

7026

000402-TC

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2001

Pay Telephone Service Provider Regulatory Assessment Fee Return

ck total \$106.00

STATUS:

- Actual Return
- Estimated Return
- Amended Return

Florida Public Service Commission
(See Filing Instructions on Back of Form)

TG549
 Frederick Zufall
 103 El Camba
 Lakeland, FL 33815-3744 DATE
 D 2 7 3 2 7 4 APR 03 2000

FOR PSC USE ONLY
 Check# 2259
 \$ 50.00 0603002
 003001
 \$ P
 0603002
 004011
 \$ I
 Postmark Date 3/29/00
 Initials of Preparer MC

PERIOD COVERED:
01/01/2000 TO 12/31/2000

Please Complete Below If Official Mailing Address Has Changed

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
(Name of Company)	(Address)	(City/State) (Zip)
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due --- (Multiply Line 4 by 0.0015)	\$ 50
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	\$ 0
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	\$ 1
8.	TOTAL AMOUNT DUE	\$ 50

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.

FR: Frederick Zufall
 (Signature of Company Official)
 FREDERICK ZUFALL
 (Preparer of Form - Please Print Name)

OWNER
 (Title)
 3-29-00
 (Date)
 Telephone Number () Fax Number ()
 F.E.I. No. 771-32-6045

Please cancel my certificate immediately for FREDERICK ZUFALL OR UNITED COMMUNICATION RESOURCES

Frederick Zufall, 3-29-00

DOCUMENT NUMBER 04130 APR-4 08
FPSC-RECORDS/REPORTING

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5.	Regulatory Assessment Fee Due --- (Multiply Line 4 by 0.0015)	\$ 50
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	\$ 10
8.	TOTAL AMOUNT DUE	\$ 60

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 true and correct and that the statement in writing with the intent to mislead

FREDERICK L. ZUFALL 01-99
 JOYCE I. ZUFALL 2259
 941-802-5536
 103 EL CAMBA MHP
 LAKELAND, FL 33815

Date 3-21-00

63-27/631 FL 1305

3-29-00
(Date)

Fax Number ()

3-6045
immediately
COMMUNICATION RESOURCES

3-27-00

Received: 07 Mar 00 08:51 AM From: Unk



NationsBank

NationsBank, Inc.
ACH R/T 063100277

For _____

Joyce Zufall

Pay to the order of Florida Public Service Commission \$ 106.00
One Hundred Six and 00/100