

REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date 5/7/01

Docket No. 010702-TC

- 1. Division Name/Staff Name Division of Regulatory Oversight/McCoy
- 2. OPR Division of Regulatory Oversight/McCoy *mc*
- 3. OCR Legal Services

4. Suggested Docket Title Request for Cancellation of Pay Telephone Certificate No. 2124  
L.M. Motors, Inc. d/b/a Legacy Lincoln Mercury, effective 5/01/01.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:

- Documentation is attached.
- Documentation will be provided with recommendation.

I:\PSC\RAR\WP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE  
**05778 MAY-80**  
 FPSC-RECORDS/REPORTING

JGM  
5/2/01

L.M. Motors, Inc. d/b/a

COMPANY NAME: Legacy Lincoln Mercury CO. CODE: TD917

COMPANY LIAISON: Patricia Tierney, Controller

DOCKET NO.: \_\_\_\_\_ CERTIFICATE NO.: 2124 EFFECTIVE: 09/09/88

RAF RETURN NOTICE: \_\_\_\_\_

DELINQUENT NOTICE: \_\_\_\_\_

OTHER RETURNED MAIL: \_\_\_\_\_

RAR'S RETURNED MAIL: \_\_\_\_\_

YEAR(s) RAFs NOT PAID: 2000

YEAR(s) PENALTIES & INTEREST NOT PAID: 2000

REVENUES/YEAR: \$0 - 1999 (01/14/00)

DATE LOTUS CHECKED FOR PAYMENT: \_\_\_\_\_

**OTHER INFORMATION**

04/06/01 - Called company concerning 2000 RAF. Advised of new controller,

Patricia Tierney. She will check to see if company wishes to keep

the certificate active. Asked me to fax the form and info.

Faxed. Also, notified RAR of new liaison. Response due 04/23/01.

5/1/01 - From Co. - ① Request for cancellation

② Ck. for '00 RAFs, P & I ③ Payment

of '01 RAF.

- Forwarded file to RGO for handling.

Voluntary cancellation, Efy. 5/1/01.

RECEIVED

MAY 01 2001

Florida Public Service Commission  
Division of Regulatory Oversight

**LEGACY**

**LINCOLN - Mercury**

*"The Dealership of Choice"*

*F-15125*

April 25, 2001

Florida Public Service Commission  
2540 Shepard Oak Blvd  
Tallahassee, FL 32399-0850

Re; Pay Telephone Certificate # 2124 (TD917)

To Whom It May Concern:

This letter is our request to cancel the above noted pay telephone certificate.

The proposed cancellation is because the actual telephone is no longer in service.

Enclosed you will find our check #13844 in the amount of \$118.00 which pays The 2000 certificate fees and included the 2001 fees.

If further information is needed please feel free to contact me at 407-240-4020.

Respectfully,

  
Patricia N. Tierney,  
Controller

**Pay Telephone Service Provider Regulatory Assessment Fee Return**

*2000 + 2001 Payment*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

*R&R  
p. 15/er*

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2000 TO 12/31/2000

TD917 Legacy Lincoln Mercury 9951 South Orange Blossom Trail Orlando, FL 32837-8936 DEPOSIT D062 DATE MAY 01 2001
--

FOR PSC USE ONLY	
Check# <i>13844</i>	
\$ <i>109.00</i>	0603002
\$ <i>7.50</i>	003001
\$ <i>1.50</i>	P
	0603002
	004011
	I
Postmark Date <i>4/25/01</i>	
Initials of Preparer <i>MC</i>	

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>( 0 )</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>0</u>
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	<u>59.00</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
8.	TOTAL AMOUNT DUE	\$ <u>59.00</u>

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 0

\* 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]*  
(Signature of Company Official)

*Combotta* *4.25.01*  
(Title) (Date)

*Patricia J. Brown*  
(Preparer of Form - Please Print Name)

Telephone Number *407 240 4000* Fax Number *407 831 3501*  
F.E.I. No. *59-2785571*

TRANSMISSION VERIFICATION REPORT

TIME : 04/06/2001 09:43  
NAME :  
FAX :  
TEL :

DATE, TIME	04/06 09:41
FAX NO./NAME	614072403779
DURATION	00:02:01
PAGE(S)	05
RESULT	OK
MODE	STANDARD ECM

Faxed  
① Cover sheet  
② '00 form  
③ 25-24-514

April 6, 2001

**STATE OF FLORIDA**



**PUBLIC SERVICE COMMISSION**

**2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FL 32399-0850**

**TO:**

Patricia Tierney

VOICE: (407) 240-4020  
FAX: (407) 240-3779

**FROM:**

Paula Isler

Voice: (850) 413-6502

Fax: (850) 413-6503

**RE:**

Pay Telephone Certificate # 2124  
(TD917)

Dear Ms. Tierney:

According to Commission records, your company has had this pay telephone certificate since 1988. The Regulatory Assessment Fee (RAF) is due by January 30 of each year for the prior year. If the RAF payment is postmarked after the due date, penalty and interest charges are applicable.

If Legacy owes the minimum amount and if payment is postmarked by April 30, 2001, the total is \$59.00 (\$50.00 RAF, \$7.50 penalty, \$1.50 interest). The 2000 RAF return is attached, which must be completed and returned with payment.

If Legacy wishes to cancel its certificate voluntarily, the company should pay the 2000 RAF and either pay the 2001 RAF or provide a date certain it will be paid. A copy of our cancellation rule is also attached.

Page 2 - Patricia Tierney

Please let me know your decision within 15 days. Thanks, Paula.

# Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- \_\_\_\_\_ Actual Return
- \_\_\_\_\_ Estimated Return
- \_\_\_\_\_ Amended Return

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

TD917  
 Legacy Lincoln Mercury  
 9951 South Orange Blossom Trail  
 Orlando, FL 32837-8936

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

FOR PSC USE ONLY	
Check# _____	
\$ _____	0603002
	003001
\$ _____	P
	0603002
	004011
\$ _____	I
Postmark Date _____	
Initials of Preparer _____	

Please Complete Below If Official Mailing Address Has Changed

\_\_\_\_\_  
 (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.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (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.	<b>TOTAL AMOUNT DUE</b>	\$ _____

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)

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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
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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.

**Paula Isler**

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**From:** Paula Isler  
**Sent:** Friday, April 06, 2001 10:24 AM  
**To:** Nonnye Grant  
**Subject:** TD917; Legacy Lincoln Mercury

Hi again. Please change liaison to:

Patricia Tierney (same title, phone numbers, address, etc.)

Thanks!

**COMPANY IDENTIFICATION**

Printed on 04/05/2001 at 14:13:34 by PJI

Complete Name: L.M. Motors, Inc. d/b/a Legacy Lincoln Mercury

Mailing Name: Legacy Lincoln Mercury

Company Code: TD917 FEID Number:

**RAF ACCOUNT FOR THE PERIOD 01/01/2000 THROUGH 12/31/2000**

Reg. Date:	09/09/1988	Inactive Date:	
Service:	PAT - Pay Telephone		
Received:	No RAF Form		
Status:	Pending		
Amended:	No	Extension:	No
Frozen:	No	Comments:	No
Payment Count:	0 Payments Made to Date		
Operating Rev:	\$0.00	Interstate Rev:	\$0.00
RAF Rate:		Net RAF Due:	\$0.00

Assessment	Due	Paid	Owe
RAF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Last modification was made on Tuesday, December 5, 2000 at 10:35 AM by Jackie Knight

Period covered: 01/01/2000 through 12/31/2000  
 Operating revenue: \$0.00  
 Documents: Delinquent letter mailed on 02/21/2001  
 RAF form mailed on 12/05/2000

RAF rate:



RAF93

COMPNY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD ENDING	X NO RAF FORM	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE 5%/30 DAYS 25% MAX	PENALTY PAID	INTEREST DUE 1%/30 DAY	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENSIO AMOUNT D 75%/15 DA 1.5%/30 DA
TD917	Trail Lincoln Mercur	09-Sep-88	- -	12-31-93		\$50 00		\$50.00	2-1-94	AU884	\$2 50		\$0 50					
TD917	Trail Lincoln Mercur	09-Sep-88	- -	12-31-93					7-31-99	FB183		\$2 50		\$0 50				
TD917	Trail Lincoln Mercur	09-Sep-88	- -	6-30-93				\$0 00	7-26-93	N14								

RAF92

COMPNY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD ENDING	X NO RAF FORM	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE 5%/30 DAYS 25% MAX	PENALTY PAID	INTEREST DUE 1%/30 DAY	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENSIO AMOUNT D 75%/15 DA 1.5%/30 DA
TD917	Trail Lincoln Mercur	09-Sep-88	- -	12-31-92		\$50 00		\$50 00	12-29-92	AH588								
TD917	Trail Lincoln Mercur	09-Sep-88	- -	6-30-92		\$50 00		\$50 00	6-24-92	AA463								

RAF91

COMPNY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD ENDING	X NO RAF FORM	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE 5%/30 DAYS 25% MAX	PENALTY PAID	INTEREST DUE 1%/30 DAY	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENSIO AMOUNT D 75%/15 DA 1.5%/30 DA
TD917	Trail Lincoln Mercur	09-Sep-88	- -	12-31-91		\$50 00		\$50 00	12-19-91	HC315								
TD917	Trail Lincoln Mercur	09-Sep-88	- -	6-30-91		\$50 00		\$50 00	6-13-91	C184								

Y)