

Pay Telephone Service Provider Regulatory Assessment Fee Return 010624-TC

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
05/10/2000 TO 12/31/2000

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG690 MAY 31 11 2 10  
 Leisure Lake Co-Op, Inc.  
 3003 U.S. Highway 41, North  
 Palmetto, FL 34221-5430  
 DEPOSIT DATE  
 JUN 05 2001

FOR PSC USE ONLY  
 Check# 7686  
 \$ 50.00 0603002  
 \$ 10.00 003001  
 \$ 2.00 0603002 004011  
 Postmark Date 5/29/01  
 Initials of Preparer MC

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)	\$ 14.75
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)	\$ 14.75
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	50.00
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	10.00
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	2.00
8.	TOTAL AMOUNT DUE	\$ 62.00

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 1

\* These amounts shall be interest 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.

APP \_\_\_\_\_  
 CAP \_\_\_\_\_  
 CMP \_\_\_\_\_  
 COM \_\_\_\_\_  
 CTR \_\_\_\_\_  
 EOR \_\_\_\_\_  
 LEG \_\_\_\_\_  
 OPC \_\_\_\_\_  
 PAI \_\_\_\_\_  
 PGO \_\_\_\_\_  
 REC \_\_\_\_\_  
 RIR \_\_\_\_\_

Allen L. Entice  
 (Preparer of Form - Please Print Name)

Manager  
 (Title)

5/18/01  
 (Date)

Telephone Number 941 723-2468 Fax Number 941 723-0580  
 P.E.I. No. 59-2766457

DOCUMENT NUMBER-DATE  
 06942 JUN-4 01  
 THE REPORTING