

EBC
OFFICE CENTERS

CK# 5002132
\$ 100.00
RM

P. Isler
✓ ROR

Settlement

December 1, 2000

TJ008

Ms. Blanca Bayo, Director
Division of Records and Reporting
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

DEPOSIT DATE
D3930 DEC 11 2001

Re: Docket No. 001283-TI

Dear Ms. Bayo,

Accompanying are the completed Shared-Tenant Service Provider Regulatory Assessment Fee Return and Interexchange Company Regulatory Assessment Fee Return for the period covered 01/01/99 to 12/31/99. We were provided both returns and were not sure which return we were to complete so we are including both. After you have had a chance to review, would you please let me know which return we should file annually.

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- EGR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC _____
- SER _____
- OTH _____

Also included is a check in the amount of \$68.00 representing the \$50.00 Regulatory Assessment Fee, \$12.50 Penalty for Late Payment Penalty, and \$5.50 Interest for Late Payment.

I apologize for the delay in filing these returns. We will make every effort to ensure that these returns are not filed late again. We have included a check for \$100.00 as an offer of settlement for the lateness of these returns and payment of our Assessment Fee for the period 01/01/99 to 12/31/99.

Done 12/11/00

DOCUMENT NUMBER - DATE
15796 DEC-88
FPSC-RECORDS/REPORTING

EBC Park Centre
4190 Belfort Rd
Suite 200
Jacksonville FL 32216

SouthTrust
Interstate Account
Birmingham AL

DATE	CHECK #	AMOUNT
12/01/00	5002132	*****\$100.00

*****100 DOLLARS AND 00 CENTS

PAY TO THE ORDER OF
FLORIDA PUBLIC SERVICE COMM
2540 SHUMARD OAK BLVD
TALLAHASSEE FL 32399-0850

Brian J. Winick



REDACTED

Interexchange Company Regulatory Assessment Fee Return

STATUS:

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TJ008
 Executive Business Centers, Inc.
 11465 John Creek Parkway, #300
 Duluth, GA 30097-1572
 DEPOSIT DATE
 D395 DEC 11 2000

FOR PSC USE ONLY
 Check# 5002131
 \$ 50.00 0603001
 \$ 12.50 003001
 \$ 5.00 0603001
 004011
 Postmark Date 12/4/00
 Initials of Preparer PC

PERIOD COVERED:
 01/01/1999 TO 12/31/1999

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>29,184.96</u>	\$ <u>29,184.96</u>
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ <u>29,184.96</u>	\$ <u>29,184.96</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()	(<u>7,575.81</u>)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	<u>21,609.15</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	<u>50.00</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>12.50</u>	_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>5.50</u>	_____
12.	TOTAL AMOUNT DUE	_____	\$ <u>68.00</u>

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

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

CURRENT COMPANY STATUS
 Facilities-Based Carrier Reseller Call Aggregator
 Alternate-Operator Service Rebiller Other: _____

BILLING INFORMATION
 Complete below if billing agent if other than yourself.
 (Name) _____ (Address: City/State/Zip) _____ (Telephone) _____
 What is the total amount of customer deposits collected?
 Amount: \$ _____ for 19 _____
 What is the total amount of bond held (if applicable)?
 Amount: \$ _____ Expires: _____

COMPANY INFORMATION
 Do you lease telecommunications' facilities? YES NO
 If YES, who do you lease these facilities from? Name: _____
 Address: _____

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/her duty shall be guilty of a misdemeanor of the second degree.

Christy Conliff
 (Signature of Company Official)
 VICE PRESIDENT OF FINANCE (Title) 12-1-00 (Date)
CHRISTY CONLIFF
 (Preparer of Form - Please Print Name)
 Telephone Number 770, 814-4300 Fax Number 770, 814-4360
 F.E.I. No. 59-3054541

Interexchange Company Regulatory Assessment Fee Return

Pocket
001283

STATUS:

P. Iskr
ROR

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TJ008
Executive Business Centers, Inc.
11465 John Creek Parkway, #300
Duluth, GA 30097-1572

DEPOSIT DATE
D395 DEC 11 2000

FOR PSC USE ONLY
Check# 5002131
\$ 50.00 0603001
\$ 12.50 003001
P
0603001
\$ 5.50 004011
I
Postmark Date 12/4/00
Initials of Preparer mc

PERIOD COVERED:
01/01/1999 TO 12/31/1999

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ 14,892.71	\$ 14,892.71
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services		
5.	Miscellaneous Services		
6.	TOTAL Telephone Services	\$ 14,892.71	\$ 14,892.71
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(5,438.14)	(5,438.14)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		9,454.57
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		50.00
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	12.50	
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	5.50	
12.	TOTAL AMOUNT DUE		\$ 68.00

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

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

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other:

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) (Address: City/State/Zip) (Telephone)
What is the total amount of customer deposits collected? What is the total amount of bond held (if applicable)?

EBC Park Centre
4190 Belfort Rd
Suite 200
Jacksonville FL 32216

SouthTrust
Interstate Account
Birmingham AL

DATE	CHECK#	AMOUNT
12/01/00	5002131	*****\$68.00

*****68 DOLLARS AND 00 CENTS

PAY TO THE ORDER OF FLORIDA PUBLIC SERVICE COMM
2540 SHUMARD OAK BLVD
TALLAHASSEE FL 32399-0850

Brian J. Winchell