Sandhills Telecommunications Group, Inc.

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Support Services Division 1648 Taylor Road, Suite 333, Daytona Beach, FL 32124 (904) 760-3692 (904) 756-4926 FAX

March 14, 2000

CEPUSIT

DATE

Florida Public Service Commission Division of Records and Reporting 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850

D268 MAR 2 0 2003

RE: Application for ALES

000324-TX

Dear Commission Review Board:

Please accept our enclosed application for authority to provide alternative local exchange service within the State of Florida.

We have enclosed an original application and six (6) additional copies, along with our check in the amount of \$250 as a non-refundable application fee.

In addition, to assist you in the review of our application, we have included our Business Miniplan and a copy of our completed Price List.

If you have any questions, I may be the contacedt at the above number and address. If you need immediate response and cannot reach me at the above number, please feel free to use my digital voice paging system at (800) 495-8034.

Thank you in advance. We would appreciate your expeditious approval of this application.

Sincerely,

Michael C. Yovanovich, Ph.D.

1 Chamono The

President/Applicant

Encl

MCY:cla

This claim of confidentiality was filed by or on behalf of a "telco" for Confidential DN ______________ document is in locked storage pending advice on handling. To access the material, your name must be on the CASR. If undocketed, your division director must obtain written EXD/Tech permission before you can access it.

DOCUMENT NUMBER-DATE

03460 MAR 178

FPSC-RECORDS/REPORTING

** FLURIDA PUBLIC SERVICE COMMISSION **

<u>DIVISION OF TELECOMMUNICATIONS</u> BUREAU OF CERTIFICATION AND SERVICE EVALUATION

APPLICATION FORM for AUTHORITY TO PROVIDE ALTERNATIVE LOCAL EXCHANGE SERVICE WITHIN THE STATE OF FLORIDA

Instructions

- ♦ This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).
- Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- Use a separate sheet for each answer which will not fit the allotted space.
- Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of \$250.00 to:

Florida Public Service Commission Division of <u>Records and Reporting</u> 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6770

♦ If you have questions about completing the form, contact:

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

FASC-FECSIOS/REPORTING

RULES GOVERNING TELEPHONE SERVICE PROVIDED BY ALTERNATIVE LOCAL EXCHANGE COMPANIES

25-4.0161	Regulatory Assessment Fees; Telecommunications Companies.
25-4.036	Design and Construction of Plant.
25-4.038	Safety.
25-4.039	Traffic.
25-4.043	Response to Commission Staff Inquiries.
25-4.110	Customer Billing for Local Exchange Telecommunications Companies.
25-4.118	Local, Local Toll, or Toll Provider Selection.
25-4.160	Operation of Telecommunications Relay Service.
25-24.515	Pay Telephone Service.
25-24.516	Pay Telephone Rate Caps.
25-24.600	Application and Scope.
25-24.610	Terms and Definitions; Rules Incorporated.
25-24.620	Service Requirements for Companies Providing Operator Services.
25-24.630	Rate and Billing Requirements.
25-24.640	Service Requirements for Call Aggregators.
25-24.800	Scope.
25-24.805	Certificate of Public Convenience and Necessity Required.
25-24.810	Application for Certificate.
25-24.815	Application for Approval of Assignment or Transfer of Certificate.
25-24.820	Revocation of a Certificate.
25-24.825	Price List.
25-24.830	Consumer Information.
25-24.835	Rules Incorporated.
25-24.840	Service Standards.
25-24.845	Customer Relations; Rules Incorporated.

FLORIDA STATUTES

427.704	Powers and duties of the Commission
427.705	Administration of the telecommunications access system

APPLICATION

	S IS	s an application for √ (check one):
(x)	Original certificate (new company).
()	Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.
()	Approval of assignment of existing certificate: Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.
()	Approval of transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.
Nar	me	of company:
SI	ANI	OHILLS TELECOMMUNICATIONS GROUP, INC.
		under which the applicant will do business (fictitious name, etc.):
		under which the applicant will do business (fictitious name, etc.): DHILLS TELECOMMUNICATIONS GROUP, INC.
_Sz Offi	ANI	OHILLS TELECOMMUNICATIONS GROUP, INC.
SZ Offi zip	ANI icia	OHILLS TELECOMMUNICATIONS GROUP, INC.
Offi zip	icia co	DHILLS TELECOMMUNICATIONS GROUP, INC. It mailing address (including street name & number, post office box, city, stated):
Official Off	icia co 64:	chills Telecommunications group, inc. In mailing address (including street name & number, post office box, city, statede): B Taylor Road, Suite 333 tona Beach, FL 32124 a address (including street name & number, post office box, city, state, zip

6.	Structure	e of organization:
	() Fo () Ge	dividual (X) Corporation reign Corporation () Foreign Partnership eneral Partnership () Limited Partnership ner
7.	<u>If indivi</u>	dual, provide:
	Name:_	
	Title:	
	Address	s:
	City/Sta	ite/Zip:
	Telepho	one No.: Fax No.:
	Internet	E-Mail Address:
	Internet	Website Address:
8.	If incorp	porated in Florida, provide proof of authority to operate in Florida:
	(a)	The Florida Secretary of State corporate registration number:
	<u> </u>	P0000011035
9.	If foreig	n corporation, provide proof of authority to operate in Florida:
	(a)	The Florida Secretary of State corporate registration number:
10.	_	fictitious name-d/b/a, provide proof of compliance with fictitious name Chapter 865.09, FS) to operate in Florida:
	(a)	The Florida Secretary of State fictitious name registration number:

	(a) The Florida Secretary of State registration number:	
_ 12.	If a partnership, provide name, title and address of all partners and a copy of the partnership agreement.	
	Name:	_
	Title:	_
	Address:	
	City/State/Zip:	
	Telephone No.: Fax No.:	
	Internet E-Mail Address:	
	Internet Website Address:	
13.	If a foreign limited partnership, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.	
	(a) The Florida registration number:	
14.	Provide F.E.I. Number(if applicable): 59-3545852	
15.	Indicate if any of the officers, directors, or any of the ten largest stockholders hat previously been:	ave
	(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of crime, or whether such actions may result from pending proceedings. <u>Provide explanation.</u>	an
	None	

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

Who will serve as liaison to the Commission with regard to the following?
(a) The application:
Name: Michael C. Yovanovich
Title: President/Sec.
Address: 1648 Taylor Road, Suite 333
City/State/Zip: Daytona Beach, FL 32124
Telephone No.: (904) 760-3692 Fax No.: (904) 756-4926
Internet E-Mail Address: mikeyov@aol.com
Internet Website Address:none
(b) Official point of contact for the ongoing operations of the company:
Name: Michael C. Yovanovich
Title: President/Sec.
Address: 1648 Taylor Road, Suite 333
City/State/Zip: Daytona Beach, FL 32124
Telephone No.: (904) 760-3692 Fax No.: (904) 756-4926

	Internet Website Address: None
	(c) Complaints/Inquiries from customers:
	Name: Michael C. Yovanovich
	Title: President/Sec.
	Address: 1648 Taylor Road, Suite 333
	City/State/Zip: Daytona Beach, FL 32124
	Telephone No.: (904) 760-3692 Fax No.: (904) 756-4926
	Internet E-Mail Address: mikeyov@aol.com
	Internet Website Address:none
17.	List the states in which the applicant:
	(a) has operated as an alternative local exchange company.
	none
	(b) has applications pending to be certificated as an alternative local exchange company.
	none
	(c) is certificated to operate as an alternative local exchange company.
	no

	(d)	has been denied authority to operate as an alternative local exchange company and the circumstances involved.
	n	0
	(e)	has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.
	no	
	(f)	has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.
	no	
18.	Sub	mit the following:
A. F	inanc	ial capability.
	The	application about a section the continents audited financial statements for the

The application <u>should contain</u> the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated. ****Personal Financial Statement Unaudited submitted****

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer <u>affirming that the financial statements</u> are true and correct and should include:

- 1. the balance sheet:
- 2. income statement; and
- 3. statement of retained earnings.

NOTE: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

Further, the following (which includes supporting documentation) should be provided:

- 1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
- 2. <u>written explanation</u> that the applicant has sufficient financial capability to maintain the requested service.
- 3. <u>written explanation</u> that the applicant has sufficient financial capability to meet its lease or ownership obligations.
- B. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.
- C. Technical capability: give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

** APPLICANT ACKNOWLEDGMENT STATEMENT **

- 1. REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of 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 that 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 \$250.00 must be submitted with the application.

Malar Chromone	March 13, 2000
Signature Michael C. Yovanovich	Date
President/Sec.	(904) 760-3692
Title	Telephone No.
Address: 1648 Taylor Road, Suite 333	(904) 756-4926
Daytona Beach, FL 32124	Fax No.

ATTACHMENTS:

- A CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- **B INTRASTATE NETWORK**
- C AFFIDAVIT

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

**** NOT APPI	ICABLE ****
I, (Name)	
(Title)	of (Name of Company)
and current holder of Florida Public Service Com	
, have reviewed this application	on and join in the petitioner's request for
() sale	
() transfer	
() assignment	
of the above-mentioned certificate.	
UTILITY OFFICIAL:	
Signature	Date
Title	Telephone No.
Address:	
	Fax N o.
-	

INTRASTATE NETWORK (if available) ***** NOT APPLICABLE *****

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

1.	POP: Addresses where loc	ated, and indicate if owned or leased.
	1)	2)
	3)	4)
2.		e located, by type of switch, and indicate if
	1)	2)
	3)	4)
3.		S: POP-to-POP facilities by type of facilities atellite, etc.) and indicate if owned or leased.
	POP-to-POP	<u>OWNERSHIP</u>
	1)	
	2)	
	3)	
	4)	

FORM PSC/CMU 8 (11/95) Required by Commission Rule Nos. 25-24.805, 25-24.810, and 25-24.815

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I 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.

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."

gnature Michael C. Yovanovich	March 13, 2000 Date
President/Sec.	(904) 760-3692
tle	Telephone No.
dress: _1648 Taylor Road, Suite 333	(904) 756-4926
Daytona Beach, FL 32124	Fax No.

Sandhills Telecommunications Group, Inc.

Support Services Division 1648 Taylor Road, Suite 333, Daytona Beach, FL 32124 (904) 760-3692 (904) 756-4926 FAX

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Thank you in advance. We would appreciate your expeditious approval of this application.

Sincerely,

Michael C. Yovanovich, Ph.D.

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Dr. Michael C. Yovanovich or Carol L. Yovanovich 760-3692 1648 Taylor Rd. Suite 333

Daytona Beach, FL 32124

Pay to the

Advantage

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63-4/630 FL 1464

DOCUMENT NUMBER-DATE 03460 MAR 178

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