



FILED 1/27/2020
DOCUMENT NO. 00585-2020
FPSC - COMMISSION CLERK

151 Southhall Lane, Ste 450
Maitland, FL 32751
P.O. Drawer 200
Winter Park, FL 32790-0200
www.inteserra.com

JAN 27 2020 3 16 .

January 24, 2020
Via Overnight Delivery

Fiscal Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RE: Cox Florida Telcom, L.P
FL Local Service Regulatory Assessment Fee - Semi Annual (Jan Pymt)
For the six months ending December 31, 2019
Utility Number: TA027

Dear Sir or Madam:

Enclosed please find the FL Local Service Regulatory Assessment Fee - Semi Annual (Jan Pymt) for the six months ending December 31, 2019, filed on behalf of Cox Florida Telcom, L.P. A check in the amount of \$19,935.23 is enclosed to cover the remittance fees due.

The Company is requesting CONFIDENTIAL treatment of this report pursuant to Florida Statue §364.183. Please handle the enclosed reports in accordance with your established procedures for Confidential material.

Questions regarding this filing should be directed to my attention at 407-659-8757. Thank you for your assistance in this matter.

Sincerely,

Priscilla Feliciano
Compliance Reporting Specialist I

cc: Ken Culpepper - Cox Florida Telcom, L.P
file: Cox Florida Telcom, L.P - Reporting - Florida
PF/dt

RECEIVED-FPSC
2020 JAN 27 AM 11:04
COMMISSION
CLERK

186585

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2020

Local Telephone Service Provider Regulatory Assessment Fee Return

CONFIDENTIAL

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- X Actual Return
Estimated Return
Amended Return

PERIOD COVERED:

7/01/2019 TO 12/31/2019

TA027-19-T-1-R
Cox Florida Telcom, L.P.
6205-B Peachtree Dunwoody Road M/S GP-12
Atlanta, GA 30328

DATE DEPOSIT

JAN 27 2020 3 16 .

FOR PSC USE ONLY

Check# 186585
\$ 19,935.23
Postmark Date 1-24-20
Initials of Preparer RR

Please Complete Below If Official Mailing Address Has Changed

Confidential
Receipts

(Name of Company) (Address) (City/State) (Zip)

Table with 4 columns: LINE NO., Description, TOTAL FLORIDA GROSS OPERATING REVENUE, INTRASTATE REVENUE. Rows include Local Service Revenues, Network Access Revenues, Long Distance Network Services Revenues, Miscellaneous Revenues, TOTAL REVENUES, LESS: Amounts Paid to Other Telecommunications Companies, NET INTRASTATE OPERATING REVENUE, Regulatory Assessment Fee Due, Penalty for Late Payment, Interest for Late Payment, Extension Payment Fee, TOTAL AMOUNT DUE.

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

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.

Mary Vickers
(Signature of Company Official)

Vice President (Title) 1/22/20 (Date)

Mary Vickers
(Preparer of Form-Please Print Name)

Telephone Number () 678-645-0282 Fax Number () 404-269-2392

F.E.I.No. 58-2310381