Certification	I certify	the taxabl	e values ab	ove are correct to	the best of my knowled	dge.
	ERE	Signature of Property Appraiser:				Date :		
		Electronically Certified by Property Appraise	er			6/26/2013 1:16	5 PM	
SEC	TIOI	II: COMPLETED BY TAXING AUTHORITY Co	omplete I	EITHER lin	e 6 or line	7 as applicable.	Do NOT complete both	١,
6. If	. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:							
6a. Enter the proportion on which the payment is based. 95.00 % (6a)						(6a)		
6b.		icated increment value (Line 3 multiplied by the If value is zero or less than zero, then enter zero.			ia)	\$	9,909,175	(6b)
6с.	Amo	ount of payment to redevelopment trust fund in	n prior yea	ar		\$	12,701	(6c)
7. If	the a	mount to be paid to the redevelopment trust f	und IS NO	OT BASED o	n a specifi	c proportion of th	e tax increment value:	
7a.	Amo	ount of payment to redevelopment trust fund in	n prior yea	ar		\$	0	(7a)
7b.	Prio	r year operating millage levy from Form DR-420), Line 10			0.0000	per \$1,000	(7b)
7c.		es levied on prior year tax increment value es 5 multiplied by Line 7b, divided by 1,000)				\$	0	(7c)
7d.		r year payment as proportion of taxes levied on 27 a divided by Line 7c, multiplied by 100)	incremer	nt value			0.00 %	(7d)
7e.	Ded	icated increment value (Line 3 multiplied by the If value is zero or less than zero, then enter zer	percentag ro on Line	ge on Line 7 ? 7e	7d)	\$	0	(7e)
	- 1		tify the ca	Iculations,	millages an	d rates are correct	to the best of my knowle	dge.
9	5	Signature of Chief Administrative Officer:				Date :		
1		Electronically Certified By Taxing Authority				7/3/2013 2:47 PM	И	
	Title: RICM. PEBURN, CHIEF FINANCE OFFICER					ame and Contact EBURN, CHIEF FIN		
ŀ		Mailing Address :			Physical A	ddress :	79	
F	B 303 N CLYDE MORRIS BLVD 303 N CLYDE MORRIS BLVD							
E	City, State, Zip:				Phone Nu	Number : Fax Number :		
		DAYTONA BEACH, FL 32114			386-425-4568 386-425-4575			
								1000



Year:	2013		County:	V	OLUSIA			
	al Authority: AX HOSPITAL		Taxing Au HALIFAX	ithority : HOSPITAL				
	unity Redevelopment Area :	***	Base Year	r:	57.1.1			
Dayto	na Beach-Downtown		1982					
SECTIO	ON I : COMPLETED BY PROPERTY APPRAISER	<u>_</u>			X 20 (Water Street and a street		
1. Cu	rrent year taxable value in the tax increment area	1	-		\$	102,233,101	(1)	
2. Ba	se year taxable value in the tax increment area				\$	49,000,577	(2)	
3. Cu	rrent year tax increment value (Line 1 minus Line 2	2)			\$	53,232,524	(3)	
4. Pri	or year Final taxable value in the tax increment ar	rea			\$	102,130,066	(4)	
5. Pri	or year tax increment value (Line 4 minus Line 2)				\$	53,129,489	(5)	
SIGN	Property Appraiser Certification	I certify	the taxabl	e values ab	ove are correct to	the best of my knowled	dge.	
HER	Ciampture of Dramouty Ammunican	• •			Date :			
	Electronically Certified by Property Appraise	r			6/26/2013 1:16	5 PM		
SECTIO	SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.							
6. If the	. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:							
6a. En	6a. Enter the proportion on which the payment is based. 95.00 % (6a)						(6a)	
6b. De	dicated increment value (Line 3 multiplied by the parties of the last than zero, then enter zero) the last than zero, then enter zero.			5a)	\$	50,570,898	(6b)	
6c. An	ount of payment to redevelopment trust fund in	prior yea	ır		\$	63,091	(6c)	
7. If the	amount to be paid to the redevelopment trust fu	und IS NC	T BASED o	on a specific	c proportion of th	e tax increment value:	.00	
7a. An	ount of payment to redevelopment trust fund in	prior yea	ar		\$	0	(7a)	
7b. Pri	or year operating millage levy from Form DR-420,	, Line 10			0.000	per \$1,000	(7b)	
	tes levied on prior year tax increment value ne 5 multiplied by Line 7b, divided by 1,000)				\$	0	(7c)	
7d. Pri	or year payment as proportion of taxes levied on ne 7a divided by Line 7c, multiplied by 100)	incremer	nt value	20		0.00 %	(7d)	
7e. De	dicated increment value (Line 3 multiplied by the parties of the last than zero, then enter zero) the last than zero, then enter zero	percentag o on Line	e on Line 7	7d)	\$	0	(7e)	
		ify the cal	culations,	millages an		to the best of my knowle	dge.	
S	Signature of Chief Administrative Officer:				Date :			
1	Electronically Certified By Taxing Authority				7/3/2013 2:47 PM	И		
G Title: N ERIC M. PEBURN, CHIEF FINANCE OFFICER					ame and Contact EBURN, CHIEF FIN			
H E R	Mailing Address : 303 N CLYDE MORRIS BLVD			Physical A 303 N CLY	ddress : /DE MORRIS BLVD)		
	City, State, Zip:			Phone Nu	mber :	Fax Number :		
	DAYTONA BEACH, FL 32114	386-425-4	4568 386-425-4575					



Yea	ır:	2013		County:	V	OLUSIA			
Prin HAI	cipa LIFA	ll Authority: X HOSPITAL		Taxing Au HALIFAX	ithority : HOSPITAL				
		nity Redevelopment Area :		Base Year	r:				
Day	/ton	a Beach-Main Street		1982					
SEC	TIO	NI: COMPLETED BY PROPERTY APPRAISER							
1.	Cur	rent year taxable value in the tax increment area	1			\$	313,544,817	(1)	
2.	Base	e year taxable value in the tax increment area			\$ 68,695,639				
3.	Cur	rent year tax increment value (Line 1 minus Line 2	2)		2000	\$	244,849,178	(3)	
4.	Prio	r year Final taxable value in the tax increment ar	rea			\$	306,100,954	(4)	
5.	Prio	r year tax increment value (Line 4 minus Line 2)				\$	237,405,315	(5)	
CI.	GN	Property Appraiser Certification	I certify	the taxabl	e values ab	ove are correct to	the best of my knowled	dge.	
La Civine	ERE	Signature of Property Appraiser:				Date :			
		Electronically Certified by Property Appraises	r			6/26/2013 1:16	5 PM		
SEC	TIOI	NII: COMPLETED BY TAXING AUTHORITY CO	mplete E	ITHER lin	e 6 or line	7 as applicable.	Do NOT complete both	١.	
6. If 1	If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:								
6a.	6a. Enter the proportion on which the payment is based. 95.00 % (6a)								
6b.	6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) If value is zero or less than zero, then enter zero on Line 6b					\$	232,606,719	(6b)	
6с.	Amo	ount of payment to redevelopment trust fund in	prior yea	r		\$	281,919	(6c)	
7. If t	the a	amount to be paid to the redevelopment trust fu	und IS NO	T BASED o	n a specifi	proportion of th	e tax increment value:		
7a.	Amo	ount of payment to redevelopment trust fund in	prior yea	r		\$	0	(7a)	
7b.	Prio	r year operating millage levy from Form DR-420,	Line 10			0.000	per \$1,000	(7b)	
		es levied on prior year tax increment value es 5 multiplied by Line 7b, divided by 1,000)				\$	0	(7c)	
7d.	Prio (Line	r year payment as proportion of taxes levied on i ? 7a divided by Line 7c, multiplied by 100)	incremen	t value			0.00 %	(7d)	
7e.	Ded	icated increment value (Line 3 multiplied by the p If value is zero or less than zero, then enter zero			7d)	\$	0	(7e)	
			ify the cal	culations,	millages an		to the best of my knowle	dge.	
S		Signature of Chief Administrative Officer :				Date :			
1		Electronically Certified By Taxing Authority				7/3/2013 2:47 PM	M		
- The state of the						ame and Contact			
	N ERIC M. PEBURN, CHIEF FINANCE OFFICER				ERIC M. PI	EBURN, CHIEF FIN	ANCE OFFICER		
E	Mailing Address : 303 N CLYDE MORRIS BLVD				Physical A 303 N CLY	ddress : 'DE MORRIS BLVD)		
-	City, State, Zip:				Phone Number : Fax Number :				
	DAYTONA BEACH, FL 32114					386-425-4568 386-425-4575			



Yea	r:	2013		County:	V	OLUSIA		
		l Authority: X HOSPITAL		Taxing Au HALIFAX				
Con	ımu	nity Redevelopment Area :		Base Year	:			
Day	/ton	Beach-South Atlantic		2000				
SEC	TIOI	II: COMPLETED BY PROPERTY APPRAISER					7. 50.000	
1.	Curr	ent year taxable value in the tax increment area	a	-		\$	52,671,732	(1)
2.	Base	year taxable value in the tax increment area				\$	63,521,382	(2)
3.	Curr	ent year tax increment value (Line 1 minus Line	2)	-		\$	-10,849,650	(3)
4.	Prio	year Final taxable value in the tax increment a	rea			\$	51,570,989	(4)
5.	Prio	r year tax increment value (Line 4 minus Line 2)	Wester	10000		\$	-11,950,393	(5)
CI.	GN	Property Appraiser Certification	I certify	the taxabl	e values ab	oove are correct to	the best of my knowled	dge.
0.000	ERE	Signature of Property Appraiser:				Date :		
		Electronically Certified by Property Appraise	er			6/26/2013 1:16	5 PM	
SEC	SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.							
6. If 1	If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:							
6a. Enter the proportion on which the payment is based.						95.00 %	(6a)	
6b.		icated increment value (Line 3 multiplied by the If value is zero or less than zero, then enter zero.			ia)	\$	0	(6b)
6c.	Amo	ount of payment to redevelopment trust fund ir	n prior ye	ar		\$	0	(6c)
7. If 1	the a	mount to be paid to the redevelopment trust f	und IS NO	OT BASED o	n a specifi	c proportion of th	e tax increment value:	
7a.	Amo	ount of payment to redevelopment trust fund in	n prior ye	ar		\$	0	(7a)
7b.	Prio	year operating millage levy from Form DR-420	, Line 10	0			per \$1,000	(7b)
		es levied on prior year tax increment value es 5 multiplied by Line 7b, divided by 1,000)		\$			0	(7c)
		year payment as proportion of taxes levied on 7a divided by Line 7c, multiplied by 100)	increme	nt value			0.00 %	(7d)
7e.	Ded	icated increment value (Line 3 multiplied by the If value is zero or less than zero, then enter zero.	percenta ro on Lin	ge on Line i <mark>e 7e</mark>	7d)	\$	0	(7e)
			tify the ca	Iculations,	millages an		to the best of my knowle	edge.
s		Signature of Chief Administrative Officer :				Date :		
I		Electronically Certified By Taxing Authority				7/3/2013 2:47 PM	И	
200	G Title :					ame and Contact		
N	N ERIC M. PEBURN, CHIEF FINANCE OFFICER				ERIC M. P	EBURN, CHIEF FIN	ANCE OFFICER	
E 303 N CLYDE MORRIS BLVD 303 N CLY				Physical A 303 N CL	ddress : YDE MORRIS BLVD)		
-	City, State, Zip:				Phone Number : Fax Number :		Fax Number:	
	DAYTONA BEACH, FL 32114				386-425-4568 386-425-4575			



Yea	ar:	2013		County:	V	OLUSIA		
		l Authority: X HOSPITAL		Taxing Au HALIFAX	thority : HOSPITAL			
Con	nmu	nity Redevelopment Area :		Base Year	:		i de la companya de l	
		a Beach-West Side		1997				
SEC	TIOI	NI: COMPLETED BY PROPERTY APPRAISE	R					
		ent year taxable value in the tax increment are	20.118 20.118	X		\$	78,179,050	(1)
		e year taxable value in the tax increment area				\$ 60,641,706		(2)
		ent year tax increment value (Line 1 minus Lin	ne 2)			\$	17,537,344	(3)
4.	Prio	r year Final taxable value in the tax increment	area			\$	80,081,346	(4)
5.	Prio	r year tax increment value (Line 4 minus Line 2))			\$	19,439,640	(5)
	CN	Property Appraiser Certification	I certify	the taxabl	e values ab	ove are correct to	the best of my knowled	dge.
	GN ERE	Signature of Property Appraiser:				Date :		
		Electronically Certified by Property Apprais	ser			6/26/2013 1:16	5 PM	
SEC	TIOI	II: COMPLETED BY TAXING AUTHORITY	Complete I	EITHER line	e 6 or line	7 as applicable.	Do NOT complete both	n.
6. If	i. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:							
6a.	6a. Enter the proportion on which the payment is based. 95.00 % (6a)							
6b.		icated increment value (Line 3 multiplied by th If value is zero or less than zero, then enter z			ia)	\$	16,660,477	(6b)
6с.	Amo	ount of payment to redevelopment trust fund	in prior yea	ar		\$	23,085	(6c)
7. If	the a	amount to be paid to the redevelopment trust	fund IS NO	OT BASED o	n a specifi	c proportion of th	e tax increment value:	
7a.	Amo	ount of payment to redevelopment trust fund	in prior yea	ar		\$	0	(7a)
7b.	Prio	r year operating millage levy from Form DR-42	20, Line 10			0.0000	per \$1,000	(7b)
7c.		es levied on prior year tax increment value es 5 multiplied by Line 7b, divided by 1,000)				\$	0	(7c)
		r year payment as proportion of taxes levied o ? <i>Ta divided by Line 7c, multiplied by 100</i>)	n increme	nt value			0.00 %	(7d)
7e.	Ded	icated increment value (Line 3 multiplied by th If value is zero or less than zero, then enter z	e percentag e ro on Lin e	ge on Line i <mark>e 7e</mark>	7d)	\$	0	(7e)
			ertify the ca	lculations,	millages an		to the best of my knowle	dge.
S	5	Signature of Chief Administrative Officer:				Date :		
ı		Electronically Certified By Taxing Authority				7/3/2013 2:47 PM	И	
G Title: Contact Name and Contact Title:								
N	N ERIC M. PEBURN, CHIEF FINANCE OFFICER				ERIC M. P	EBURN, CHIEF FIN	ANCE OFFICER	
H E R	:	Mailing Address : 303 N CLYDE MORRIS BLVD			Physical A 303 N CL	ddress : /DE MORRIS BLVD)	
E	:	City, State, Zip:			Phone Nu	mber:	Fax Number :	
		DAYTONA BEACH, FL 32114			386-425-4568 386-425-4575			
	Contract the Contract and Contract the Contract the Contract that Contract the Cont				1			



Yea	ar:	2013	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	County:	V	OLUSIA		
		al Authority : X HOSPITAL		Taxing Au HALIFAX	ithority : HOSPITAL			
		nity Redevelopment Area :		Base Yea	 r:			
Day	yton	a Beach Shores		2005				
SEC	TIO	NI: COMPLETED BY PROPERTY APPRAISER						
1.	Cur	rent year taxable value in the tax increment area	1	100.00		\$	401,840,953	(1)
2.	Base	e year taxable value in the tax increment area				\$	458,775,063	(2)
3.	Cur	rent year tax increment value (Line 1 minus Line .	2)			\$	-56,934,110	(3)
4.	Prio	r year Final taxable value in the tax increment ar	rea			\$	378,942,653	(4)
5.	Prio	r year tax increment value (Line 4 minus Line 2)				\$	-79,832,410	(5)
	GN	Property Appraiser Certification	I certify	the taxabl	e values ab	ove are correct to	the best of my knowled	dge.
	ERE	Signature of Property Appraiser:				Date :		
		Electronically Certified by Property Appraise	r			6/26/2013 1:16	5 PM	
SEC	TIOI	NII: COMPLETED BY TAXING AUTHORITY Co	mplete E	ITHER lin	e 6 or line	7 as applicable.	Do NOT complete both	1.
6. If	If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:							
6a.	6a. Enter the proportion on which the payment is based. 95.00 % (6a)						(6a)	
6b.	Ded	icated increment value (Line 3 multiplied by the lift value is zero or less than zero, then enter zero			5a)	\$	0	(6b)
6c.	Amo	ount of payment to redevelopment trust fund in	prior yea	ar		\$	0	(6c)
7. If	the a	amount to be paid to the redevelopment trust fu	und IS NC	T BASED o	n a specific	proportion of th	e tax increment value:	
7a.	Amo	ount of payment to redevelopment trust fund in	prior yea	ır		\$	0	(7a)
7b.	Prio	r year operating millage levy from Form DR-420,	Line 10			0.000	per \$1,000	(7b)
		es levied on prior year tax increment value es 5 multiplied by Line 7b, divided by 1,000)				\$	0	(7c)
7d.	Prio (Line	r year payment as proportion of taxes levied on a 7a divided by Line 7c, multiplied by 100)	incremer	nt value			0.00 %	(7d)
7e.	Ded	icated increment value (Line 3 multiplied by the parties of the pa	percentag o on Line	ge on Line : 7e	7d)	\$	0	(7e)
		Taxing Authority Certification I certi	ify the cal	culations,	millages an	d rates are correct	to the best of my knowle	dge.
S	;	Signature of Chief Administrative Officer:				Date :		
1		Electronically Certified By Taxing Authority				7/3/2013 2:47 PM	И	
G	200	Title :				ame and Contact		
N ERIC M. PEBURN, CHIEF FINANCE OFFICER ERIC M. PEBURN, CH					EBURN, CHIEF FIN	ANCE OFFICER		
H E R		Mailing Address : 303 N CLYDE MORRIS BLVD			Physical A 303 N CLY	ddress : 'DE MORRIS BLVD)	
	City, State, Zip:					Phone Number : Fax Number :		
	DAYTONA BEACH, FL 32114 38					386-425-4568 386-425-4575		



\ <u>\</u>	ear: 2013 County: VOLUSIA								
		2013		County:		OLUSIA			
		al Authority : X HOSPITAL		Taxing Au HALIFAX	ithority : HOSPITAL				
		nity Redevelopment Area :		Base Yea	r:				
Но	lly H	ill		1995					
SEC	TIO	NI: COMPLETED BY PROPERTY APPRAISER							
1.	Cur	rent year taxable value in the tax increment area				\$	203,533,882	(1)	
2.	Bas	e year taxable value in the tax increment area				\$	88,342,219	(2)	
3.	Cur	rent year tax increment value (Line 1 minus Line 2	2)			\$	115,191,663	(3)	
4.	Prio	r year Final taxable value in the tax increment ar	ea			\$	194,144,956	(4)	
5.	Prio	r year tax increment value (Line 4 minus Line 2)			***************************************	\$ 105,802,737 (5)			
_		Property Appraiser Certification	I certify	the taxabl	e values ab	ove are correct to	the best of my knowled	dge.	
	IGN ERE	Signature of Property Appraiser:				Date :			
		Electronically Certified by Property Appraise	r			6/26/2013 1:16	5 PM		
SEC	SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.						1.		
6. If	If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:								
6a. Enter the proportion on which the payment is based. 95.00 % (6a)						(6a)			
6b.	Dedicated in assessment value (Line 2 mouth lied by the mount of the C.)				5a)	\$	109,432,080	(6b)	
6с.	Amo	ount of payment to redevelopment trust fund in	prior yea	ar		\$	125,641	(6c)	
7. If	the a	amount to be paid to the redevelopment trust fu	and IS NO	T BASED o	on a specific	c proportion of th	e tax increment value:		
7a.	Amo	punt of payment to redevelopment trust fund in	prior yea	ar		\$	0	(7a)	
7b.	Prio	r year operating millage levy from Form DR-420,	Line 10			0.000	0 per \$1,000	(7b)	
7c.		es levied on prior year tax increment value e 5 multiplied by Line 7b, divided by 1,000)				\$	0	(7c)	
7d.	Prio (Line	r year payment as proportion of taxes levied on a read a divided by Line 7c, multiplied by 100)	incremer	nt value			0.00 %	(7d)	
7e.		icated increment value (Line 3 multiplied by the parties of the section of the se			7d)	\$	0	(7e)	
		Taxing Authority Certification I certi	ify the ca	culations,	millages an	d rates are correct	to the best of my knowle	dge.	
S	5	Signature of Chief Administrative Officer:				Date :			
1	ı	Electronically Certified By Taxing Authority				7/3/2013 2:47 PM	M		
■ 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					ame and Contact EBURN, CHIEF FIN				
F F	2	Mailing Address : 303 N CLYDE MORRIS BLVD		MINISTER OF	Physical A 303 N CLY	ddress : 'DE MORRIS BLVD)		
	City, State, Zip: Phone Number: Fax Number:								
DAYTONA BEACH, FL 32114 386-425-4568						386-425-4575			



Yea	ır:	2013	C	County:	V	OLUSIA			
		l Authority: X HOSPITAL		axing Aut	thority : HOSPITAL				
		nity Redevelopment Area :	В	Base Year	:				
Orr	non	d Beach	1	1984					
SEC	TIO	NI: COMPLETED BY PROPERTY APPRAISER							
1.	Cur	rent year taxable value in the tax increment area				\$	130,558,902	(1)	
2.	Base	e year taxable value in the tax increment area	100			\$	45,486,221	(2)	
3.	Cur	rent year tax increment value (Line 1 minus Line 2))			\$	85,072,681	(3)	
4.	Prio	r year Final taxable value in the tax increment are	a			\$	127,598,121	(4)	
5.	Prio	r year tax increment value (Line 4 minus Line 2)				\$	82,111,900	(5)	
	CN	Property Appraiser Certification	I certify th	ne taxable	e values ab	ove are correct to	the best of my knowled	dge.	
	GN ERE	Signature of Property Appraiser:	700		5.	Date :			
		Electronically Certified by Property Appraiser				6/26/2013 1:16	5 PM		
SEC	TIOI	II: COMPLETED BY TAXING AUTHORITY Com	nplete EIT	THER line	6 or line	7 as applicable.	Do NOT complete both	1.	
6. If	If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:								
6a. Enter the proportion on which the payment is based. 95.00 % (6.00)						(6a)			
6b.	b. Dedicated increment value (Line 3 multiplied by the percentage of the state of t				a)	\$	80,819,047	(6b)	
6c.	Amo	ount of payment to redevelopment trust fund in p	orior year			\$	97,508	(6c)	
7. If	the a	amount to be paid to the redevelopment trust fun	nd IS NOT	BASED o	n a specific	proportion of th	e tax increment value:		
7a.	Amo	ount of payment to redevelopment trust fund in p	orior year			\$	0	(7a)	
7b.	Prio	r year operating millage levy from Form DR-420, l	Line 10			0.000	per \$1,000	(7b)	
		es levied on prior year tax increment value es 5 multiplied by Line 7b, divided by 1,000)				\$	0	(7c)	
		r year payment as proportion of taxes levied on in 27 a divided by Line 7c, multiplied by 100)	ncrement	value			0.00 %	(7d)	
7e.	Ded	icated increment value (Line 3 multiplied by the pe If value is zero or less than zero, then enter zero			'd)	\$	0	(7e)	
	- 1		y the calcu	ulations, n	nillages an	d rates are correct	to the best of my knowle	dge.	
S		Signature of Chief Administrative Officer:				Date :			
I		Electronically Certified By Taxing Authority				7/3/2013 2:47 PM	M		
	G Title :					ame and Contact			
	N ERIC M. PEBURN, CHIEF FINANCE OFFICER				ERIC M. PI	EBURN, CHIEF FIN	ANCE OFFICER		
E	Mailing Address: 303 N CLYDE MORRIS BLVD				Physical A 303 N CLY	ddress : 'DE MORRIS BLVD)		
	City, State, Zip:				Phone Nui	Phone Number : Fax Number :			
	DAYTONA BEACH, FL 32114					386-425-4568 386-425-4575			



Year: 2013			Count	y: \	/OLUSIA	1 To	07-55		
Principal Authority: HALIFAX HOSPITAL				Taxing Authority: HALIFAX HOSPITAL					
Community Redevelopment Area :			Base Y	ear:		310. 22.0			
Orr	non	d Beach-North Mainland / Ormond Crossings	2006						
SEC	TIOI	I : COMPLETED BY PROPERTY APPRAISER	100						
1.	Curi	ent year taxable value in the tax increment area			\$	8,907,620	(1)		
2.	Base	e year taxable value in the tax increment area			\$ 10,124,427				
3.	Curi	rent year tax increment value (Line 1 minus Line 2)			\$	-1,216,807	(3)		
4.	Prio	r year Final taxable value in the tax increment area			\$	8,574,475	(4)		
5.	Prio	r year tax increment value (Line 4 minus Line 2)			\$	-1,549,952	(5)		
C1	GN	Property Appraiser Certification	certify the tax	able values al	pove are correct to	the best of my knowled	dge.		
100	ERE	Signature of Property Appraiser:		Date :					
		Electronically Certified by Property Appraiser			6/26/2013 1:16 PM				
SEC	TIOI	II: COMPLETED BY TAXING AUTHORITY Com	plete EITHER	line 6 or line	7 as applicable.	Do NOT complete both	١.		
6. If	the a	amount to be paid to the redevelopment trust fund	d IS BASED on	a specific pro	portion of the tax	increment value:			
ба.	Ente	er the proportion on which the payment is based.				95.00 %	(6a)		
6b.		icated increment value (Line 3 multiplied by the per If value is zero or less than zero, then enter zero o	ne 6a)	\$	0	(6b)			
6c.	Amo	ount of payment to redevelopment trust fund in pr		\$	0	(6c)			
7. If	7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:								
7a.	Amo	ount of payment to redevelopment trust fund in pr	rior year		\$	0	(7a)		
7b.	Prio	r year operating millage levy from Form DR-420, Li	ine 10		0.000	per \$1,000	(7b)		
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)				\$	0	(7c)		
	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100)					0.00 %	(7d)		
7e.	Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) If value is zero or less than zero, then enter zero on Line 7e				\$	0	(7e)		
	- 1		the calculation	ns, millages ar	nd rates are correct	to the best of my knowle	dge.		
S	5	Signature of Chief Administrative Officer :			Date :				
I	ĺ	Electronically Certified By Taxing Authority			7/3/2013 2:47 PM				
G	~	Title :		Contact Name and Contact Title :					
N		ERIC M. PEBURN, CHIEF FINANCE OFFICER		ERIC M. P	M. PEBURN, CHIEF FINANCE OFFICER				
E R	2	Mailing Address : 303 N CLYDE MORRIS BLVD		Physical A 303 N CL	Address : YDE MORRIS BLVD				
City, State, Zip:				Phone Number : Fax Number		Fax Number :			
	DAYTONA BEACH, FL 32114 386-4				-425-4568 386-425-4575				



Year: 2013			County: VOLUSIA						
Principal Authority: HALIFAX HOSPITAL					Taxing Authority: HALIFAX HOSPITAL				
Community Redevelopment Area :			Base Yea	r:					
Port	t Ora	ange-East Port		1995					
SECTION I: COMPLETED BY PROPERTY APPRAISER								10.10-0	
1.	Curr	ent year taxable value in the tax increment area	3		0.7.05.2	\$	27,051,813	(1)	
2.	Base	year taxable value in the tax increment area			\$ 13,69			(2)	
3.	Curr	ent year tax increment value (Line 1 minus Line .	2)			\$	13,358,511	(3)	
4.	Prio	r year Final taxable value in the tax increment ar	rea		3,2 %	\$ 27,694,833 (4)			
5.	Prio	r year tax increment value (Line 4 minus Line 2)				\$	14,001,531	(5)	
CI/	GN	Property Appraiser Certification	I certify	the taxab	le values ab	ove are correct to	the best of my knowled	dge.	
	RE	Ciampture of Dramouts Ammunican				Date :			
		Electronically Certified by Property Appraiser				6/26/2013 1:16 PM			
SECT	TION	II: COMPLETED BY TAXING AUTHORITY CO	mplete I	EITHER lin	e 6 or line	7 as applicable.	Do NOT complete both	۱.	
6. If t	he a	mount to be paid to the redevelopment trust fu	und IS BA	SED on a s	pecific pro	portion of the tax	increment value:		
6a. [Ente	r the proportion on which the payment is based	d.				95.00 %	(6a)	
6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6b) If value is zero or less than zero, then enter zero on Line 6b					5a)	\$	12,690,585	(6b)	
6c. Amount of payment to redevelopment trust fund in prior year						\$	16,627	(6c)	
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:									
7a.	Amo	ount of payment to redevelopment trust fund in	prior yea	ar		\$	0	(7a)	
-		year operating millage levy from Form DR-420,	, Line 10			0.000	0 per \$1,000	(7b)	
		s levied on prior year tax increment value 5 multiplied by Line 7b, divided by 1,000)		\$			0	(7c)	
	7d. Prior year payment as proportion of taxes levied on increment (<i>Line 7a divided by Line 7c, multiplied by 100</i>)						0.00 %	(7d)	
7e.	Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) If value is zero or less than zero, then enter zero on Line 7e				7d)	\$	0	(7e)	
			ify the cal	culations,	millages an	d rates are correct	to the best of my knowle	dge.	
S		Signature of Chief Administrative Officer:			Date :				
I	L	Electronically Certified By Taxing Authority Title: ERIC M. PEBURN, CHIEF FINANCE OFFICER				7/3/2013 2:47 PM			
G N	- 1			Contact Name and Contact Title:					
					ERIC M. PEBURN, CHIEF FINANCE OFFICER				
E R	303 N CET DE MORRIS BEVD			Physical Address : 303 N CLYDE MORRIS BLVD)		
E	- Applied to the second of the				Phone Number : Fax Number :				
DAYTONA BEACH, FL 32114				386-425-4568 386-425-4575					
500-4						300 723 7373			



Year: 2013					County: VOLUSIA				
Principal Authority : HALIFAX HOSPITAL					Taxing Authority: HALIFAX HOSPITAL				
Community Redevelopment Area : Port Orange-Town Center					Base Year: 1998				
SEC	SECTION I: COMPLETED BY PROPERTY APPRAISER								
1.	Curi	ent year taxable value in the tax increment area	a			\$	36,664,695	(1)	
2.	Base	e year taxable value in the tax increment area			4)	\$	29,558,416	(2)	
3.	Curi	rent year tax increment value (Line 1 minus Line)	2)	17400		\$	7,106,279	(3)	
4.	Prio	r year Final taxable value in the tax increment a	rea			\$	37,231,518	(4)	
5.	Prio	r year tax increment value (Line 4 minus Line 2)				\$	7,673,102	(5)	
		Property Appraiser Certification	I certify	the taxabl	e values ab	ove are correct to	the best of my knowled	dge.	
	IGN ERE	Signature of Property Appraiser:	- 100	11 - 11 - 11 - 11 - 11 - 11 - 11 - 11		Date :	300	11,000	
		Electronically Certified by Property Appraise	r			6/26/2013 1:16 PM			
SEC	TIOI	NII: COMPLETED BY TAXING AUTHORITY Co	mplete I	ITHER lin	e 6 or line	7 as applicable.	Do NOT complete both).	
-		amount to be paid to the redevelopment trust fo							
ба.	Ente	er the proportion on which the payment is based	d.				95.00 %	(6a)	
6b.	Ded	icated increment value (Line 3 multiplied by the	5a)	\$	6,750,965	(6b)			
	If value is zero or less than zero, then enter zero on Line 6b						- 10		
6C. Amount of payment to redevelopment trust fund in prior year						\$	9,112	(6c)	
		amount to be paid to the redevelopment trust fo			on a specifi			I	
		ount of payment to redevelopment trust fund in		ar		\$	0	(7a)	
7b.		r year operating millage levy from Form DR-420	, Line 10			0.0000	per \$1,000	(7b)	
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)					\$	0	(7c)	
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100)						0.00 %	(7d)	
7e.	Ded	icated increment value (Line 3 multiplied by the last the			7d)	\$	0	(7e)	
		Taxing Authority Certification I cert	tify the ca	lculations,	millages an	d rates are correct	to the best of my knowle	dge.	
9	Signature of Chief Administrative Officer:					Date :			
I		Electronically Certified By Taxing Authority				7/3/2013 2:47 PM			
(Title :			Contact Name and Contact Title :				
ı		ERIC M. PEBURN, CHIEF FINANCE OFFICER			ERIC M. PEBURN, CHIEF FINANCE OFFICER				
F	2	Mailing Address : 303 N CLYDE MORRIS BLVD			Physical A 303 N CLY	ddress : /DE MORRIS BLVD			
City, State, Zip :				Phone Number : Fax Number :					
DAYTONA BEACH, FL 32114				386-425-4568 386-425-4575					



					70.00				
				County: VOLUSIA					
Principal Authority: HALIFAX HOSPITAL			Taxing Authority: HALIFAX HOSPITAL						
Community Redevelopment Area :			Base Year	·:			***		
Sou	ıth [Paytona		1997					
SEC	TIOI	NI: COMPLETED BY PROPERTY APPRAISER					***		
		rent year taxable value in the tax increment area				\$	177,166,718	(1)	
1000		e year taxable value in the tax increment area	3 700000			\$	116,601,454	(2)	
	-	rent year tax increment value (Line 1 minus Line 2	 2)			\$	60,565,264	(3)	
		r year Final taxable value in the tax increment ar		-		\$	177,652,792	(4)	
\vdash		r year tax increment value (Line 4 minus Line 2)				\$	61,051,338	(5)	
	1110	Property Appraiser Certification	Lcertify	the taxahl	e values ah	bove are correct to the best of my knowledge.			
100	GN	Signature of Property Appraiser:	recreity	THE TUXUBL		Date :	o the best of my knowled		
н	ERE	Electronically Certified by Property Appraises	,		6/26/2013 1:16 PM				
CEC	TIO			PERIED C.	. C I'm				
- War	_	NII: COMPLETED BY TAXING AUTHORITY Co							
	/	amount to be paid to the redevelopment trust fu		SED on a s	pecific pro	portion of the tax		160)	
		er the proportion on which the payment is based		ao on Lina 6	(a)		95.00 %	(6a)	
6b.	6b. Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) If value is zero or less than zero, then enter zero on Line 6b					\$	57,537,001	(6b)	
6c.	6c. Amount of payment to redevelopment trust fund in prior year				\$	72,498	(6c)		
7. If 1	the a	amount to be paid to the redevelopment trust fu	and IS NO	OT BASED o	n a specifi	proportion of th	e tax increment value:		
7a.	Amo	ount of payment to redevelopment trust fund in	prior yea	ar		\$	0	(7a)	
7b.	Prior year operating millage levy from Form DR-420, Line 10					0.0000 per \$1,000 (7b)			
	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)					\$	0	(7c)	
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c, multiplied by 100)					0.00 % (7d)			
7e.	Dedicated increment value (Line 3 multiplied by the percentage on Line 7d) If value is zero or less than zero, then enter zero on Line 7e				7d)	\$	0	(7e)	
		Taxing Authority Certification I certi	ify the ca	culations,	millages an	d rates are correct	to the best of my knowle	dge.	
S		Signature of Chief Administrative Officer :				Date :			
I		Electronically Certified By Taxing Authority				7/3/2013 2:47 PM			
G		Title :		Contact N		Name and Contact Title :			
N		ERIC M. PEBURN, CHIEF FINANCE OFFICER			ERIC M. PI	. PEBURN, CHIEF FINANCE OFFICER			
Н		Mailing Address :			Physical A	ddress :			
R	1	303 N CLYDE MORRIS BLVD			100	DE MORRIS BLVD)		
E		City, State, Zip :			Phone Nu	mber:	Fax Number :		
DAYTONA BEACH, FL 32114					386-425-4568 386-425-4575		386-425-4575		