

RJR

ORIGINAL

00 AUG 30 PM 1:32  
MAIL ROOM



# KELLEE Communications Group, Inc.

Hartsfield Atlanta International Airport  
Lower North Terminal, Suite T-116  
PO Box 45063  
Atlanta, GA 30320

Phone (404) 767-0003  
Fax (404) 767-7001

August 23, 2000

RE: Docket No. 001019-TC

Ms. Blanca Bayo, Director  
Division of Records and Reporting  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL  
32399-0850

Dear Ms. Bayo,

Per the instruction of your Bureau of Service Quality & Compliance division, please find enclosed, a completed RAF form, and a check for the full payment of any past due amounts owed by KELLEE Communications Group, Inc. Certificate No. 5377

All necessary measures have been implemented within our organization to prevent delinquent payments and or report filings from occurring in the future. We will assure that all subsequent responses are timely and in order, to remain in good standing with the Florida Public Service Commission.

KELLEE Communications would like to propose a settlement in the amount of \$ 100.00 for violating the Regulatory Assessment Fee filing deadline.

If you should have any further questions and or comments, or if there are any other actions required of KELLEE Communications, please feel free to contact me at (404) 767-0003. Thanking you in advance for your time and consideration regarding this matter.

- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP   I
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- LEG   I
- OPC \_\_\_\_\_
- PAI \_\_\_\_\_
- RGO \_\_\_\_\_
- SEC   I
- SER \_\_\_\_\_
- OTH \_\_\_\_\_

Respectfully,

Udoh Opiotennione  
Vice President -Southeast Region  
KELLEE Communications Group, Inc.

Cc: Paula Isler, FPSC

Enclosures (2)

DOCUMENT NUMBER-DATE

10774 AUG 30 8

FPSC-RECORDS/REPORTING

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01 31 2000

# Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/99 TO 12/31/99

Florida Public Service Commission  
(See Filing Instructions on Back of Form) **1:32**

TG076  
 Kellee Communications Group, Inc. **MAIL ROOM**  
 PO Box 45063  
 Atlanta, GA 30320-0063 **DATE**  
**D 8 5 4** **AUG 31 2000**

**FOR PSC USE ONLY**  
 Check# 4112  
 \$ 50.00 0603002  
 \$ 12.50 003001  
 P  
 0603002  
 \$ 3.50 004011  
 Postmark Date 8/29/00  
 Initials of Preparer mc

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( <u>0</u> )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ <u>0</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<u>50.00</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>12.50</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>3.50</u>
8.	<b>TOTAL AMOUNT DUE</b>	\$ <u>66.00</u>

*P. Isler  
RJR*

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

KELLEE COMMUNICATIONS GROUP, INC.  
 P.O. BOX 45063  
 ATLANTA, GA 30320

WACHOVIA BANK, N.A.  
 ATLANTA, GA 30303  
 64-1/610

4112

8-23-00

Pay to the Order of Florida Public Service Commission \$ 66.00

Sixty six dollars



DOCUMENT NUMBER-DATE

10774 AUG 30 2000

memo Docket No. 001019-TC

0004 1 1 2000

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Postmark Date 8/29/00

Initials of Preparer mc

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( 0 )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ 0
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	50.00
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	12.50
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	3.50
8.	<b>TOTAL AMOUNT DUE</b>	\$ 66.00

*P. Isker*  
*RJR*

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.

[Signature]  
(Signature of Company Official)

Vice President 8-21-00  
(Title) (Date)

Udoh Opietennione  
(Preparer of Form - Please Print Name)

Telephone Number 404 1767-0003 Fax Number 404 1767-7001

F.E.I. No. 13 337 7189