

ORIGINAL

040492-TC

RECEIVED-FPSC

04 MAY 24 AM 10:41

****FLORIDA PUBLIC SERVICE COMMISSION****

**DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT
CERTIFICATION**

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

COMMISSION
CLERK
04 MAY 24 AM 9:12
DISTRIBUTION CENTER

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 the Commission Clerk and Administrative Services
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 Competitive Markets and Enforcement
Certification
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

Check received with filing and forwarded
to Fiscal for deposit. Fiscal to forward
deposit information to Records.

DOCUMENT NUMBER DATE
Initials of person who forwarded check:

[Signature] 05906 MAY 24 8

FPSC-COMMISSION CLERK

ORIGINAL

1. Name of company or name of individual (not fictitious name or d/b/a):
Seacoast Communications, LLC

2. Name under which applicant will do business (fictitious name, etc.):
Seacoast Communications, LLC

3. Official mailing address:

Street: 95 Country Club Drive West

P.O. Box: 422

City: Destin

State: Florida Zip: 32540-0422

4. Florida address:

Street: 95 Country Club Drive West

P.O. Box: 422

City: Destin

State: Florida Zip: 32540-0422

5. Structure of organization:

() Individual

() Corporation

() General Partnership

() Limited Partnership

() Other: limited liability

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

Florida Secretary of State
Corporate Registration Number: L04000035356

* See Attached Certified Copy

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:** _____

8. **F.E.I. Number (if applicable):** 56-2457370 _____

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:

a. **Name:** _____

Title: _____

Address: _____

City/State/Zip: _____

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

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

b. Name: _____
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?

a. The application:
Name: Rhonda Fryar
Title: V.P.
Address: P.O. Box 422
City/State/Zip: Destin, Florida 32540-0422
Telephone No.: 843-222-9032 Fax No.: 843-497-1020
Internet E-Mail Address: rfryar@sc.rr.com
Internet Website Address: N/A

b. Official Point of Contact for ongoing company operations including complaints and inquiries:
Name: Rhonda Fryar
Title: V.P.
Address: P.O. Box 422
City/State/Zip: Destin, Florida 32540-0422
Telephone No.: 843-222-9032 Fax No.: 843-497-1020
Internet E-Mail Address: rfryar@sc.rr.com
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.

N/A

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.

N/A

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

Board member GSC Communications
in State South Carolina / North Carolina

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

Georgia ; Alabama, North Carolina

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

N/A

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

N/A

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

(✓) LOCAL

(✓) LONG DISTANCE

(✓) COIN

(✓) CALLING CARD

(✓) CREDIT CARD

() OTHER (Describe) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 70

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: _____
- _____

****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:

<u>Doug Fryar</u> Print Name	<u>Doug Fryar</u> Signature
<u>President</u> Title	<u>5-19-04</u> Date
<u>843-222-9032</u> Telephone No.	<u>843-497-1020</u> Fax No.
Address: <u>SeaCoast Communications, LLC</u>	
<u>P.O. Box 422</u>	
<u>Destin Florida 32540-0422</u>	
<u> </u>	
<u> </u>	

****APPLICANT ACKNOWLEDGMENT****

Applicant: Sea Coast Communications, LLC

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

Doug Fryar
Print Name

Doug Fryar
Signature

President
Title

5-19-04
Date

843-222-9032
Telephone No.

843-497-1020
Fax No.

Address: P.O. Box 422

Destin Florida 32540-0422

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.

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FIELD(1)

FOR PSC USE ONLY

Check# _____

\$ _____ 0603002

\$ _____ 003001

\$ _____ P

0603002

004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

PERIOD COVERED:

FIELD(3)

Please Complete Below If Official Mailing Address Has Changed

Seacoast Communications (Name of Company) P.O. Box 422, (Address) Destin, FL (City/State) 32540 (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(<u>0</u>)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>0</u>
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	TOTAL AMOUNT DUE	\$ <u>50⁰⁰</u>

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 0

* These amounts must be intrastate only and must be verifiable.

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 official duty shall be guilty of a misdemeanor of the second degree.

Doug [Signature]
(Signature of Company Official)

Bonnie Finlar
(Preparer of Form - Please Print Name)

President (Title) 5-19-04 (Date)

Telephone Number 843 222 9032 Fax Number 843 497-1020

F.E.I. No. 56-2457370

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

FIELD(1)

PERIOD COVERED:

FIELD(3)

FOR PSC USE ONLY	
Check# _____	
\$ _____	0603002
	003001
\$ _____	P
	0603002
	004011
\$ _____	1
Postmark Date _____	
Initials of Preparer _____	

Please Complete Below If Official Mailing Address Has Changed

SeaCoast Communications (Name of Company) P.O. Box 422, (Address) Destin, FL (City/State) 32540 (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(<u>0</u>)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>0</u>
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	TOTAL AMOUNT DUE	\$ <u>50⁰⁰</u>

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 0

* These amounts must be intrastate only and must be verifiable.

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 official duty shall be guilty of a misdemeanor of the second degree.

Doug [Signature]
(Signature of Company Official)

President (Title) 5-19-04 (Date)

Bonnie Frazer
(Preparer of Form - Please Print Name)

Telephone Number 813 223 9032 Fax Number 813 497-1020

F.E.I. No. 56-2457370

Certificate of Status

I certify from the records of this office that SEACOAST COMMUNICATIONS, L.L.C., is a limited liability company organized under the laws of the State of Florida, filed electronically on May 10, 2004, effective May 10, 2004.

The document number of this company is L04000035356.

I further certify that said company has paid all fees due this office through December 31, 2004, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 040511090200-300035831403#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Eleventh day of May, 2004



Glenda E. Hood
Glenda E. Hood
Secretary of State