

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date: August 14, 2000

Docket No. 001129-TC

- 1. Division Name/Staff Name Competitive Services/Isler
- 2. OPR Competitive Services/Isler
- 3. OCR Legal Services
- 4. Suggested Docket Title Cancellation by Florida Public Service Commission of Pay Telephone Certificate No. 6084 issued to BF Goodman for violation of Rule No. 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.

5. Suggested Docket Mailing list (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

Barney F. Goodman

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:

- Documentation is attached.
- Documentation will be provided with recommendation.

Report of Delinquent Regulatory Assessment Fees

As of 07/17/2000

TG530: BF Goodman
11243 Model Circle West
Boca Raton, FL 33428-3985

Liaison: Barney F. Goodman, Owner, (561) 479-2271

Certificates: 6084, Status is active.

Dates: Effective Date 05/21/1999
Inactive Date / /

RAF Owed: \$ Unknown 01/01/1999 through 12/31/1999

STATE OF FLORIDA

Commissioners:
JOE GARCIA, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
E. LEON JACOBS, JR.
LILA A. JABER



DIVISION OF COMPETITIVE SERVICES
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

June 7, 2000

Mr. BF Goodman
11243 Model Circle West
Boca Raton, FL 33428-3985

Dear Mr. Goodman:

The Commission's Division of Administration just recently forwarded a copy of your 1999 regulatory assessment fee form, which was received by the Commission on December 17, 1999. You wrote on the form "Out of business." This appears to be a request for cancellation of your pay telephone certificate. Your Certificate No. 6084 became active May 21, 1999 and we received your written request for cancellation on December 17, 1999, therefore, I can make the effective date of the cancellation December 17, 1999. However, you must first pay the 1999 regulatory assessment fee.

Rule 25-4.0161, Florida Administrative Code, provides that if a certificate is active for any day during a calendar year, the regulatory assessment fee is applicable even if no business was ever conducted. The amount past due is \$65.00. As soon as we receive your check for that amount, we will proceed with opening a docket to cancel your certificate.

Please respond in writing by June 22, 2000. If you have any questions, just let me know. I can be reached at (850) 413-6502-voice, (850) 413-6503-fax, and by internet e-mail at pisler@psc.state.fl.us.

Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler".

Paula J. Isler, Research Assistant
Bureau of Service Quality & Compliance

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY	
Check#	_____
\$	0603002
	003001
\$	P
	0603002
	004011
\$	I
Postmark Date	_____
Initials of Preparer	_____

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TG530
 BF Goodman
 11243 Model Circle
 Boca Raton, FL 33428-3985

99 DEC 17 AM 9:13

MAIL ROOM

PERIOD COVERED:

05/21/1999
 12/31/1999

Please Complete Below If Official Mailing Address Has Changed

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	TOTAL AMOUNT DUE	\$ _____

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return _____

* These amounts must be intrastate only and must be verifiable.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 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.

 (Signature of Company Official) (Title) (Date)

 (Preparer of Form - Please Print Name) Telephone Number () Fax Number ()

F.E.I. No. _____

RAF ACCOUNT

Printed on 08/14/2000 at 12:55:02 by PJI

BF Goodman (TG530)

Period Covered: 01/01/1999-12/31/1999	Actual Return: Yes	Operating Revenue: \$0.00
Service: PAT	Received RAF Form: No	Interstate Revenue: \$0.00
Due Date: 01/31/2000	Payment Plan: No	Net RAF Due: \$0.00
Postmark Date: / /	Extension: No	Refund Issued: \$0.00
Satisfied: No	RAF Rate:	Fine Paid: \$0.00

DESCRIPTION	AMOUNT DUE	AMOUNT PAID	AMOUNT OWED
RAF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Additional Payment	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00