

STATE OF FLORIDA

Commissioners:
E. LEON JACOBS, JR., CHAIRMAN
J. TERRY DEASON
LILA A. JABER
BRAULIO L. BAEZ
MICHAEL A. PALECKI



DIVISION OF COMPETITIVE SERVICES
WALTER D'HAESELEBER
DIRECTOR
(850) 413-6600

Public Service Commission

April 19, 2001

Ms. Cindy Edmunds
Gators Cafe
12781 Kingfish Drive
Treasure Island, FL 33706-5021

Re: Docket No. 010428-TC

Dear Ms. Edmunds:

This is a follow up to your telephone call concerning the above docket. The regulatory assessment fee (RAF) is due each year by January 30 for the previous year, unless the 30th falls on a weekend, then the due date is the next working day. For example, the 1999 fee was due January 31, 2000 and the 2000 fee was due by January 30, 2001.

Commission records show that as of this date, the 2000 RAF has not been paid. The 2000 RAF return is attached. Please complete and return it along with payment for the past due amount in full. The RAF is .0015% of the company's total Florida gross revenues, or \$50.00, whichever is greater. However, if the company owes only the minimum amount and if payment is postmarked by April 30, 2001, the 2000 total is \$59.00 (\$50.00 fee, \$7.50 penalty, and \$1.50 interest). If payment is postmarked between May 1 and May 30, 2001, the penalty and interest charges increase to \$10.00 and \$2.00, respectively, or a total minimum amount of \$62.00. Our records also show that the company has a penalty and interest balance in the amount of \$3.00 from the 1998 RAF that needs to be paid. The 1998 RAF was due February 1, 1999 and the company's minimum payment was postmarked February 3, 1999, but payment did not include the statutory penalty and interest charges.

Since the Commissioners have not yet voted on this docket, the company has three options.

- (1) Cancel the certificate voluntarily - Pay all past due charges in full, pay the 2001 RAF or provide a date certain that it will be paid (such as 30 days from the date of the Commission Order cancelling the certificate), and write a letter requesting cancellation. A copy of our rule is attached.

DOCUMENT MANAGEMENT

49640 APR 20 2001

REGISTRATION REPORTING

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- (2) Do nothing - In this case, the company's certificate will be cancelled on the Commission's own motion. All outstanding RAFs, including penalty and interest charges, will be turned over to the Comptroller's Office for collection.
- (3) Propose a settlement - There is normally a \$1,000 fine imposed for this rule violation when this is the second time a docket has been established for the same rule violation. The prior case was Docket No. 951390-TC. It should be noted that just paying the past due amount will not prevent the company's certificate from being cancelled. You need to write the Commission a settlement letter that must include the following elements:
 - Docket number;
 - A check for the past due amount in full;
 - A statement that the company has taken steps to prevent future late payments of the regulatory assessment fees and what those steps are;
 - A waiver of objection to the administrative cancellation of your certificate in the event your offer is accepted and you fail to comply with the terms which you have offered; and
 - Make a specific monetary settlement.

Any settlement offer should be addressed to Ms. Blanca Bayó, Director, Division of Records and Reporting, Florida Public Service Commission, 2540 Shumard Oak Blvd., Tallahassee, FL 32399-0850. The proposed settlement amount should **not** be paid at this time, instead only the past due regulatory assessment fee, plus penalty and interest charges should be paid. The settlement amount, if approved by the Commission, must be paid within 10 business days after the Commission Order is issued.

Please let me know what your decision is by May 4, 2001. If you wish to discuss this or have any questions, just let me know. I can be reached at (850) 413-6502-voice, (850) 413-6503-fax, and by internet e-mail at pisler@psc.state.fl.us.

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Sincerely,

A handwritten signature in black ink that reads "Paula J. Isler". The signature is written in a cursive style with a large initial "P" and a distinct "J" and "I".

Paula J. Isler, Research Assistant
Bureau of Service Evaluation & Compliance

Enclosures

cc: Docket No. 010428-TC
Division of Legal Services (K. Peña)

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
01/01/2000 TO 12/31/2000

Florida Public Service Commission
(See Filing Instructions on Back of Form)

TE631
Gators Cafe
12781 Kingfish Drive
Treasure Island, FL 33706-5021

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# _____

\$ _____ 0603002
003001

\$ _____ P
0603002
004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	TOTAL AMOUNT DUE	\$ _____

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return _____

* These amounts must be intrastate only and must be verifiable.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official) (Title) (Date)

(Preparer of Form - Please Print Name) Telephone Number () Fax Number ()

F.E.I. No. _____

FLORIDA PUBLIC SERVICE COMMISSION
Instructions For Filing Regulatory Assessment Fee Return
(Pay Telephone Service Provider)

1. **WHEN TO FILE:** For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before July 30 for the six-month period January 1 through June 30, AND
On or before January 30 for the six-month period July 1 through December 31.*

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before January 30 for the prior twelve-month period January 1 through December 31.

However, if July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee may be filed or postmarked on the next business day, without penalty.

2. **FEES:** Each company shall pay 0.0015 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts other than the amount on Line 3.

On Line 3, deduct any amount paid to another telecommunications company for the use of any telecommunications network (including installation charges) to provide service to its customers. Do not deduct any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals. DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.

3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 6). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 7). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.

4. **EXTENSION:** A request for an extension of time up to 30 days may be made by filing the enclosed *Request for Extension to File Regulatory Assessment Fee Return* form (PSC/ADM-124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due:

0.75% of the fee to be remitted for an extension of 15 days or less, or
1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your records, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. Make your check payable to the Florida Public Service Commission. If you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850 ATTENTION: Fiscal Services

7. **ADDITIONAL ASSISTANCE:** If you need additional information or assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Division of Competitive Services at (850) 413-6600. This division may be contacted at the above-referenced address, directing correspondence to the attention of the division.

25-24.514 Cancellation of a Certificate.

- (1) The Commission may cancel a company's certificate for any of the following reasons:
- (a) Violation of the terms and conditions under which the authority was originally granted;
 - (b) Violation of Commission rules or orders;
 - (c) Violation of Florida Statutes; or,
 - (d) Failure to provide service for a period of six (6) months.

(2) If a certificated company desires to cancel its certificate, it shall request cancellation from the Commission in writing and shall provide the following with its request.

- (a) Statement of intent and date to pay Regulatory Assessment Fee.
- (b) Statement of why the certificate is proposed to be cancelled.

(3) Cancellation of a certificate shall be ordered subject to the holder providing the information required by subsection (2).

Specific Authority 350.127(2) FS.

Law Implemented 350.113, 350.127(1), 364.03, 364.285, 364.337, 364.345 FS.

History--New 1-5-87.

TRANSMISSION VERIFICATION REPORT

TIME : 04/19/2001 15:15
NAME :
FAX :
TEL :

DATE, TIME	04/19 15:12
FAX NO./NAME	617273678142
DURATION	00:02:58
PAGE(S)	05
RESULT	OK
MODE	STANDARD ECM