

State of Florida



ORIGINAL

Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOWL BAR • TALLAHASSEE, FLORIDA 32399-0850

RECEIVED-FPSC

JUN 8 2:18

-M-E-M-O-R-A-N-D-U-M-

COMMISSION CLERK

DATE: June 8, 2005

TO: Blanca S. Bayó, Commission Clerk and Administrative Services Director

FROM: Kiwanis L. Curry, Regulatory Analyst I, Division of Competitive Markets & Enforcement *RLC*

RE: Docket No. 050372-TC

Please add the attached pages to the docket file. These pages were not included with the pay telephone application when it was initially filed.

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

DOCUMENT NUMBER-DATE

05513 JUN-8 05

FPSC-COMMISSION CLERK

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: Christopher Vellanti
 Title: Owner
 Address: PO Box 3254
 City/State/Zip: Apollo Beach FL 33572
 Telephone No.: 813-828-7655 Fax No.: 813-828-5993
 Internet E-Mail Address: ⁷²⁷⁻⁶⁴³⁻⁶⁴³¹ cvellanti@aol.com
 Internet Website Address: _____

b. Official Point of Contact for ongoing company operations including complaints and inquiries:
 Name: Christopher Vellanti / Ruth Dailey
 Title: Owner / Manager
 Address: PO Box 3254
 City/State/Zip: Apollo Beach FL 33572
 Telephone No.: 813-828-7655 Fax No.: 813-828-5993
 Internet E-Mail Address: ⁷²⁷⁻⁶⁴³⁻⁶⁴³¹
 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: No

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.

No

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.

No

