

ORIGINAL

000415-TX

**** FLORIDA PUBLIC SERVICE COMMISSION ****
DIVISION OF TELECOMMUNICATIONS
BUREAU OF CERTIFICATION AND SERVICE EVALUATION

APPLICATION FORM
for
AUTHORITY TO PROVIDE
ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

ORIGINAL

Instructions

- ◆ This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).
- ◆ Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

- ◆ If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Telecommunications
Bureau of Certification and Service Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

DOCUMENT NUMBER-DATE

04289 APR-68

FPSC-RECORDS/REPORTING

APPLICATION

1. This is an application for (check one):

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

Approval of assignment of existing certificate: Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

Approval of transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

PHONE-OUT / PHONE-ON

3. Name under which the applicant will do business (fictitious name, etc.):

PHONE-OUT / PHONE-ON

4. Official mailing address (including street name & number, post office box, city, state, zip code):

1012 GREGG ST.
LEES BURY FL 34748

5. Florida address (including street name & number, post office box, city, state, zip code):

1012 GREGG ST.
LEESBURY FL 34748

6. Structure of organization:

- () Individual () Corporation
() Foreign Corporation () Foreign Partnership
 General Partnership () Limited Partnership
() Other _____

7. **If individual**, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

8. **If incorporated in Florida**, provide proof of authority to operate in Florida:

- (a) **The Florida Secretary of State corporate registration number:**

9. **If foreign corporation**, provide proof of authority to operate in Florida:

- (a) **The Florida Secretary of State corporate registration number:**

10. **If using fictitious name-d/b/a**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

- (a) **The Florida Secretary of State fictitious name registration number:**

699302900128

11. **If a limited liability partnership**, provide proof of registration to operate in Florida:

(a) The Florida Secretary of State registration number:

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

Name: <u>DAVID A. CHESSON</u>	<u>Ted Moss</u>
Title: <u>Part</u>	<u>LP</u>
Address: <u>1012 GREGG ST.</u>	<u>635 Pine Crest Ave.</u>
City/State/Zip: <u>Lakewood FL 33474</u>	<u>Eviston FL 32726</u>
Telephone No.: <u>352-326-5441</u>	Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) The Florida registration number: _____

14. Provide **F.E.I. Number**(if applicable): 59-3605192

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

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

(a) The application:

Name: DAVID A. CHESSON

Title: Pres.

Address: 1012 GREGG ST.

City/State/Zip: LEESBURG FL. 34748

Telephone No.: 352-326-5441 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

(b) Official point of contact for the ongoing operations of the company:

Name: DAVID A. CHESSON

Title: Pres

Address: 1012 GREGG ST.

City/State/Zip: LEESBURG FL. 34748

Telephone No.: 352-326-5441 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: DAVID A. CHESSON

Title: Pres

Address: 1012 GREGG ST.

City/State/Zip: LEESBURG FL. 34748

Telephone No.: 352-326-5441 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

17. List the states in which the applicant:

(a) has operated as an alternative local exchange company.

NONE

(b) has applications pending to be certificated as an alternative local exchange company.

NONE

(c) is certificated to operate as an alternative local exchange company.

NONE

(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

NO

-
-
- (e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

NO

-
-
- (f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

NO

18. Submit the following:

A. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:

1. the balance sheet:
2. income statement: and
3. statement of retained earnings.

NOTE: *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
 2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
 3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.
- B. **Managerial capability:** give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.
- C. **Technical capability:** give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

**** APPLICANT ACKNOWLEDGMENT STATEMENT ****

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of 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. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

<u><i>Danilo Curson</i></u>	<u>3-14-00</u>
Signature	Date
<u><i>Pres</i></u>	<u>352-326-5441</u>
Title	Telephone No.
Address: <u>1012 GREGG ST.</u>	
<u>LEESBURG PL 34748</u>	Fax No.

ATTACHMENTS:

- A - CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- B - INTRASTATE NETWORK
- C - AFFIDAVIT

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) DAVID A. CHESSON

(Title) PRES. of (Name of Company)

PHONE-OUT PHONE-ON

and current holder of Florida Public Service Commission Certificate Number # _____
_____, have reviewed this application and join in the petitioner's request for
a:

() sale

() transfer

() assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

<u><i>David Chesson</i></u>	<u>3-14-00</u>
Signature	Date
<u>Pres</u>	<u>352-326-5441</u>
Title	Telephone No.
Address: <u>1812 Gregg St.</u>	
<u>Leesburg FL 34748</u>	Fax No.

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I 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.

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:

Signature	<i>David Chuman</i>	Date	<i>3-14-00</i>
Title	<i>Pres</i>	Telephone No.	<i>352-326-5441</i>
Address:	<i>1012 GREGG ST.</i>	Fax No.	
	<i>LEESBURG FL. 34748</i>		

INTRASTATE NETWORK (if available)

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

1. POP: Addresses where located, and indicate if owned or leased.

- | | |
|---------------------------|----------|
| 1) <u>1012 GREGG ST</u> | 2) _____ |
| <u>LEEBSBURG FL 34748</u> | _____ |
| 3) _____ | 4) _____ |
| _____ | _____ |

2. SWITCHES: Address where located, by type of switch, and indicate if owned or leased.

- | | |
|----------|----------|
| 1) _____ | 2) _____ |
| _____ | _____ |
| 3) _____ | 4) _____ |
| _____ | _____ |

3. TRANSMISSION FACILITIES: POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

- | <u>POP-to-POP</u> | <u>OWNERSHIP</u> |
|-------------------|------------------|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |

State of Florida



Department of State

I certify from the records of this office that PHONE-OUT/PHONE-ON is a Fictitious Name registered with the Department of State on November 2, 1999.

The Registration Number of this Fictitious Name is G99302900128.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Second day of November, 1999



CR2EO22 (1 99)

Katherine Harris

Katherine Harris
Secretary of State



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 2, 1999

PHONE-OUT/PHONE-ON
1012 GREGG ST.
LEESBURG, FL 34748

Subject: **PHONE-OUT/PHONE-ON**

REGISTRATION NUMBER: **G99302900128**

This will acknowledge the filing of the above fictitious name registration which was registered on November 1, 1999. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/gw
Division of Corporations

Letter No. 699A00052163

PHONE-OUT
PHONE-ON
 1012 GREGG ST.
 LEESBURG, FL.
 34748

**The
 Alternative
 Phone
 Company**

**New Service
 Application**

LAKE COUNTY 352-326-0770 / SUMTER 352-326-5582 / OUT OF AREA 1-800-872-6270

PHONE-OUT SPONSORED BY LOCAL BETTER BUSINESS

Customer Information

Last Name: _____ First Name: _____ MI: _____
 Telephone Number: _____ (if you would like to keep your current number)
 Contact Telephone Number: _____ (REQUIRED: Work, neighbor, friend, pager)
 S. S. #: _____ D.O.B.: _____

How will your name appear in the phone book? _____

(Required unless Non Listed selected as a feature below.)

1. Do you currently have telephone service at the address listed above? _____ YES _____ NO
2. Have you been disconnected within the past two weeks at the address listed above? _____ YES _____ NO
3. If you answered YES to 1 or 2, what name was your service in? _____
4. Requested installation date: _____

Service Address

Street: _____
 City: _____ County: _____ State: _____ Zip: _____

Billing Address

Street: _____
 City: _____ State: _____ Zip: _____

Instructions	Features	Price	Total
1. Check Desired Features	Call Waiting	\$5.00	Local Service \$39.95
2. Add Up Desired Features	Caller ID with Name	\$10.00	Activation Charge (\$40.00)
3. Place Amount in Total Features Block	Return Call (Limited Availability)	\$5.00	Total Features
4. Add Up Local Service, Activation Charge, And Total Features for Total Due.	3 Way Calling	\$5.00	Total Due
	Non Listed Number	\$5.00	Amount Paid
			Balance

PAYMENT INFORMATION

Charge your monthly bill to this credit card? YES NO Cash Money Order Visa Master Card
 Credit Card #: _____ Expiration Date: _____ Authorization Code: _____
 Primary Cardholder Name: _____
 Primary Cardholder Billing Address: _____
 City: _____ County: _____ State: _____ Zip: _____

This Customer Service Agreement gives PHONE-OUT (P-O) COMPANY my authorization to act as agent on my behalf with regards to telecommunications services. As my agent, if I currently have telephone service with another provider, I authorize P-O to disconnect my current service and have service transferred to P-O. I have read this agreement and agree to the provisions therein. I certify that all the information provided is correct. If a credit card is to be used for payment, the undersigned agrees to pay the amount indicated above which has been charged to an approved credit card.

Signature: _____ Date: _____

This agreement outlines the terms and conditions under which **PHONE-OUT (P-O) RECONNECT SVC.** will provide local telephone service, when service will be disconnected, billing, as well as **P-O** payment and refund policy.

1. You have requested that **P-O** establish telephone service in your residence at the address stated on this application. You understand that you are to contact **P-O** in all instances regarding your telephone service including all repairs, billing, service modifications, and general inquires.
2. You understand that you are entering into a contractual agreement with **P-O** to act as your communications representative for all negotiations with other local exchange providers of telecommunications services. Under the terms of this agreement you hereby authorize **P-O** to handle all negotiations for service requests, and the issuance of orders for your telephone service at the address you have provided on this agreement and on the phone number issued you by **P-O**. This authorization does not preclude our ability to act on our own behalf to change service providers.
3. You understand that your telephone service will be disconnected for a.) Not paying your bill on time or in full, b.) Making unauthorized changes in your telephone service, c.) Having long distance charges billed to your telephone number, including calling cards.
4. You can cancel this order at anytime within the new installation ordering process. All payments will be refunded except for any service charges.
5. You understand that if your telephone service terminates due to **P-O** fault, **P-O** will refund a pro rata amount of your monthly service payment for the period of time in which service was not received as reflected in the telephone company's records.
6. You agree to indemnify and hold **P-O** and any of its representatives harmless and free from any legal action for any claims other than for negligence of **P-O** that may occur as a result of assisting you with your telephone service. If **P-O** must resort to legal action to collect on your account, you agree to be responsible for all legal fees and court costs.
7. You understand that **P-O** places long distance and toll restrictions on all customer telephone services. These restrictions may block any or all of the following types of calls: direct-dial long distance calls, operated assisted calls, third number-billed calls, call return per usage, 3 way calling per usage, call trace per usage, and collect calls. You agree to be responsible to pay all such charges that may occur on your telephone service and any stated penalty charges.
8. You understand that you will be billed fourteen (14) days prior to your due date. If payment is not received by your due date, an order to disconnect will be issued and a reconnect charge will be levied to reinstate service within ten (10) days.
9. **P-O** does not accept personal checks. Your method of payment should be Cash, Credit Card, or Money Order.
10. **P-O** will be responsible for providing telephone service to your dwelling. **P-O** will NOT be responsible for the internal wiring, jacks, individual telephone connections or any other parts, telecommunications devices or data connections. You may also choose any individual or company of your choice to provide these services at your own expense and risk. Telephone equipment of any type is not provided as part of this agreement. All telephone equipment or the purchase and maintenance of that equipment is the responsibility of the customer. As a customer of **P-O** you are NOT required to purchase any equipment from **P-O** or any authorized agent of **PHONE-OUT (P-O) RECONNECT SERVICE**.

**DAVID A. CHESSON
1012 GREGG ST.
LEESBURG, FL. 34748
352-326-5441**

- 1994-99 President of the local Better Business Information and Advisory Counsel. Our agency receives 100's of calls from all over the country about businesses in Florida Since 1986. We assist with information, handle complaints, and give business referrals. I print a 100 page directory of information, addresses and business card ads of over 700 member businesses.**
- 1998 Owner of Omni Home repair services. I do handyman, repairs throughout the Lake County.**
- 1990-92 Supervisor and Driver working for P.r.i.d.e. Prison Reform program. Corrections / Furniture industry, handle work crews making furniture for state federal agencies, schools ect.**
- 1986-96 Owner and Manager of Omni Pest Service serving the Lake, Sumter County area.**
- 1985-86 Owner of Clockland Gift Shop in the Lake Square mall, Leesburg. Selling and repairing Grandfather, and all types of clocks.**
- 1982-85 Pinkerton Security and Investigations of Orlando,Fl. Senior Field Captain in charge of 200 Security Officers on duty at 200 post from Orange County to Lake and Sumter Counties. Handling any all problems with all officers and job sites.**
-

- 1979-1982 Field Captain in charge of Maine, N.H. Vermont, East Mass. of all field problems, posting of Security Officers.
- 1976-79 Owner and Chief of Chesson Security and Investigations in Nashua N.H. Providing Security Officers for businesses.
- 1972-76 Automation engineer for FMC Corp, Pa. responsible for all sales in New England.
- 1966-72 USMC Sgt. trained at Camp Lejune, N.C. advanced at USMC Beaufort S.C. Special Mountain and cold weather warfare training, Fallon, NV. Trained in aviation Mechanics on C-117 C-47 propellor aircraft., Crew chief.
- 1971-72 Weather office on Okinawa, Japan supervising weather crew providing weather information for aircraft heading for Viet Nam
- 1968 Formal Aviation School for Meteorology in Memphis Tenn. Weather training Sgt in charge of office crew, Cherry Point, N.C.
- 1961-65 Graduate from High School
- 1947-61 Born - elementary schools, etc.
- Degrees - Aircraft Mechanics, Meteorology, Correctional training, MP, Justice of Peace NH, Federal Gun Dealer 20 years, Gun Manufacturas License in Sumter County 1992. Advanced Certified Hypnotherapy. MANY MORE DIPLOMAS.

BUSINESS ENTITY PLANNING

I would like more information regarding the following:

- Partnership (general)

I would like more information because:

- I want to organize a new business.

Business Name: PHONE-OUT / PHONE-ON
Trade Name: ALTERNATIVE LOCAL EXCHANGE CO.
1012 GREGG STREET
LEESBURG, FL 34748
Phone: (352) 326-0770

BUSINESS ACTIVITIES: This business will be a new business, with an initial number of employees of approximately 4, and anticipated first year PHONE SERVICE SALES of approximately \$60,000.00.

The primary activities of the business can be described as follows: REGISTERED WITH PUBLIC SERVICE COMMISSION AS A ALTERNATIVE LOCAL EXCHANGE COMPANY, HELPING CONSUMERS WITH LOCAL PHONE SERVICE. BY PROVIDING LOCAL PHONE SERVICE FOR \$39.95 PREPAID EVERY MONTH.

Business Owner: DAVID A. & JEANNE CHESSON
Address: 1012 GREGG STREET
LEESBURG, FL 34748
Phone: (352) 326-0770

Percentage ownership of business: 50%

Business Owner: TED J. MOSS
Address: 63 EAST PINECREST AVE.
EUSTIS, FL 32726
Phone: (352) 357-1525

Percentage ownership of business: 50%

BUSINESS PREMISES: The premises where the business operations are (or will be) located are owned by DAVID A. & JEANNE CHESSON.

GEOGRAPHICAL AREA OF BUSINESS OPERATIONS: The business will conduct its operations in the following geographical area: FLORIDA AS A STATE NO BOUNDRIES PRIMARY STARTING IN LAKE SUMTER AND VOLUSIA COUNTIES.

Initials: Doc Z

FRINGE BENEFITS: The owners are interested in establishing the following:

- Pension or profit sharing plan
- MEDICAL DENTAL PROGRAM PLAN

The following "balance sheet" identifies the assets, liabilities, and net equity of the business. This information was obtained from:

- a tax return
- company financial statements
- DAVID A. CHESSON AND TED MOSS

ASSETS:

Cash	\$	1,000.00
Savings	\$	500.00
Inventory	\$	0.00
Accounts Receivable	\$	0.00
Furniture and Fixtures	\$	500.00
Equipment and Machinery	\$	5,000.00
Real Estate	\$	0.00
TOTAL ASSETS:	\$	7,000.00

LIABILITIES:

Accounts Payable	\$	0.00
Payroll Taxes and Accrued Expenses	\$	0.00
Line of Credit	\$	0.00
Mortgages	\$	0.00
Other Loans	\$	0.00
PSC LICENSE	\$	250.00
TOTAL LIABILITIES:	\$	250.00

NET EQUITY: \$ 6,750.00

MANAGEMENT: The following persons are (or will be) responsible for managing and operating the business:

Name: DAVID A. & JEANNE CHESSON AND TED J. MOSS
Title: PRESIDENT GENERAL MANAGER VICE PRESIDENT
Address: 1012 GREGG STREET
LEESBURG, FL 34748
Phone: (352) 326-0770
Phone: (352) 326-5441 Extension:
Responsibilities: PRESIDENT AND VICE PRESIDENT ARE RESPONSIBLE FOR ALL SALES OF PHONE SERVICE TO CUSTOMERS, COMPLAINTS, COLLECTIONS AND ANYTHING RELATING TO OUTSIDE DUTIES. GENERAL MANAGER WILL TAKE CARE OF ALL OFFICE DUTIES. INCOMING PHONE CALLS, NEW CUSTOMER ENTRIES IN THE COMPUTER AND RELAYING ANY INFORMATION TO PRES AND VP NECESSARY TO RUN THIS COMPANY.

Name: DAVID A. CHESSON & JEANNE CHESSON AND TED J. MOSS
Title: PRESIDENT GEN/MANAGER VICE. PRES.
Address: 1012 GREGG STREET
LEESBURG, FL 34748
Phone: (352) 326-0770
Phone: (352) 326-3314 Extension:
Responsibilities: _____

NON-MANAGEMENT: The following persons are key employees who will provide important skills and services, but will not be part of the top level of management:

Name: LINDA JONES
Title: OFFICE SECRETARY
Address: 2345 SOUTH ST. APT 14
LEESBURG, FL 34748

Responsibilities: TO ANSWER PHONES FOR INCOMING NEW CUSTOMERS, RELAY INFORMATION ON A DAILY BASIS TO GEN MANAGER. FILING INFORMATION MAILING, STUFFING FLYERS ETC.

PROFESSIONAL ADVISORS: The following financial and professional advisors are (or will be) providing services to the business.

The following factors are important to the owner(s) of the business:

TAXATION OF THE BUSINESS' INCOME: The income of the business is expected to be less than \$75,000, and therefore, it is preferable to tax the income of the business at lower corporate tax rates.

DISTRIBUTIONS OF THE BUSINESS' INCOME: The owners expect to distribute most of the income of the business to the owners, while retaining only limited amounts of the income to finance expansion of the business.

LIABILITY PROTECTION FOR OWNERS: The owners are only willing to be personally liable for the amount of capital that they contribute to the business.

NUMBER OF OWNERS: It is the preference of the owner(s) to have at least two owners, but not more than 75.

FRINGE BENEFITS: With respect to fringe benefits (e.g., health care plans and pension plans), it is important to the owners to obtain as much deduction as possible for the costs of such plans.

OTHER FACTORS: The following additional factors are important:

Perpetual Existence - continuation of the business after the death of an owner.

Free Transfer of Ownership Interest - the freedom of each owner to transfer his or her interest in the business without restrictions.

The following chart provides a score for each type of entity, based on the preferences listed above. This summary may provide some guidance in the selection of a business entity form. However, it is inappropriate to select a business entity by simply selecting the entity form with the highest number of responses. Each form of entity has advantages and disadvantages that may be important or less important, depending on the preferences of the owners and the circumstances that apply to a specific situation.

	Number of responses
Sole Proprietorship	1
Partnership:	
- General Partnership	2
- Limited Partnership	2
Corporation:	
- "C" Corporation	6
- "S" Corporation	5
Limited Liability Company	3

ORIGINAL
000415-78

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DIVISION OF TELECOMMUNICATIONS
BUREAU OF CERTIFICATION AND SERVICE EVALUATION

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Tallahassee, Florida 32399-0850
(850) 413-6600

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward a copy of check to RAR with proof of deposit.
Initials of person who forwarded check

[Handwritten initials]

DOCUMENT NUMBER-DATE

04289 APR-68

FPSC-RECORDS/REPORTING

ORIGINAL

**** FLORIDA PUBLIC SERVICE COMMISSION ****

DIVISION OF TELECOMMUNICATIONS
BUREAU OF CERTIFICATION AND SERVICE EVALUATION

APPLICATION FORM

for

AUTHORITY TO PROVIDE
ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

DEPOSIT

D 2 7 7 0

DATE

APR 07 2001

X



000415-TX

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Tallahassee, Florida 32399-0850
(850) 413-6770

- ◆ If you have questions about completing the form, contact:

PHONE - OUT/ PHONE - ON		63-52809	103
PH. 352-326-0770		631	
1012 GREGG STREET		0182575	
LEESBURG, FL 34748		DATE: 3-17-2000	
PAY TO THE ORDER OF: Florida Public Service Commission		\$250.00	
Two hundred Fifty Dollars 00/100		DOLLARS	
MEMO: New app ALCC		 David Chesser	
 UNITED SOUTHERN BANK LEESBURG, FL 34748		0103	

Evaluation