

REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date 1/30/01

Docket No. 010140-TC

- 1. Division Name/Staff Name Division of Regulatory Oversight/McCoy
- 2. OPR Division of Regulatory Oversight/McCoy
- 3. OCR Legal Services
- 4. Suggested Docket Title Request for Cancellation of Pay Telephone Certificate No. 7169  
George P. Treani, effective 12/31/00.

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)

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

2. Interested Persons and their representatives (if any)

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

6. Check one:

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

I:\PSC\RAR\WP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE  
**01428 JAN 31 01**  
 FPSC-RECORDS/REPORTING

COMPANY IDENTIFICATION

Printed on 01/30/2001 at 09:30:27 by TJM

Complete Name: George P. Treani

Mailing Name: George P. Treani

Company Code: TG607 FEID Number:

COMPANY INFORMATION

Address Line 1: 4354 Ozark Avenue

Address Line 2:

City: North Port

State: FL Zip Code: 34287-3962

Reg. Date: 10/15/1999

Inactive Date:

Transferred To:

Trans. From:

Certificate 1: 7169

Certificate 2:

Corporate Type:

Service 1: PAT - Pay Telephone

Service 2:

Service 3:

Service 4:

Class (WAW):

Phone Count:

County 1:

County 2:

County 3:

County 4:

Bankruptcy: No

To Whom It May Concern 01/02/01

These phones are in my garage and have not been in operation for the whole year. George passed away in Nov 17, 2000.

Thank you  
Linda Leonard

01 JAN - 5 AM 9:06  
FLORIDA  
PUBLIC SERVICE COM.  
DIV. OF REGULATORY OVERSIGHT  
OUT OF OFFICE

TG607

Jackie -

Please have a  
docket opened -

Voluntary Cancellation  
Eff. 12/31/00.

Thanks,

**RECEIVED**

JAN 26 2001

Florida Public Service Commission  
Division of Regulatory Oversight

MAIL ROOM  
01 JAN - 5 AM 8:30

RECEIVED  
JAN 26 2001

OFFICE of VITAL STATISTICS

CERTIFIED COPY

REDACTED

CERTIFICATE OF DEATH  
FLORIDA

LOCAL FILE NO. 39--'00--003574

1. DECEDENT'S NAME		FIRST <b>George</b>	MIDDLE <b>P.</b>	LAST <b>Treani</b>	2. SEX <b>Male</b>	
DECEDENT	3. DATE OF DEATH (Month, Day, Year) <b>November 17, 2000</b>		4. SOCIAL SECURITY NUMBER		5a. AGE-Last Birthday (years) <b>73</b>	5b. UNDER 1 YEAR Months: _____ Days: _____
	6. DATE OF BIRTH (Month, Day, Year) <b>June 19, 1927</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Taunton, Massachusetts</b>		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) <b>Yes</b>	
9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)						9b. INSIDE CITY LIMITS? (Yes or No) <b>Yes</b>
9c. FACILITY NAME (If not institution, give street and number) <b>Tampa General Hospital</b>				9d. CITY, TOWN, OR LOCATION OF DEATH <b>Tampa</b>		9e. COUNTY OF DEATH <b>Hillsborough</b>
10a. DECEDENT'S USUAL OCCUPATION <b>Director</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Meat Industry</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Linda Spurgeon</b>
13a. RESIDENCE - STATE <b>Florida</b>		13b. COUNTY <b>Sarasota</b>		13c. CITY, TOWN, OR LOCATION <b>North Port</b>		13d. STREET AND NUMBER <b>4354 Ozark Ave.</b>
13e. INSIDE CITY LIMITS?(Yes or No) <b>Yes</b>		13f. ZIP CODE <b>34287</b>		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <i>Specify</i>		15. RACE - American Indian, Black, White, etc. Specify: <b>White</b>
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary: <b>12</b> College (1-4 or 5-): _____						
17. FATHER'S NAME (First, Middle, Last) <b>Frank Treani</b>			18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Anna Papazoni</b>			
19a. INFORMANT'S NAME (Type/Print) <b>Linda Treani</b>			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>4354 Ozark Avenue, North Port, Florida 34287</b>			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Southeastern Crematory</b>		20c. LOCATION - City or Town, State <b>Clearwater, Florida</b>		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Wicki Lynn Wallace</i>		21b. LICENSE NUMBER (of Licensee) <b>KA 246</b>		21c. NAME AND ADDRESS OF FACILITY <b>National Cremation Society 4302 N. 56th Street - Tampa, FL 33610</b>		
22a. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>David Solomon</i>		22b. DATE SIGNED (Mo., Day, Yr) <b>11/28/00</b>		22c. HOUR OF DEATH <b>7:20 P M</b>		
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) _____				
23b. DATE SIGNED (Mo., Day, Yr)		23c. HOUR OF DEATH		23d. MEDICAL EXAMINER'S CASE #		
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) <b>David Solomon M.D. 1 Davis Blvd., Tampa, Florida 33601</b>						
25a. SUBREGISTRAR - SIGNATURE AND DATE			25b. LOCAL REGISTRAR - SIGNATURE <i>Linda Treani</i>		25c. DATE REGISTERED <b>DEC 04 2000</b>	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY

*Susan Rodriguez*  
CHIEF DEPUTY REGISTRAR

DEC 04 2000  
State Registrar

WARNING:

11507472

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1564 (10/98)

CERTIFICATION OF VITAL RECORD

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



40664

COMPANY NAME: George P. Treani CO. CODE: TG607

COMPANY LIAISON: Owner

DOCKET NO.: \_\_\_\_\_ CERTIFICATE NO.: 7169 EFFECTIVE: 10/15/99

DATE USPS RETURNED RECEIPT: \_\_\_\_\_

DATE USPS RETURNED ENVELOPE: \_\_\_\_\_

DATE OF ADMIN'S MEMO: \_\_\_\_\_

DATE OF RAR'S MEMO: \_\_\_\_\_

YEAR(s) RAFs NOT PAID: 2000

YEAR(s) PENALTIES & INTEREST NOT PAID: \_\_\_\_\_

OTHER RAF INFO: \_\_\_\_\_

DATE LOTUS CHECKED FOR PAYMENT: \_\_\_\_\_

**OTHER INFORMATION**

01/05/01 - Admin forwarded a letter from Mrs. Linda Treani and a copy of her husband's death certificate. She wants the certificate cancelled but did not pay the 2000 fee.

01/17/01 - Wrote Mrs. Treani and advised to pay the \$50 RAF for 2000 by January 30 and I would make the effective date 12/31/00 so that she would not owe for 2001.

1/23/01 - v/m msg. @ 12:4. Admin Linda Treani. She wants vol. cancellation & will put a 1K in the mail today. Asked me to call 423-5247 if she needs to do anything else.

See Pg 2

1/26/01 - Rec'd. \$50 check for 2000 RAF.

Forwarded file to Jackie Gilchrist,  
RGA, to open docket -

Voluntary cancellation, eff. 12/31/00.

GEORGE P. TREANI OR  
LINDA D. TREANI  
941-423-8247  
4354 OZARK AVE.  
NORTH PORT, FL 34287-3962

3105


Date 1/23/01

63-27/631 FL  
1343

Pay to the order of Public Service Commission \$ 50.00

Fifty <sup>00</sup>/<sub>100</sub>

Dollars

 Security features are included. Details on back.

Bank of America.

ACH R/T 083100277

For cert. # 7169

Linda D Treani <sup>MP</sup>

REDACTED

2001 JUN 26 AM 10:24  
COMPETITIVE SERVICES

STATE OF FLORIDA

Commissioners:  
E. LEON JACOBS, JR., CHAIRMAN  
J. TERRY DEASON  
LILA A. JABER  
BRAULIO L. BAEZ  
MICHAEL A. PALECKI



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

## Public Service Commission

January 17, 2001

Mrs. Linda Treani  
4354 Ozark Avenue  
North Port, FL 34287-3962

**Re: George P. Treani (TG607)  
Certificate No. 7169**

Dear Mrs. Treani:

This is a follow up to your letter dated January 2, 2001 concerning your husband's pay telephone certificate. My condolences for your loss.

There are two types of cancellation. The first is voluntary and is requested by the certificate holder. The Commission grants voluntary cancellations if a company is in good standing and has paid the Regulatory Assessment Fee. The other is involuntary. This is where the Commission cancels a certificate for a rule violation, such as not paying the Regulatory Assessment Fee. If the Commission cancels a certificate involuntarily, any unpaid fees, including penalty and interest charges, are forwarded to the Comptroller's Office for collection attempts. I'm enclosing a copy of Rule 25-24.514, Florida Administrative Code, for your review.

The Regulatory Assessment Fee is owed if a certificate is active for any day during a calendar year. Even though your husband may not have installed any payphones, the minimum fee of \$50 is due for the year 2000. Although the Commission did not receive your request for cancellation until January 5, 2001, I will make the cancellation effective December 31, 2000 so that you will not owe for the 2001 fee, if your payment for the \$50 fee is postmarked by January 30, 2001.

Please let me know by January 30 how you wish to proceed. 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 [psisler@psc.state.fl.us](mailto:psisler@psc.state.fl.us).



Mrs. Linda Treani  
Page 2  
January 17, 2001

Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler". The signature is written in black ink and is positioned above the typed name.

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

Enclosure