

1. Name of company or name of individual (not fictitious name or d/b/a): Nova Family Campground ORIGINAL

2. Name under which applicant will do business (fictitious name, etc.): 020763-TC

3. Official mailing address:
Street: 1190 Herbert Street
P.O. Box: _____
City: Port Orange
State: FL Zip: 32129
LK6778
\$100.00
PMC

4. Florida address:
Street: _____
P.O. Box: _____
City: _____
State: _____ Zip: _____

5. Structure of organization:
() Individual
 Corporation
() General Partnership
() Limited Partnership
() Other: _____

DEPOSIT	DATE
D 233	JUL 22 2002

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: 59-3350057
P.95000095557

- AUS _____
 - CAF _____
 - CMP _____
 - COM _____
 - CTR _____
 - ECR _____
 - GCL _____
 - OPC _____
 - MMS _____
 - SEC 1
 - OTH _____
- Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc

DOCUMENT NUMBER-DATE
07553 JUL 22 02
FPSC-COMMISSION CLERK

**DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

020768-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

Check received with filing and
forwarded to Fiscal for deposit.
Fiscal to forward a copy of check
to RAR with proof of deposit.

Initials of person who forwarded check:

JBM

DOCUMENT NUMBER-DATE

07520 JUL 19 88

FPSC-COMMISSION CLERK