



Public Service Commission

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

DATE: August 13, 1999

TO: Blanco Bayo, Director, Division of Records and Reporting

FROM: Toni J. McCoy, Regulatory Analyst, Division of Telecommunications

SUBJECT: Open Docket No. 990815-TC, Revise CASR Title

Please revise the CASR title for the above docket from:

Application for certificate to provide pay telephone service by George J. Semple d/b/a Bell Communications Service.

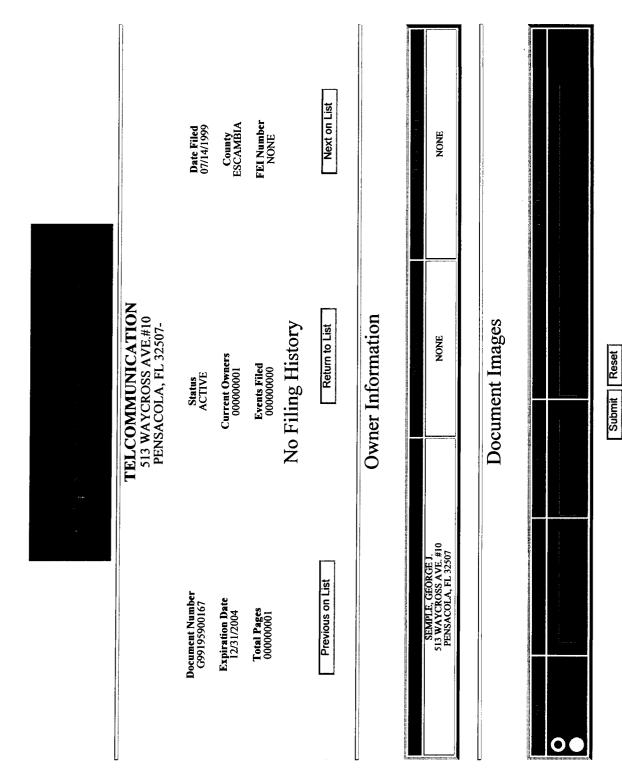
Change to:

Application for certificate to provide pay telephone service by George J. Semple d/b/a TelCommunication.

NOTE: See the attached Dept. of State Filing and revised PATS application pages. Please call if you have any questions, 413-6532.

Thank you.

AFA	THE RESIDENCE WAS ASSESSED.
APP	Name and Address of the Owner, where the Owner, which is the O
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THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

	f company or name of individual (not fictitious name or d/b/a):
	storge J. Semple
Name u	nder which applicant will do business (fictitious name oto):
	Tel Communication
Official	mailing address:
Street:	513 WAYCROSS AVE, #10
P.O. B o	,
City:	PENSACOLA . FL
State:	PENSACOLA, FL FLORIDA ZIP: 32507
_	
	address:
Street: _	5/3 WAYCROSS AVE, #10
P.O. Bo	K:
City:	PENSACOLA
State: _	FLORIDA ZIp: 32507
34	
	e of organization:
•	Individual
() Corporation
() General Partnership
t.) Limited Partnership
() Other:
f incorp	orated in Florida, provide proof of authority to operate in Florida
F	orida Secretary of State orporate Registration Number:

7.	if using fictitious name d/b/a (doing business as), provide proof of with the fictitious name statute (Chapter 865.09, Florida Statutes) to Florida:	operate in
	Tel Communicat	100
	Florida Fictitious Name G99195900165 Registration Number:	1 :
В.	F.E.I. Number (if applicable):	
9.	If individual, provide:	
	Name: George J. Semple	
	Name: <u>George J. Semple</u> Title: <u>OWHER</u>	
	Address: 513 VAYCROSS AVE # 10	
	Address: 5/3 VAYCROSS AVE # 10 City/State/Zip: PENSACOLA, FL, 32507	
	Telephone No.: <u>950 456 9405</u> Fax No.:	
	Internet E-Mail Address:	
	Internet Website Address:	
10.	If partnership, provide name, title and address of all partners and a continuous partnership agreement:	opy of the
	a. Name:	
	Title:	
	Address:	
	City/State/Zip:	
	Telephone No.:Fax No.:	
	Internet E-Mail Address:	