

COPELAND, COOK, TAYLOR & BUSH

A PROFESSIONAL ASSOCIATION

ATTORNEYS AT LAW

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RIDGELAND OFFICE

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1062 HIGHLAND COLONY PKWY.
RIDGELAND, MISSISSIPPI 39157

May 21, 2001

010773-TC

VIA FEDERAL EXPRESS (850) 413-6770
Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Check received with filing and
forwarded to Fiscal for deposit.
Fiscal to forward a copy of check
to FAR with proof of deposit.
Initials of person who forwarded check:
JCBM

RE: Application Form for Authority to Provide Pay Telephone Service within the
State of Florida for Advantage Group of Florida Communications, LLP

Dear Sirs:

Enclosed are one original executed and two copies of the Application Form for Authority to Provide Pay Telephone Service within the State of Florida for Advantage Group of Florida Communications, LLP ("Advantage Group") as well as a check for \$100 to cover the application fee.

Advantage Group has been formed in connection with reorganization of Daytona Telephone Company ("DTC") in a transaction in which the sole purpose was to convert the DTC entity from a corporation to a limited liability company, and to change its name.

DTC is qualified as a Pay Telephone Provider in Florida, Certificate # 6006 and IXE# 5796. Advantage Group will continue the pay telephone business of DTC. Advantage Group, due to the reorganization, has also applied to provide Alternative Local Exchange Service within the State of Florida and been assigned Docket #010266-TX.

As such, for all practical purposes Advantage Group is merely a continuation of the business of DTC. Therefore, information on file relative to DTC is applicable to Advantage Group. We request that this be scheduled and put on your consent agenda for consideration at the earliest practical time.

DOCUMENT NUMBER-DATE

06464 MAY 22 01

FPSC-RECORDS/REPORTING

Florida Public Service Commission
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If you have any questions or need any further information or documentation, please call the undersigned at (601) 856-7200.

Sincerely yours,

COPELAND, COOK, TAYLOR & BUSH, P.A.

By: 
R. Nash Neyland

RNN/vyc

****FLORIDA PUBLIC SERVICE COMMISSION******DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION**

010773-TC

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA****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. Pages 8, 9 and 10 must be completed and signed.
- ◆ 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

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

Florida Public Service Commission
Division of Regulatory Oversight
Certification Section
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6480

1. **Name of company or name of individual (not fictitious name or d/b/a):**
Advantage Group of Florida Communications, LLP

2. Name under which applicant will do business (fictitious name, etc.):
Advantage Group of Florida Communications, LLP

3. Official mailing address:

Street: 7850 Stage Hills Blvd., Suite 102

P.O. Box: _____

City: Bartlett

State: TN **Zip:** 38133

4. Florida address:

Street: 315 Seagrave

P.O. Box: _____

City: Daytona

State: Florida **Zip:** 32114-3142

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: Limited Liability Company

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State

Corporate Registration Number: N/A

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: _____ N/A _____

8. F.E.I. Number (if applicable): _____ 62-1847083 _____

9. If individual, provide:

Name: _____ N/A _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

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:

1. **Name:** _____ N/A _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

2. Name: N/A
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?

1. The application:

Name: R. Nash Neyland
Title: Attorney
Address: 200 Concourse, Suite 200, 1062 Highland Colony Pkwy.
City/State/Zip: Ridgeland, MS 39157
Telephone No.: (601) 856-7200 Fax No.: (601) 856-7626
Internet E-Mail Address: nneyland@cctb.com
Internet Website Address: www.cctb.com

2. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: Micheal D. Boger, Sr
Title: President
Address: 7850 Stage Hills Blvd, Suite 102
City/State/Zip: Bartlett, TN 38133
Telephone No.: (901) 384-9100 Fax No.: (901) 385-7020
Internet E-Mail Address: mbogersr@concentric.net
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: N/A

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.

See question 14 below

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.

Applicant has never beforeapplied for a license. Daytona Telephone Company ("DTC") currently holds Certificate #6006 and IXE#5796.

DTC is currently merging into Applicant in an internal reorganization solely to: 1) change the name of DTC to Applicant, and 2) change DTC's form of organization from a corporation to a L.L.C.

For all intents and purposes Applicant will be continuing forward the pay telephone business for DTC.

15. List other states in which the applicant:

1. Is currently providing pay telephone service.

None

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

None

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

None

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

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

LOCAL

LONG DISTANCE

COIN

CALLING CARD

CREDIT CARD

OTHER (Describe) _____

See Certificates numbered 6006 and
IXE#5796 held by Daytona Telephone
Company. All information is the same

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

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:

Micheal D. Boger, Sr
Print Name

Michael D Boger Sr
Signature

President
Title

05/15/2001
Date

(901) 384-9100
Telephone No.

(901) 385-7020
Fax No.

Address: 7850 Stage Hills Blvd, Suite 102
Bartlett, TN 38133

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:

Micheal D. Boger, Sr
Print Name

Michael D. Boger, Sr.
Signature

President
Title

05/15/2001
Date

(901) 384-9100
Telephone No.

(901) 385-7020
Fax No.

Address: _____
7850 Stage Hills Blvd., Suite 102

Bartlett, TN 38133

****APPLICANT ACKNOWLEDGMENT****

Applicant: Advantage Group of Florida Communications, LLP

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

Micheal D. Boger, Sr
Print Name

President

Title

(901) 384-9100
Telephone No.

Micheal D. Boger, Sr
Signature

05/15/2001
Date

(901) 385-7020
Fax No.

Address: 7850 Stage Hills Blvd., Suite 102

Bartlett, TN 38133

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.