

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

**DIVISION OF COMMUNICATIONS  
BUREAU OF SERVICE EVALUATION**

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

**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.
- ◆ 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 Records and Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6770**

DEPOSIT

D 2 1 7

DATE

DEC 0 9 1999

- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission  
Division of Communications  
Bureau of Service Evaluation  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6600**

RECEIVED  
DIVISION OF RECORDS AND REPORTING  
FLORIDA PUBLIC SERVICE COMMISSION  
99 DEC - 8 PM 1:11  
MAILROOM

1. Name of company or name of individual (not fictitious name or d/b/a):  
STAR Island Management Corp.

2. Name under which applicant will do business (fictitious name, etc.):  
STAR Island Management Corp.

3. Official mailing address:

Street: 2794 North Poinciana Boulevard

P.O.Box: 422168

City: Kissimmee

State: Florida Zip: 34742-2168

4. Florida address:

Street: 2794 North Poinciana Boulevard

P.O.Box: 422168

City: Kissimmee

State: Florida Zip: 34742-2168

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: \_\_\_\_\_

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

Florida Secretary of State  
Corporate Registration Number: P93000078300

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): 59-3306571

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: ERVIN Rodriguez  
Title: Assistant Comptroller  
Address: 2800 N. Poinciana Blvd.  
City/State/Zip: Kissimmee, Fl. 34742  
Telephone No.: 997-5000 Fax No.: 997-5221  
Internet E-Mail Address: ervinr@clarionflorida.com  
Internet Website Address: \_\_\_\_\_

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: Brad Padgett  
Title: Director Communications  
Address: 2800 N. Poinciana Blvd.  
City/State/Zip: Kissimmee, Fl. 34742  
Telephone No.: 997-5166 Fax No.: 997-5167  
Internet E-Mail Address: bradp@Clarionflorida.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: NO

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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

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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

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15. List other states in which the applicant:

a. Is currently providing pay telephone service.

NO

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

NO

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

NO

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

NO

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

(✓) LOCAL

(✓) LONG DISTANCE

(✓) COIN

(✓) CALLING CARD

(✓) CREDIT CARD

( ) OTHER (Describe) operator Services

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 6

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) \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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## \*\*APPLICANT FEE/TAX STATEMENT\*\*

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
  
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra- and interstate business.
  
3. **SALES TAX:** I understand the a seven percent sales tax must be paid on intra- and interstate revenues.
  
4. **APPLICATION FEE:** I understand that a non-refundable application fee of **\$100.00** must be submitted with the application.

### UTILITY OFFICIAL:

<u>Jared Meyers</u> <b>Print Name</b>	<u>Jared Meyer VP</u> <b>Signature</b>
<u>Vice President</u> <b>Title</b>	<u>11-4-1999</u> <b>Date</b>
<u>(407) 997-5192</u> <b>Telephone No.</b>	<u>(407) 997-5229</u> <b>Fax No.</b>
<b>Address:</b> <u>2794 N. Poinciana Blvd.</u>	
<u>Kissimmee, Fl. 34746</u>	
<u> </u>	
<u> </u>	
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## \*\*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>Jared Meyers</u> Print Name	<u>Jared Meyers VP</u> Signature
<u>Vice President</u> Title	<u>11-4-99</u> Date
<u>407-997-5192</u> Telephone No.	<u>407-997-5229</u> Fax No.
Address: <u>2794 N. Poinciana Blvd.</u>	
<u>Kissimmee, Fl. 34746</u>	

**\*\*APPLICANT ACKNOWLEDGMENT\*\***

Applicant: STAR Island Management Corp.

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

Jared Meyers  
Print Name

Jared Meyers VP  
Signature

Vice President  
Title

11-4-99  
Date

407-997-5192  
Telephone No.

407-997-5229  
Fax No.

Address: 2794 N. Ponceiana Blvd.  
Kissimmee, Fl. 34746

**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.**

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000078300

1. Corporation Name  
STAR ISLAND MANAGEMENT CORP.



Principal Place of Business  
2794 N. POINCIANA BLVD.  
KISSIMMEE FL 34746

Mailing Address  
P. O. BOX 422168  
KISSIMMEE FL 34742-2168  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/12/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3306571	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MEYERS, PA, STEVEN M ONE BISCAYNE TOWER, SUITE 3550 TWO SOUTH BISCAYNE BOULEVARD MIAMI FL 33131				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, NEIL DR	1.2 NAME	
STREET ADDRESS	5001 LAKE CECIL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	KAPLUS, ROBERT	2.2 NAME	
STREET ADDRESS	3235 TOMAHAWK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SDCB <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, HILLEL	3.2 NAME	
STREET ADDRESS	4875 PINETREE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, JARED	4.2 NAME	
STREET ADDRESS	123 CELEBRATION BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CELEBRATION FL 34747	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

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

**DIVISION OF COMMUNICATIONS  
BUREAU OF SERVICE EVALUATION**

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

991885-TC

**INSTRUCTIONS**

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 Division of Records and Reporting  
 2540 Shumard Oak Blvd.  
 Tallahassee, Florida 32399-0850  
 (850) 413-6770

DEPOSIT

DATE

D 2 1 7

DEC 0 9 1999

- ◆ If you have questions about completing the form, contact:

Florida Public Service Commission

MAILED  
 99 DEC -8  
 FLORIDA  
 SERVICE COM

RESORT WORLD OF ORLANDO MGMT. CO. INC.  
 TELEPHONE SERVICE  
 P.O. BOX 422168  
 KISSIMMEE, FL 34742

**AmSouth**  
 AmSouth Bank of Florida  
 63-466/631 317

CHECK NO. 10781  
 CONTROL NO. 04-FPSC

DATE 11/23/99 AMOUNT \*\*\*\*\*100.00\*

PAY EXACTLY \$100dols00cts

**REDACTED**

TO THE ORDER OF

FLORIDA PUBLIC SERVICE  
 COMMISSION  
 DIV OF RECORDS & REPORTING  
 Tallahassee FL 32399

DOCUMENT NUMBER-DATE  
 15110 DEC -99

*Dr. Herb Meyer*  
 PRESIDENT