

T 01000000154

Gail B. Eller
Requester's Name
University Credit Union
6250 Red Road
Address
Miami, FL 33143
City/State/Zip Phone #

900003510639-3
-12/21/00-01069-002
*****87.50 *****87.5

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____ (Corporation Name) _____ (Document #)
- 2. _____ (Corporation Name) _____ (Document #)
- 3. _____ (Corporation Name) _____ (Document #)
- 4. _____ (Corporation Name) _____ (Document #)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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- Walk in
- Pick up time
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

- ① mode & manner
- ② class 34
- ③ date of first use
- ④ Part III

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Name Availability	<input type="checkbox"/>
Documents	<input type="checkbox"/>
Examiner	DCC
Updater	Annual Report
Updater	Fictitious Name
Updater	<input type="checkbox"/>
Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

Examiner's Initials

T01000000154



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 28, 2000

GAIL B. ELLER
UNIVERSITY CREDIT UNION
6250 RED ROAD
MIAMI, FL 33143

SUBJECT: UNIVERSITY CREDIT UNION
Ref. Number: W00000030220

We have received your document for UNIVERSITY CREDIT UNION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In Part I(2)(c) you must state how the mark is being used. If the mark is a trademark, you can cite labels, decals, tags, imprints or goods, etc. If the mark is a service mark, you can cite business cards, newspaper advertisements, TV and radio advertisements, etc.

Class(es) 36 would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) 36.

In Part II(1) a & b we need a month, a day, and a year for the date the mark was first used anywhere and for the date it was first used in Florida.

In Part III, you must write the exact wording of the mark. If the mark includes a logo or design, a brief written description must be provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 300A00064646



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 19, 2001

GAIL B. ELLER
UNIVERSITY CREDIT UNION
6250 RED ROAD
MIAMI, FL 33143

SUBJECT: E*BRANCH
Ref. Number: W00000030220

We have received your document for E*BRANCH and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

In Part 1(2)(c) you must state how the mark is being used. If the mark is a trademark, you can cite labels, decals, tags, imprints or goods, etc. If the mark is a service mark, you can cite business cards, newspaper advertisements, TV and radio advertisements, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 901A00003055

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

Gail B. Eller

University Credit Union

6250 Red Road, Miami, FL 33143

(305) 665-5913

Daytime Telephone number

PART I

1. (a) Applicant's name: University Credit Union

(b) Applicant's business address: 6250 Red Road

Miami, FL 33143

City/State/Zip

(c) Applicant's telephone number: (305) 665-5913

Individual

Corporation

Joint Venture

Other

General Partnership

Limited Partnership

Union

If other than an individual,

(1) Florida registration number: 23-00-440588-69

(2) Domicile State: Florida

(3) Federal Employer Identification Number: 590747276

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TALLAHASSEE, FLORIDA

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:
(i.e., furniture moving services, diaper services, house painting services, etc.)

for Financial Services Online as a service mark for account information online.

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

on website, on brochures, in advertising, newspaper, radio advertisements, business cards, newsletters, poster in lobbies, etc.

(Continued)

d) The class(es) in which goods or services fall:

36

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 9-01-2000 fe (b) Date first used in Florida: 9-01-2000 fe

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

e*branch (in lower case)

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "

" APART FROM THE MARK, AS SHOWN.

I, _____, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

University Credit Union

Typed or printed name of applicant

Gail B. & Oler V.P. Branches,
Applicant's signature or authorized person's signature & marketing
(List name and title)

STATE OF Florida

COUNTY OF Dade

On this 15 day of December, 2000, Gail B. Etker personally appeared before me,

who is personally known to me whose identity I proved on the basis of _____

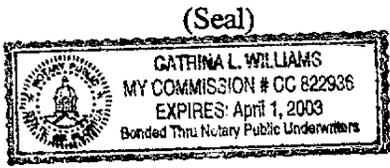
Catrina L. Williams

Notary Public Signature

Catrina L. Williams

Notary's Printed Name

My Commission Expires: 4/1/2003



FEE: \$87.50 per class

e*branch
ONLINE ACCOUNT ACCESS



UNIVERSITY
CREDIT UNION
WORLD CLASS MEMBER SERVICE