

93 0672-TC

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREAS. REC. JUN 12 1993

1. LEGAL NAME OF THE APPLICANT
LADY FLAMINGO II, INC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
SAME

3. ADDRESS OF THE APPLICANT(S)
STREET 1036 PERIWINKLE WAY
CITY SANIBEL
STATE & ZIP FLORIDA, 33957

4. TYPE OF ORGANIZATION (CHECK ONE)
A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME. []
B. PARTNERSHIP []
C. CORPORATION []
D. DOING BUSINESS UNDER A FICTITIOUS NAME [x]

5. PLEASE PROVIDE PROOF OF REGISTRATION OF FICTITIOUS NAME AS REQUIRED BY FLORIDA STATUES 865.09 (1083). IF APPLICABLE. (ATTACH A COPY OF PROOF OF PUBLICATION OR A COPY OF THE COUNTY BUSINESS OCCUPATIONAL LICENSE.)

6. IF APPLICANT IS A PARTNERSHIP ATTACH:
A. A COPY OF THE PARTNERSHIP AGREEMENT.
B. A LIST NAME AND ADDRESS OF ALL PARTNERS.

DOCUMENTED DATE
07367 JUL -93
RECORDED/INDEXED

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREAS. REC.

DATE

6749

JUL 12 1993

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6. IF APPLICANT IS A DOMESTIC ENTITY ATTACH:

LAZY FLAMINGO II, INC. 04-90
1036 PERIWINKLE WAY
SANIBEL, FL 33957

63-1331/670

7275

PAY TO THE ORDER OF

Florida Public Service Commission

6-30 1993

\$ 100.00

One Hundred Dollars

100

DOLLARS

Community Bank of the Islands
Sanibel Island, Florida 33957

FOR

Jay R. Smith

7. IF APPLICANT IS A CORPORATION:

- A. ATTACH PROOF OF INCORPORATION
- B. IF INCORPORATION OUTSIDE OF FLORIDA, ATTACH PROOF FROM THE FLORIDA SECRETARY OF STATE THAT APPLICANT HAS AUTHORITY TO OPERATE IN FLORIDA
- C. PROVIDE NAME AND ADDRESS OF FLORIDA REGISTERED AGENT.

NAME _____

ADDRESS _____

8. NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: Kitty Scott

TITLE: OFFICE MANAGER

PHONE: (813) 472-8484

9. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

YES

10. IF THE ANSWER TO QUESTION 9 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

CERTIFICATE # 2542 INVOLUNTARILY CANCELLED DUE TO
NON-PAYMENT. THIS ERROR OCCURRED DURING A
TRANSITION PERIOD WITHIN THE CORPORATION. IT IS OUR
INTENT TO RECTIFY THIS ERROR & REMAIN, ONCE AGAIN,
IN GOOD STANDING.

11. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

FLORIDA

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

YES

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

AS STATED PREVIOUSLY, INVOLUNTARILY CANCELLED
CERTIFICATE DUE TO CORRUPTION RESTRUCTURE
A TRANSITION

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

NONE

12. DESCRIBE THE FUNCTIONS OF THE INSTRUMENTS TO BE INSTALLED:

CUSTOMER AMENITY AT RESTAURANT LOCATION

13. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 1

14. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

- A. PERSONALLY
- B. FULL-TIME TECHNICIAN
- C. PART-TIME TECHNICIAN
- D. SERVICE/REPAIR/MAINTENANCE CONTRACT
- E. OTHER, DESCRIBE

[]
[]
[]
[]
[]

15. EXPLAIN HOW THE INSTRUMENTS INSURE CALLER ACCESS TO ALL LONG DISTANCE COMPANIES IN THE AREA:

THROUGH UNITED TELEPHONE OF FLORIDA

I, LARRY C THOMPSON, PRESIDENT
(TITLE)

ATTEST TO THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND HAVE READ ALL THE RULES AND REGULATIONS REGARDING PAY PHONE SERVICE IN FLORIDA. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.



(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 6/30/93

CITY OF SANIBEL OCCUPATIONAL LICENSE

NO. 4640

EXPIRES SEPTEMBER 30, 1993

CODE NO. 05311

APPLICANT'S NAME
THOMPSON, LARRY C.

BUSINESS NAME
LOZY FLAMINGO II, INC.

BUSINESS LOCATION
1036
SANIBEL
TO TRANSACT THE BUSINESS OF

PERIWINKLE WAY
FL 33957
RESTAURANT

1992-93

IN THE CITY OF SANIBEL, FLORIDA, FOR THE NEW PERIOD BEGINNING OCTOBER 1, 1992, AND ENDING SEPTEMBER 30, 1993
CITY OF SANIBEL, FLORIDA, CERTIFICATE OF COMPETENCY NO.

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LOZY FLAMINGO II, INC.
1036 PERIWINKLE WAY
SANIBEL FL 33957

LICENSE TAX OR REGISTRATION FEE	\$ 342.00
TOTAL	\$ 342.00
DATE ISSUED	9/01/92
AMOUNT PAID	\$ 342.00

RENEE M. LYNCH

This license must be conspicuously posted on the licensed premises at all times or, if there are no licensed premises, carried by the licensee. Application must be made to the City Manager immediately if license is lost, business is moved to a new location or business is acquired by a new owner, otherwise, this license becomes VOID.

State of Florida



Department of State

I certify that the attached is a true and correct copy of the Articles of Incorporation of LAZY FLAMINGO II, INC., a corporation organized under the Laws of the State of Florida, filed on April 16, 1990, as shown by the records of this office.

The document number of this corporation is L65599.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
16th day of April, 1990.



Jim Smith

Jim Smith
Secretary of State

APPLICANT ACKNOWLEDGEMENT CARD

Applicant LARRY FLAMINGO II, INC

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

Signature 

Title P/S/T

Date 6/30/93

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

Dear **Ms. Scott:** _____ DATE **7/9/93**
RE: Docket No. **930671-TC**

This will acknowledge receipt of

**Application for certificate to provide Pay Telephone
Service by THE LAZY FLAMINGO, INC.**

which has been filed as of this date. Appropriate staff members will be advised.

STEVE TRIBBLE, Clerk BY: _____ **lcw**