

ORIGINAL

030502-TC

RECEIVED FPSC

1. Name of company or name of individual (not fictitious name or d/b/a): SUNNY SANDS RESORT JUN -6 AM 9:47

2. Name under which applicant will do business (fictitious name, etc.): SUNNY SANDS RESORT COMMISSION CLERK

3. Official mailing address: **SUNNY SANDS RESORT  
502 CENTRAL BLVD  
PIERSON, FL 32180**  
Street: 502 CENTRAL BLVD.  
P.O. Box: \_\_\_\_\_  
City: PIERSON  
State: FLORIDA Zip: 32180

4. Florida address:  
Street: 502 CENTRAL BLVD.  
P.O. Box: \_\_\_\_\_  
City: PIERSON  
State: FLORIDA Zip: 32180

5. Structure of organization:  
 Individual  
 Corporation  
 General Partnership  
 Limited Partnership  
 Other: \_\_\_\_\_  
Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.  
Initials of person who forwarded check: [Signature]

6. If incorporated in Florida, provide proof of authority to operate in Florida:  
Florida Secretary of State  
Corporate Registration Number: 331237

03 JUN -6 AM 9:30  
DISTRIBUTION CENTER  
DOCUMENT NUMBER-DATE  
05040 JUN -6 8  
FPSC-COMMISSION CLERK

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name  
Registration Number: \_\_\_\_\_

8. F.E.I. Number (If applicable): 591369836

9. If individual, provide:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

a. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

10. Partnership (continued)

b. Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

11. Who will serve as liaison to the Commission with regard to the following?

a. The application:

Name: JOHN SCAPINO  
Title: VIP  
Address: 502 CENTRAL BLVD.  
City/State/Zip: PIERSON, FLORIDA 32180  
Telephone No.: 386-749-2233 Fax No.: 386-749-0240  
Internet E-Mail Address: SUNNYSANDS@WORLDNET.ATT.NET  
Internet Website Address: SUNNY SANDS.COM

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: JOHN SCAPINO  
Title: VIP  
Address: 502 CENTRAL BLVD.  
City/State/Zip: PIERSON, FLORIDA 32180  
Telephone No.: 386-749-2233 Fax No.: 386-749-0240  
Internet E-Mail Address: SUNNYSANDS@WORLDNET.ATT.NET  
Internet Website Address: SUNNY SANDS.COM

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation: NONE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

NO  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NO  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

NO

b. Has applications pending to be certified as a pay telephone provider.

NO

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

NO

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

NO

16. Please check (☒) the services that will be provided:

LOCAL

LONG DISTANCE

COIN

CALLING CARD

CREDIT CARD

OTHER (Describe) INTERNET ACCESS

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: ONE

18. How does the applicant intend to service and maintain each payphone? Check (X) all that apply.

- PERSONALLY
  - FULL-TIME TECHNICIAN
  - PART-TIME TECHNICIAN
  - SERVICE/REPAIR/MAINTENANCE CONTRACT
  - OTHER (Describe) \_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
  - No Explain: \_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes
  - No Explain: \_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*APPLICANT FEE STATEMENT\*\***

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

**UTILITY OFFICIAL:**

JOHN SCAPINO

Print Name

John Scapino

Signature

V/P

Title

6/4/03

Date

386-749-2233

Telephone No.

386-749-0240

Fax No.

Address:

502 CENTRAL BLVD.

PIERSON, FLORIDA 32180

**\*\*ACKNOWLEDGMENT\*\***

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 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, punishable as provided in s. 775.082 and s. 775.083."

**UTILITY OFFICIAL:**

JOHN SCAPINO  
Print Name

John Scapino  
Signature

V/P  
Title

6/4/03  
Date

386-749-2233  
Telephone No.

386-749-2233  
Fax No.

Address: 502 CENTRAL BLVD.  
PIERSON, FLORIDA 32180  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**\*\*APPLICANT ACKNOWLEDGMENT\*\***

Applicant: SUNNY SANDS RESORT

**SUNNY SANDS RESORT  
502 CENTRAL BLVD  
PIERSON, FL 32180**

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

JOHN SCAPINO  
Print Name

John Scapino  
Signature

V/P  
Title

6/4/03  
Date

386-749-2233  
Telephone No.

386-749-0240  
Fax No.

Address: 502 CENTRAL BLVD  
PIERSON, FLORIDA 32180

**THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.**