

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION

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

**DIVISION OF COMMUNICATIONS  
BUREAU OF SERVICE EVALUATION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE  
PAY TELEPHONE SERVICE  
WITHIN THE STATE OF FLORIDA**

000709-70

**INSTRUCTIONS**

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ Print or type all responses to each item requested in the application. If an item is not applicable, please explain.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable application fee of \$100.00 to:

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

DEPOSIT DATE  
D 3 07 JUN 13 2000

THIS CHECK IS VOID WITHOUT A COLORED BACKGROUND AND AN ARTIFICIAL WATERMARK CERTIFICATION SEAL ON THE BACK - HOLD AT ANGLE TO VIEW SEAL

BEACH ONE SPORTSWEAR  
138 FIFTH AVENUE  
INDIALANTIC, FLORIDA 32903  
(321) 722-9434

RIVERSIDE NATIONAL BANK  
of Florida  
500 MIRAMAR AVE. INDIALANTIC, FL 32903  
63-1114/670 25

5357

06/10/2000

PAY TO THE ORDER OF FLORIDA PUBLIC SERVICE COMMISSION

\$ 100.00

One Hundred and 00/100 \*\*\*\*\* DOLLARS

FLORIDA PUBLIC SERVICE COMMISSION  
2540 SHUMARD OAK BLVD  
TALLAHASSEE, FL 32399-0850

DOCUMENT NUMBER - DATE

07188 JUN 12 8

*[Handwritten Signature]*  
AUTHORIZED SIGNATURE  
SIGNATURE HAS A COLORED BACKGROUND \* BORDER CONTAINS MICROPRINTING

005357

FPSC-RECORDS/REPORTING

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DEPOSIT  
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DATE  
JUN 13 2000

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

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

1. Name of company or name of individual (not fictitious name or d/b/a):  
LARRY E. SHERMAN

2. Name under which applicant will do business (fictitious name, etc.):  
BREVARD Payphone Systems

3. Official mailing address:  
Street: 138 FIFTH AVE  
P.O. Box: \_\_\_\_\_  
City: INDIALANTIC  
State: FL Zip: 32903

4. Florida address:  
Street: 138 FIFTH AVE  
P.O. Box: \_\_\_\_\_  
City: INDIALANTIC, FL  
State: FL Zip: 32903

5. Structure of organization:  
 Individual  
 Corporation  
 General Partnership  
 Limited Partnership  
 Other: \_\_\_\_\_

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

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: 600144900157

8. F.E.I. Number (if applicable): \_\_\_\_\_

9. If individual, provide:

Name: LARRY E. SHERMAN

Title: OWNER

Address: 3223 BEACH VIEW WAY

City/State/Zip: MELBOURNE BEACH, FL 32951

Telephone No.: 321-722-9434 Fax No.: 321-722-9623

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: LARRY SHERMAN  
Title: OWNER  
Address: 138 FIFTH AVE  
City/State/Zip: INDIAN LANTIC, FL 32903  
Telephone No.: 321-722-9434 Fax No.: 321-722-9623  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

b. Official Point of Contact for ongoing company operations including complaints and inquiries:  
Name: LARRY SHERMAN  
Title: OWNER  
Address: 138 FIFTH AVE  
City/State/Zip: INDIAN LANTIC, FL 32903  
Telephone No.: 321-722-9434 Fax No.: 321-722-2623  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

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

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

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

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

- (✓) LOCAL
- (✓) LONG DISTANCE
- (✓) COIN
- (✓) CALLING CARD
- (✓) CREDIT CARD
- ( ) OTHER (Describe) \_\_\_\_\_

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17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 25

18. How does the applicant intend to service and maintain each payphone? Check (✓) 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: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

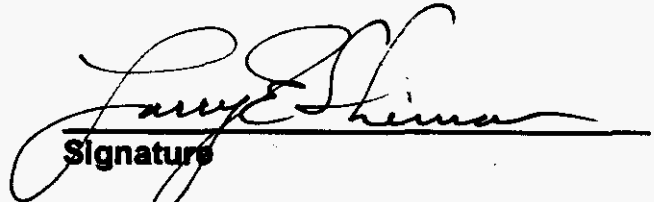


## \*\*APPLICANT FEE/TAX STATEMENT\*\*

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. **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 the 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 **\$100.00** must be submitted with the application.

### UTILITY OFFICIAL:

LARRY SHERMAN  
Print Name

  
Signature

OWNER  
Title

6-5-2000  
Date

321-722-9434  
Telephone No.

321-722-2623  
Fax No.

Address: 138 FIFTH Ave  
INDIAN LANTIC, FL 32903  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

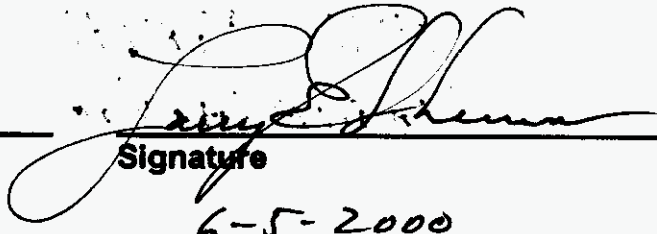
By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable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

LARRY SHERMAN  
Print Name

  
Signature

OWNER  
Title

6-5-2000  
Date

321-722-9434  
Telephone No.

321-722-2623  
Fax No.

Address: 138 FIFTH AVE

INDIALANTIC, FL. 32903

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

Applicant: HARRY E. SHERMAN

---

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

LARRY SHERMAN  
Print Name

*Larry E. Sherman*  
Signature

OWNER  
Title

6-5-2000  
Date

321-722-9434  
Telephone No.

321-722-2623  
Fax No.

Address: 138 FIFTH Ave  
INDIALANTIC, FL 32803  
INDIALANTIC  
INDIALANTIC  
INDIALANTIC

**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.**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 24, 2000

BREVARD PAYPHONE SYSTEMS  
138 FIFTH AVE  
INDIALANTIC, FL 32903

Subject: **BREVARD PAYPHONE SYSTEMS**

REGISTRATION NUMBER: **G00144900157**

This will acknowledge the filing of the above fictitious name registration which was registered on May 24, 2000. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 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.

/ac  
Division of Corporations

Letter No. 100A00029563

# State of Florida



## Department of State

I certify from the records of this office that BREVARD PAYPHONE SYSTEMS is a Fictitious Name registered with the Department of State on May 24, 2000.

The Registration Number of this Fictitious Name is G00144900157.

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  
Twenty-fourth day of May, 2000



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State