



210 N Park Ave  
Winter Park, FL  
32789

P.O. Drawer 200  
Winter Park, FL  
32790-0200

Tel 407-740-8575  
Fax 407-740-0613  
tmi@tminc.com

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

RE: **Direct One d/b/a Direct One of California, Inc.**  
FL – Regulatory Assessment Fee  
For the year ended December 31, 1999  
Docket # 001343-TI  
Request for Settlement Offer

Dear Ms. Bayo:

This letter is being sent to propose a settlement offer regarding the Regulatory Assessment Fee Return for the year ended December 31, 1999, on behalf of Direct One d/b/a Direct One of California, Inc.

In response to Commission's Order dated January 8, 2001, Direct One d/b/a Direct One of California, Inc. provides the following information:

**Proposed Settlement**

**Proposed Settlement:** The Company offers the Florida Public Service Commission (FPSC) a pledge to file all Regulatory Assessment Fee Returns for all certification types by the due date and a settlement offer of \$100 to compensate the FPSC for opening a docket in exchange for the FPSC restoring the Company to good standing with the FPSC and immediately closing docket #001343-TI without further action taken against the Company.

**Docket Number:** Docket #001343-TI

**A check for the Past Due Amount in full:** A copy of Direct One d/b/a Direct One of California, Inc.'s \$68.50 check (check # 4073 dated 01/19/01) for payment in full of the FL Regulatory Assessment Fee is included in Attachment A along with a copy of the return which is also being filed in conjunction with this request.

**Statement:** Direct One d/b/a Direct One of California, Inc. states that it has taken steps to prevent future late payments of the regulatory assessment fees.

RECEIVED & FILED

*man*

OFFICE OF RECORDS

January 23, 2001  
Via Overnight Delivery

ORIGINAL

RECEIVED - FPSC  
01 JAN 24 PM 2:21  
RECORDS AND REPORTING  
01 JAN 24 11:00 AM

DOCUMENT NUMBER-DATE

01054 JAN 24 01

FPSC-RECORDS/REPORTING

*Henry*

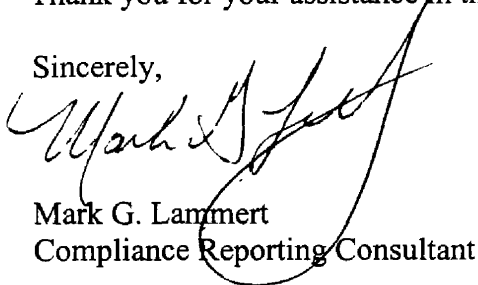
Ms. Blanca Bayo, Director  
Florida Public Service Commission  
Request for Settlement Offer  
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Specific Monetary Settlement: Direct One d/b/a Direct One of California, Inc. proposes a settlement offer in the amount of \$100 for the violation of not filing this report on a timely basis. Several steps have been taken, including posting the due date of this report on the Company's calendar.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Questions regarding this request should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter. We await your decision.

Sincerely,



Mark G. Lammert  
Compliance Reporting Consultant

cc: Paula J. Isler, Research Assistant – Florida Public Service Commission  
Anthony C. Brown - Direct One d/b/a Direct One of California, Inc.  
Tom Forte - TMI

file: Direct One, Inc. - Reporting - Florida

# **ATTACHMENT A**



January 23, 2001  
Via Overnight Delivery

210 N. Park Ave.  
Winter Park, FL  
32789

P.O. Drawer 200  
Winter Park, FL  
32790-0200

Tel: 407-740-8575  
Fax: 407-740-0613  
tmi@tminc.com

Fiscal Services  
Florida Public Service Commission  
Division Of Communication  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

RE: **Direct One d/b/a Direct One of California, Inc.**  
FL IXC Regulatory Assessment Fee (Jan- Dec, prev year)  
For the year ending December 31, 1999  
Utility Number: TJ-253, Docket #001343-TI, Certificate #7091

Dear Sir:

Enclosed please find the FL IXC Regulatory Assessment Fee (Jan- Dec, prev year) for the year ending December 31, 1999, filed on behalf of Direct One d/b/a Direct One of California, Inc. A check in the amount of \$68.50 is enclosed to cover the remittance fees due.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Mark G. Lammert  
Compliance Reporting Consultant

cc: Anthony C. Brown - Direct One d/b/a Direct One of California, Inc.  
file: Direct One d/b/a Direct One of California, Inc. - Reporting - Florida

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
	REGULATORY ASSESSMENT FEE DUE				68.50

CHECK DATE	CHECK NO.	PAYEE	DISCOUNTS TAKEN	CHECK AMOUNT
1/19/01	4073	FLORIDA PUBLIC SVC. COMMISSION		\$68.50

**DIRECT ONE, INC.**  
**GENERAL ACCOUNT**  
 1820 E. FIRST STREET, SUITE 440  
 SANTA ANA, CA 92705

**CITY NATIONAL BANK**  
**ORANGE COUNTY**  
 NEWPORT BEACH, CALIFORNIA 92860  
 16-1606/1220

4073

DOCKET # 001343-TI  
 Memo: PERIOD 11-12/31/99

4073  
 CHECK NO.

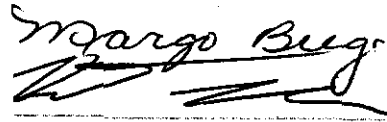
Jan 19, 2001 \*\*\*\*\*\$68.50  
 DATE AMOUNT

Sixty-Eight and 50/100 Dollars

**PAY TO THE ORDER OF:** FLORIDA PUBLIC SVC. COMMISSION

119.07(1)(z), Florida Statutes: Bank account numbers or debit, charge, or credit card numbers given to an agency for the purpose of payment of any fee or debt owing are confidential and exempt from subsection (1) and s.24(a), Art. 1 of the State Constitution . . .

Period: Jan-Dec  
 TJ-253, Docket



AUTHORIZED SIGNATURE

# Interexchange Company Regulatory Assessment Fee Return

STATUS:

**Florida Public Service Commission**

(See Filing Instructions on Back of Form)

- Actual Return  
 Estimated Return  
 Amended Return

TJ-253, Docket #001343-TI, Certificate #7091  
 Direct One d/b/a Direct One of California, Inc.  
 1820 East First Street, Suite 440  
 Santa Ana, California 92705

**FOR PSC USE ONLY**

Check # \_\_\_\_\_

\$ \_\_\_\_\_ 0603001  
 \_\_\_\_\_ 003001

P

\$ \_\_\_\_\_ 0603001  
 \_\_\_\_\_ 004011

I

Postmark Date \_\_\_\_\_

Initials of Preparer \_\_\_\_\_

**PERIOD COVERED**

Jan. 1, 1999 -  
 Dec. 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	\$ 0.00	\$ 0.00
2.	Access Services		
3.	Private Line Services		
4.	Leased Facilities & Circuits Services	0.00	0.00
5.	Miscellaneous Services	0.00	0.00
6.	<b>TOTAL Telephone Services</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
7.	LESS: Amounts Paid To Other Telecommunications Companies* (see "2. Fees" on back)	( _____ )	( 0.00 )
8.	<b>TOTAL REVENUES For Regulatory Assessment Fee Calculation</b>		<b>\$ 0.00</b>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		<b>\$ 50.00</b>
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)		6.00
12.	<b>TOTAL AMOUNT DUE</b>		<b>\$ 68.50</b>

\*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  
 Alternative-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: \$ -0- for 1999

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 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.

\_\_\_\_\_  
 (Signature of Company Official)      President + CEO      01-19-01  
 \_\_\_\_\_  
 (Preparer of Form-Please Print Name)      (Title)      (Date)

Telephone Number: \_\_\_\_\_  
 F.E.I.No. \_\_\_\_\_

FLORIDA PUBLIC SERVICE COMMISSION

Instructions for Filing Regulatory Assessment Fee Return

(Interexchange Company)

1. **WHEN TO FILE:** For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before July 30 for the six-month period January 1 through June 30, AND

On or before January 30 for the six-month period July 1 through December 31.

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before January 30 for the twelve-month period January 1 through December 31.

However, if July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee may be filed or postmarked On the next business day, without penalty.

2. **FEES:** Each company shall pay 0.0015 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues Are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles From these amounts other than the amount in Line 7.

On Line 7, deduct any amounts paid to another telecommunications company for the use of any telecommunications network to provide Service to its customers. **Do not deduct** any taxes, federal subscriber line charges, interstate long distance access charges, or amounts

Paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals. **DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.**

3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the Amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (line 10). In addition, interest shall Be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 11). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to order the Company to pay a penalty and /or cancel the company's certificate. The company will have an opportunity to respond to any Proposed Commission action.

4. **EXTENSION:** A request for an extension of time up to 30 days may be made by filing the enclosed Request for Extension to File Regulatory Assessment Fee Return form (PSC/ADM-124), two weeks prior to the filing date. When an extension is granted, a charge Shall be added to the amount due:

0.75% of the fee to be remitted for an extension of 15 days or less, or

1.5% of the fee for extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating Revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and Remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual Fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" Space in the top left-hand corner on the reverse side.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may Be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for A refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.

6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your files, and return the original and in the enclosed Preadressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. **Make your Check payable to the Florida Public Service Commission.** If you are unable to use the envelope, please address your remittance as

Follows

Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850  
ATTENTION: Fiscal Services

7. **ADDITIONAL ASSISTANCE:** If you need additional assistance in preparing your Regulatory Assessment Fee Return or regarding Telecommunications facilities, please contact the Division of Competitive Services at (850) 413-6600. This division may be contacted At the above-referenced address, directing correspondence to the attention of the division.