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COMMISSION CLERK

OFFICE OF TELECOMMUNICATIONS

DATE DEPOSIT

FEB 05 2014 3 9 8

APPLICATION FORM FOR

AUTHORITY TO PROVIDE TELECOMMUNICATIONS COMPANY SERVICE WITHIN THE STATE OF FLORIDA

Instructions

- A. This form is used as an application for an original certificate and for approval of transfer of an existing certificate. In the case of a transfer, the information provided shall be for the transferee (See Page 8).
- B. Print or type all responses to each item requested in the application. If an item is not applicable, please explain.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and one copy of this form along with a non-refundable application fee of **\$500.00** to:

Florida Public Service Commission Office of Commission Clerk 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6770

- E. A filing fee of \$500.00 is required for the transfer of an existing certificate to another company.
- F. If you have questions about completing the form, contact:

Florida Public Service Commission Office of Telecommunications 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6600

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GCL	(Acronomentalis)
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1.	. This is an application for (check one):				
	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 rather that apply for a new certificate.				
2.	Name of company:				
Flo	rida Hearing and Telephone Corporation				
3.	Name under which applicant will do business (fictitious name, etc.):				
Flo	rida Hearing and Telephone				
4.	Official mailing address:				
	Street/Post Office Box: 5070 Mark IV Parkway City: Fort Worth State: Texas Zip: 76106				
5.	Florida address:				
	Street/Post Office Box: 155 Office Plaza Drive, Suite A City: Tallahassee State: Florida Zip: 32301				
6.	Structure of organization:				
	☐ Individual ☐ Corporation ☐ Foreign Corporation ☐ Foreign Partnership ☐ General Partnership ☐ Limited Partnership ☐ Other, please specify:				

<u>lf in</u>	lividual, provide:
	Name:
	Title:
	Street/Post Office Box:
	City:
	State:
	Zip:
	Telephone No.:
	Fax No.:
	E-Mail Address:
	Website Address:
7.	If incorporated in Florida, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: P10000030961
8.	If foreign corporation, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:
9.	If using fictitious name (d/b/a), provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida. The Florida Secretary of State fictitious name registration number is: G10000034380
10.	If a limited liability partnership, please proof of registration to operate in Florida. The Florida Secretary of State registration number is:
11.	If a partnership, provide name, title and address of all partners and a copy of the partnership agreement.
	Name:
	Title:Street/Post Office Box:
	City:
	State:
	7in·
	Telephone No :
	Fax No :
	F-Mail Address:
	Website Address:
12.	If a foreign limited partnership, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable. The Florida registration

number is:

13. Provide **F.E.I. Number**: 272370971

(a) The application:

14. Who will serve as liaison to the Commission in regard to the following?

Name	: Matthew A. Henry			
Title				
Street Name & Number	: 1250 South Capital of Texas Highway, Building 2-235			
Post Office Box				
City	: West Lake Hills			
State	Texas			
Zip	78746			
Telephone No				
Fax No				
E-Mail Address	: henry@dotlaw.biz			
Website Address				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(b) Official point of contact for the ongoing operations of the company:				
A street and the second				
Name	: Michael Hatfield			
Title	: President of Operations			
Street Name & Numbe	: 5070 Mark IV Parkway			
Post Office Box	c:			
City	r: Fort Worth			
State	: Texas			
Zip	76106			
Telephone No				
Fax No				
E-Mail Address	s: michael@gstxventures.com			
Website Address	 S:			
(c) Where will you office	ially designate as your place of publicly publishing your			
schedule (a/k/a tariffs or price lists)?				
ACCORD				
☐ Website – Website address:				
Other − Please provide address:				

- **15.** List the states in which the applicant:
 - (a) has operated as a telecommunications company.

None. Although certificated in Florida, Florida Hearing and Telephone Corporation has not yet commenced operations or begun providing telecommunications services.

(b) has applications pending to be certificated as a telecommunications company.

None for Florida Hearing and Telephone Corporation, but the purchaser in this transaction owns another company named GS Texas Ventures, LLC that has an application for certification as a CLEC pending before the Texas Public Utility Commission. The purchaser has also purchased the stock of Kentucky Hearing and Telephone Corporation and is currently seeking regulatory approval for the transfer of ownership of that carrier. Similarly, the purchaser owns a company that is in the process of acquiring Reasnor Telephone Company, a rural lowa ILEC, but regulatory approval has not yet been secured.

(c) is certificated to operate as a telecommunications company.

Florida is the only state in which Florida Hearing and Telephone Corporation is certificated.

(d) has been denied authority to operate as a telecommunications company and the circumstances involved.

None.

(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

None.

(f) has been involved in civil court proceedings with another telecommunications entity, and the circumstances involved.

None.

- **16.** Have any of the officers, directors, or any of the ten largest stockholders previously been:
 - (a) adjudged bankrupt, mentally incompetent (and not had his or her competency restored), or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. \square Yes \boxtimes No

If yes, provide explanation.

(b) granted or denied a certificate in the State of Florida (this includes active and canceled certificates). \square Yes \boxtimes No
If yes, provide explanation and list the certificate holder and certificate number.
(c) an officer, director, partner or stockholder in any other Florida certificated or registered telephone company. \square Yes \boxtimes No
If yes, give name of company and relationship. If no longer associated with company, give reason why not.

17. Submit the following:

(a) <u>Managerial capability:</u> resumes of employees/officers of the company that would indicate sufficient managerial experiences of each. Please explain if a resume represents an individual that is not employed with the company and provide proof that the individual authorizes the use of the resume.

The transaction giving rise to this application to transfer the certificate of Florida Hearing and Telephone Corporation was the purchase of 100 percent of the company's stock by Glenda Sue Harvison. For information regarding Mrs. Harvison's managerial capability and experience, see "Exhibit A – Resume of Glenda Sue Harvison," which is appended to this application.

- (b) <u>Technical capability</u>: resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance. Please explain if a resume represents an individual that is not employed with the company and provide proof that the individual authorizes the use of the resume.
- (c) <u>Financial Capability</u>: applicant's audited financial statements for the most recent three (3) years. If the applicant does not have audited financial statements, it shall so be stated. Unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:
 - 1. the balance sheet,
 - 2. income statement, and
 - 3. statement of retained earnings.

Note: It is the applicant's burden to demonstrate that it possesses adequate managerial capability, technical capability, and financial capability. Additional supporting information can be supplied at the discretion of the applicant.

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.

RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of telecommunications company service in Florida.

APPLICANT ACKNOWLEDGEMENT: 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 telecommunications 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."

I understand that any false statements can result in being denied a certificate of authority in Florida.

COMPANY OWNER OR OFFICER

Print Name: Michael Hatfield

Title: President of Operations

Telephone No.: 817-509-1228

E-Mail Address: michael@gstxventures.com

Signature:

Date:

CERTIFICATE TRANSFER

As current holder of Florida Public Service Commission Certificate Number <u>8797</u>, I have reviewed this application and join in the petitioner's request for a transfer of the certificate.

COMPANY OWNER OR OFFICER

Print Name:	Brooks Rule		
Title:	President		
Street/Post Office Box:	1213 E. Alton Gloor, Suite F		
City:	Brownsville		
State:	Texas		
Zip:	78526		
Telephone No.:	956-542-2475		
Fax No.:	956-541-0234		
E-Mail Address:	brooks@texashearingandtelephone.com		

	1			
Signature:	17	MA	Date:	

EXHIBIT A – RESUME OF GLENDA SUE HARVISON

GLENDA SUE HARVISON

Fort Worth, Texas

Sue Harvison is the owner of Thrift Financial Marketing, an online mortgage company, and Thrift Benefits, an online Health and Lifestyle benefits company, and Thrift Communications, a nationwide telephony company. In addition, Ms. Harvison plays an active role in several business investments where she offers leadership and consultation. She has served on many boards with leadership positions, is an accomplished fund developer and is instrumental in the review and approval of budgets, banking relations, debt arrangements and treasury management services. Ms. Harvison received a Bachelor of Science Degree from Texas Christian University and a Master of Science from The University of Texas at Arlington, both with an emphasis on social work.

PROFESSIONAL EXPERIENCE

- Owner of Thrift Financial Marketing since September 2009, an online mortgage leadgenerating and marketing company with mortgages placed in four states
- Owner of Outreach Communications a Fort Worth Based professional Customer Relationship Solutions and Management company. Outreach specializes in First Party Customer Care utilizing inbound and outbound telecommunication contact for marketing and profit recovery.
- Owner of Thrift Communications a Fort Worth, woman owned company. Thrift Communications focuses upon telephony distribution, sales, service and management.
- Founder and owner of Thrift Benefits since September 2011, an online Health and Lifestyle benefits company presently in the development stage
- Investor in and advisor to CCRA, Inc., an international travel consortium offering 30,000 domestic and foreign hotel properties to 25,000 travel agents and operating an inbound call center with nearly 100 seats
- Part owner and Manager of 3 Bar Ranch, a West Texas 10,000 acre ranch and operational mining company
- Reservation agent for American Airlines

LEADERSHIP EXPERIENCE

2009 to present

 Board Member of The Women's Center of Tarrant County, a nonprofit organization serving over 100,000 annually including women, men and families. Effective fund developer and Chairman of Special Events Committee

EXHIBIT A – RESUME OF GLENDA SUE HARVISON

2008 to present

- Board Member of the Hope Center for Autism and leading fund developer
 2010 to present
- Board Member of the Fort Worth Nature Center and leading fund developer
 2000 to 2007
- Board Member/Advisor and Policy Planner of Save Eagle Mountain Lake
 1991 to 2004
- Board Member of The Women's Center of Tarrant County. President 1994,1995 and 1996, served as Past President 1997-1998, fund developer 1998 to 2004 and Capital Campaign Leader 2005 to 2008

1998 to 2000

 Board Member of Harris Methodist Hospital Women's Auxiliary Board and effective fund developer

1995 to 1998

Board Member of Texas Ballet Theater and leading fund developer 1986 to 1991

- Board member of World Missionary Baptist Church Nonprofit Inner-City Program.
 Helped establish the After-School Tutoring Program
 1985 to 2000
- Board Member of The Lady Bird Johnson Wildflower Center

EDUCATION

1990, May

Bachelor of Science, Texas Christian University

Major: Social Work

1993, August

Master of Science, University of Texas at Arlington

Major: Social Work in Administrative Planning

RIORITY

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