

ORIGINAL
FILE COPY



Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: July 9, 1996
 TO: Division of Records and Reporting
 FROM: Pat Brady, Division of Water and Wastewater *pb/BSM*
 RE: Docket No. ~~87-108~~, Resolution of Board of County Commissioners of Manatee County declaring Manatee County subject to the provisions of Chapter 367, Florida Statutes - Request for exemption for provision of water service by COUNTRY INN.

Document Number 12109, dated December 4, 1995, was an application filed in this docket under the name of "Country Inn (Restaurant)." Per the attached Application for Registration of Fictitious Name, the owner has recorded the business location simply as the "Country Inn." Please make the necessary correction to the docket file.

Also, please add the attachment to the docket file as Country Inn's response to staff's May 13, 1996, letter of deficiency. Thank you.

Attachment

cc: Christine Tomlinson, Division of Water and Wastewater (with attachment)
 Alice Crosby, Division of Legal Services

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- _____

- _____

- _____

- _____

DOCUMENT NUMBER-DATE

07320 JUL 12 96

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

*Rec'd 7/13/96
in WAW pb*

Section 1

1. Country Inn
Fictitious Name to be Registered
c/o Dick Lee

2. 240 N. Washington Blvd., Suite 500
Mailing Address of Business

City Sarasota, Florida 34236
Zip Code

3. Florida County Sarasota County for Mailing

4. FEI Number: 65-0326416

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Lee Dick 2. _____
Last First M.I. Last First M.I.

240 N. Washington Blvd., Suite 500 _____
Address Address

Sarasota FL 34236 _____
City State Zip Code City State Zip Code

SS# _____ SS# _____

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. _____ 2. _____
Entity Name Entity Name

_____ _____
Address Address

_____ _____
City State Zip Code City State Zip Code

Florida Registration Number _____ Florida Registration Number _____
FEI Number: _____ FEI Number: _____

Applied for Not Applicable Applied for Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] 5/28/96
Signature of Owner Date

Phone Number: 941 366-1990

Signature of Owner Date

Phone Number: _____

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____
registration number _____ and was assigned

Signature of Owner Date

Signature of Owner Date

*PA 5-29-96
306*