

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
01/01/2000 TO 12/31/2000

TI282  
Florida UCS, Inc.  
401 North Michigan Avenue, Suite 206  
Chicago, IL 60611-5555  
Socket # 010867-T1

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# 7109

\$ 70.98 0603001

\$ 25.00 003001

\$ 6.00 0603001

004011

Postmark Date 7/5/01

Initials of Preparer mc

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ _____
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ <u>40,004.97</u>	\$ <u>40,004.97</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	<u>60.00</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	_____
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>6.00</u>	_____
12.	TOTAL AMOUNT DUE	_____	\$ <u>75.50</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: \_\_\_\_\_

APP 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.

PETER SCHIOP (Signature of Company Official)      CRAIG FOSTER / CEO (Title)

Telephone Number (312) 491

F.E.I. No. 36-38322

DOCUMENT NUMBER-DATE  
08481 JUL 11 01

PSC RECORDS/REPORTING

United Communications Systems, Inc. d/b/a Florida UCS, Inc. (TI282)  
Certificate No. 3971, Effective 02/02/95  
Docket No. 010867-TI

Year	Fee	Penalty	Interest	Notes
1996	\$10.98	\$12.50	\$3.00	Payment was due 01/30/97. The company's partial payment for \$39.02 was postmarked 06/26/97, but it was not for the minimum of \$50.00, nor did payment include penalty and interest.
2000	\$50.00 <i>60.50</i>	\$12.50	\$3.00	Payment was due 01/30/01. If payment is postmarked by 07/29/01, the total amount for 2000 is \$65.50.
<b>Total</b>	<b>\$60.98</b>	<b>\$25.00</b>	<b>\$6.00</b>	<b>Total if payment is postmarked by 07/29/01: \$91.98.</b>