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DIVISION OF COMPETITIVE MARKETS &  
ENFORCEMENT  
BETH W. SALAK  
DIRECTOR  
(850) 413-6600  
DEC 24 AM 10:28

# Public Service Commission

COMMISSION  
CLERK

December 23, 2003

Ms. Tricia A. Relvini, VP of Finance  
Epoch Management, Inc.  
359 Carolina Avenue  
Winter Park, FL 32789

**RE: Docket No. 031013-TX**

Dear Ms. Relvini:

The Commission received your letter dated December 10, 2003, along with a check for the \$50 minimum payment for the 2002 Regulatory Assessment Fee. Unfortunately, as my previous correspondence stated, just paying the past due amount will not prevent the company's certificate from being cancelled.

In order to resolve this docket, Kernan Associates d/b/a St. Johns Estates must:

- Pay the \$18.00 statutory late payment charges for 2002;
- Complete the 2002 Regulatory Assessment Fee return form;
- Provide the Commission with the company's updated reporting requirements; and
- Propose a settlement in lieu of the \$500 fine normally imposed or write a letter requesting cancellation of the company's certificate.

I am enclosing a breakdown of the 2002 late payment charges still outstanding, a sample settlement offer that the company can use as an example, which was from another company in similar circumstances, the company's current reporting requirements on file with the Commission, and a copy of the 2002 Regulatory Assessment Fee return form. Please review this information and let me know by Friday, January 9, 2004, how the company wishes to proceed.

AUS \_\_\_\_\_  
CAF \_\_\_\_\_  
CMP \_\_\_\_\_  
COM \_\_\_\_\_  
CTR \_\_\_\_\_  
ECR \_\_\_\_\_  
GCL \_\_\_\_\_  
OPC \_\_\_\_\_  
MMS \_\_\_\_\_  
SEC \_\_\_\_\_  
OTH \_\_\_\_\_

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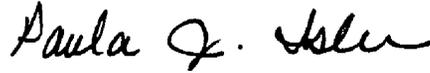
Internet E-mail: [contact@psc.state.fl.us](mailto:contact@psc.state.fl.us)

DOCUMENT NUMBER 031013-TX  
13432 DEC 24 10 28 AM '03  
FPSC-COMMISSION CLERK

Ms. Tricia A. Relvini, VP of Finance  
Page 2  
December 23, 2003

As information, the 2003 Regulatory Assessment Fee return forms were mailed December 12, 2003, and the return form and payment are due by January 30, 2004. In the meantime, let me know if you have any questions. I can be reached at the address at the bottom of Page 1, by phone at (850) 413-6502, by fax at (850) 413-6503, or via internet e-mail at [PIsler@psc.state.fl.us](mailto:PIsler@psc.state.fl.us).

Sincerely,



Paula J. Isler, Research Assistant  
Bureau of Service Quality

Enclosures

cc: Docket No. 031013-TX  
Office of the General Counsel (McKay)  
Mr. Michael L. Fowler



# Sample



**IG2, Inc.**

80-02 Kew Gardens Road  
Suite 5000  
Kew Gardens, NY 11415  
p. (718) 261-4424 (261-IG2I)  
p. (888) 428-8654  
f. (718) 520-0783

September 5, 2001

Ms. Blanca Bayo  
Director  
Division of the Commission Clerk & Administrative Services  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

RE: Proposed Settlement for Docket No. 011147-TX  
IG2, Inc.

Dear Ms. Bayo:

Enclosed is a check in the amount of \$66.50 and the applicable completed 2001 Regulatory Assessment Fee document on behalf of IG2, Inc. ("IG2" or "the Company").

IG2 definitely wishes to keep its Certificate active and in compliance with Commission rules. We apologize for the oversight in filing this document. We feel it may have gone to the incorrect address because the company used to be Suite 7000 (7<sup>th</sup> floor) and IG2 since has moved to the 5<sup>th</sup> floor (Suite 5000). We have taken steps to prevent future late payments of the regulatory assessment fees including notifying our postal carrier of the change. We have made this change on the document and also I notified Barbara Bailey of your OPR staff and she arranged for the change to be made there as well.

The Company agrees to waive any objection to the administrative cancellation of its certificate should IG2 fail to pay in accordance with its settlement offer. If, however, there is a factual dispute as to the manner or level of compliance with any provision in the settlement, Commission staff will bring the matter to the Commission for consideration.

IG2 respectfully proposes to pay \$100 as monetary settlement for the violation, which will be paid within 10 business days after the Commission Order is issued.

We appreciate your consideration of this settlement offer and, as always, please do not hesitate to contact me at (718) 261-4424 should you have any questions on this matter.

Sincerely yours,

Deborah S. Amott  
Vice President - Director of Compliance

## Reporting Requirements

**Kernan Associates, Ltd. d/b/a St. Johns Estates (TX545)**  
**Certificate No. 7737, Effective 03/05/01**

	<b>Current Information</b>	<b>Make Changes Here</b>
1 <sup>st</sup> Liaison's Name	John Murphy, Jr.	
1 <sup>st</sup> Liaison's Title	General Partner	
1 <sup>st</sup> Liaison's E-mail Address		
1 <sup>st</sup> Liaison's Telephone Number	(407) 628-2900	
1 <sup>st</sup> Liaison's Fax Number	(407) 628-8740	
2 <sup>nd</sup> Liaison's Name		
2 <sup>nd</sup> Liaison's Title		
2 <sup>nd</sup> Liaison's E-mail Address		
2 <sup>nd</sup> Liaison's Telephone Number		
2 <sup>nd</sup> Liaison's Fax Number		
Mailing Address	2221 Lee Road, Suite 15 Winter Park, FL 32789-1864	
Physical Address	% Thomas V. Infantino 180 South Knowles Avenue, Suite 7 Winter Park, FL 32789-7018	
Website		

# Alternative Local Exchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return  
 Estimated Return  
 Amended Return

PERIOD COVERED:  
01/01/2002 TO 12/31/2002

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

TX545-02-0-R  
 St. Johns Estates  
 2221 Lee Road, Suite 15  
 Winter Park, FL 32789-1864  
  
CC: P. Isler - Dkt. 031013-TX

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 0603006  
003001

\$ \_\_\_\_\_ P  
0603006  
004011

\$ \_\_\_\_\_ I

Postmark Date \_\_\_\_\_

Initials of Preparer \_\_\_\_\_

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only)**	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES		\$ _____
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		_____
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		_____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		_____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	
13.	<b>TOTAL AMOUNT DUE</b>		\$ _____

\* These amounts must be intrastate only and must be verifiable.  
 \*\* Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

**AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50**

**CURRENT COMPANY STATUS**

Facilities-Based Provider  
 Reseller  
 Other: \_\_\_\_\_

**BILLING INFORMATION**

Complete below if billing agent if other than yourself.

\_\_\_\_\_ (Name)      \_\_\_\_\_ (Address: City/State/Zip)      \_\_\_\_\_ (Telephone)

**COMPANY INFORMATION**

Do you lease telecommunications' facilities?     YES     NO

If YES, who do you lease these facilities from? Name: \_\_\_\_\_

Address: \_\_\_\_\_

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/her duty shall be guilty of a misdemeanor of the second degree.

\_\_\_\_\_ (Signature of Company Official)      \_\_\_\_\_ (Title)      \_\_\_\_\_ (Date)

\_\_\_\_\_ (Preparer of Form - Please Print Name)      Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

F.E.I. No. \_\_\_\_\_