FLORIDA PUBLIC SERVICE COMMISSION

DIVISION OF REGULATORY OVERSIGHT CERTIFICATION SECTION

APPLICATION FORM FOR CERTIFICATE TO PROVIDE PAY TELEPHONE SERVICE WITHIN THE STATE OF FLORIDA O20539-TC

INSTRUCTIONS

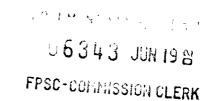
- ♦ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- Print or type all responses to each item requested in the application. If an item is not applicable, please explain. Pages 8, 9 and 10 must be completed and signed.
- ♦ 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

Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc



J	ai IncFL
Name under which applicant will do bu	siness (fictitious name, etc.):
Official mailing address:	
Street: 2003 Lion (our	try Safari Rd.
P.O. Box:	
City: Loxahatchee	
State: FL	Zip:
n · 1 11	
florida address:	1. ((, 10)
street: 2003 Lion (au	nty Jatan Rd.
P.O. Box:	
City: Laxabatchee	
tate: FL	Zip: <u>33470</u>
tructure of organization:	
() Individual	
(★) Corporation	
() General Partnership	
() Limited Partnership	
() Other:	
incorporated in Florida, provide proof	of authority to operate in Florida:
Florida Secretary of State Corporate Registration Numbe	-, 308561

	fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:			
	Florida Fictitious Name Registration Number:			
8.	F.E.I. Number (if applicable): 59 -1168 011			
9.	If individual, provide:			
	Name:			
	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:			
	Title:			
	Address:			
	City/State/Zip:			
	Telephone No.:Fax No.:			
	Internet E-Mail Address:			
	Internet Website Address:			
	,			

If using fictitious name d/b/a (doing business as), provide proof of compliance with the

10. Partnership (continued)

7.

2.	Name:
	Title:
	Address:
	City/State/Zip:
	Telephone No.:Fax No.:
	Internet E-Mail Address:
	Internet Website Address:
Whov	vill serve as liaison to the Commission with regard to the following?
1.	The application: Name: Marc K. Unterhalter
	Title: Vice President
	Address: 2005 mon Country Safare Rd. City/State/Zip: Lexaliatchel FL 33470
	City/State/Zip: Laxabatchel FL 33470
	Telephone No.: 561-793-10814 Fax No.: 561-793-9603
	Internet E-Mail Address: Unter@lioncountrysaan. Can
	Internet E-Mail Address: Unter@ 1000 Country Salar. Com Internet Website Address: www-loncounty Salar. Com
2.	Official Point of Contact for ongoing company operations including complaints and inquiries:
	Name: Marc K. Unterlolte
	Title: VICO. W. LICHAN
	Address: noos hion (ountry Safari Rd.
	City/State/Zip: hasahatchee FL 33470
	Telephone No.: $\frac{561-793-1054}{561-793-960}$
	Internet F-Mail Address Unterfor Lion country Sator Con
	Internet Website Address: www.lioncountrySafair.

11.

	Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder previously adjudged bankrupt, mentally incompetent, or found guilty of any felony crime, or whether such actions may result from pending proceedings.		
]	If so, provide explanation: Nove		
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g a	Has the applicant or any subsidiary, partner, officer, director, or any stockholder extranted or denied a pay telephone certificate in the State of Florida? (This include and canceled pay telephone certificates.) If yes, provide explanation and list the certificate and certificate number.		
	No-		
2	s the applicant or any subsidiary, partner, officer, director, or any stockholder a subsartner, or officer in any other Florida certificated pay telephone company? If yes, give f company and relationship. If no longer associated with company, give reason with the company of t		
J ,	70.		
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15.	List	t 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.	
	3.	circumstances.	Explain
	,	None.	
	4.	Has had regulatory penalties imposed for violations of telecommunications rules, or orders. Explain circumstances.	statutes,
		Nonc.	
16.	Please	e check (✓) the services that will be provided:	
		(V) LOCAL	
		(v) LONG DISTANCE	
		(y) COIN	
		(Y CALLING CARD	
		(v) CREDIT CARD	
		() OTHER (Describe)	_
			_

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 <u>seven percent</u> 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:	, , , , , ,	
Marc	K. Unterhalter	hm t. lillat	7
Print Name		Signature	
_V-V-		6/14/2002	
Title		Date ^¹	
561-7	93-1084 4+ 150	561-793-9603	3
Telephone N	lo.	Fax No.	
Address:	2003 Lion Cour	iting Safari Rd	<u>.</u>
	Loxabatchee	FL 33470	
	a south the second seco		

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.

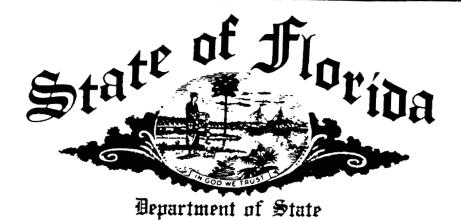
Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

APPLICANT ACKNOWLEDGMENT

Applicant:	Lion Country	pateri, Inc LL
-	J	
	_ ·	standing of the Florida Public Service Plating to my provision of Pay Telephone
	K. Untahalter	hu t. lishall
Print Name		Signature
V.P.		6/14/2002
Title		Date
561-7	93-1084 ext 150	561-793-9603
Telephone I	No.	Fax No.
Address:	LOOS LION Coun	try Safari Md.
	Loyahatdee 6	try Safari Md.

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.



I certify from the records of this office that LION COUNTRY SAFARI, INC.-FLORIDA is a corporation organized under the laws of the State of Florida, filed on August 29, 1966.

The document number of this corporation is 308561.

I further certify that said corporation has paid all fees due this office through December 31, 2002, that its most recent annual report/uniform business report was filed on January 31, 2002, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Thirty-first day of January, 2002

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Katherine Harris Batherine Harris Secretary of State