

Interexchange Company Regulatory Assessment Fee Return

**ORIGINAL**

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2000 TO 12/31/2000

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TJ291-00-0-R  
Resort Hospitality Services, Ltd.  
P. O. Box 5568  
Hilton Head Island, SC 29938-5568

011043-TT

DEPOSIT DATE  
D143 DEC 04 2001

FOR PSC USE ONLY

Check# 002924

\$ 50.00 0603001  
\$ 12.50 003001  
\$ 6.00 0603001  
004011

Postmark Date 11/29/01  
Initials of Preparer MC

Please Complete Below If Official Mailing Address Has Changed

TEL SOUTH COMMUNICATIONS P.O. Box 20038 KNOXVILLE TN 37940  
(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>0</u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( _____ )	( _____ )
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	_____
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>	<u>50.00</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>68.50</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
- Alternate-Operator Service
- Call Aggregator
- 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: \$ NONE 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.

APP \_\_\_\_\_  
CAE Nick Koulichkov  
CMP \_\_\_\_\_ (Signature of Company Official)  
COM NICK S. KOULICHKOV  
CTR \_\_\_\_\_ (Preparer of Form - Please Print Name)  
ECR \_\_\_\_\_  
LEG \_\_\_\_\_  
OPC \_\_\_\_\_  
PAI \_\_\_\_\_  
RGO \_\_\_\_\_  
SEC \_\_\_\_\_  
SED \_\_\_\_\_

ASS'T. CONTROLLER \_\_\_\_\_ 11/29/01  
(Title) (Date)  
Telephone Number (843) 842-7795 Fax Number (843) 842-8601  
F.E.I. No. 57-0959892

DOCUMENT NUMBER-DATE  
15110 DEC-40  
PSC-COMMISSION CLERK