

T06000000597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

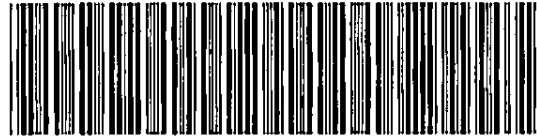
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600365435636

05/07/21--01020--009 **262.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JUN 21 PM 4:16

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2021

LOST TREE VILLAGE CORPORATION
ERIN DELPLATO
11300 US HWY ONE, STE 100
PALM BEACH GARDENS, FL 33408

SUBJECT: JOHN'S ISLAND CLUB AND DESIGN OF OAK TREE ABOVE NAME
"JOHN'S ISLAND CLUB," ENCASED BY TWO PARALLEL LINES
Ref. Number: T06000000597

We have received your document for JOHN'S ISLAND CLUB AND DESIGN OF OAK TREE ABOVE NAME "JOHN'S ISLAND CLUB," ENCASED BY TWO PARALLEL LINES and your check(s) totaling \$262.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because your mark was registered under more than one class, you must submit more than one specimen. You must submit one specimen per class.

The specimen you submitted to renew your service mark is not acceptable. We need one permanent specimen. We do not accept camera ready copies or specimens which have been altered or defaced in any manner. To renew your service mark, we need one specimen from which we can determine the service(s) being rendered. We will accept a brochure, newspaper, or magazine advertisement, or a business card; however, we must be able to determine the services you are rendering from your specimen. The specimen must specifically reflect/list the service(s) the mark is being used in connection with. If your mark is registered under more than one class, we need one specimen for each class. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

Please attach your specimen(s) to a copy of this letter or to your corrected application, if it was returned to you for correction(s), and return it/them to this office for processing.

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 521A00011168

RECEIVED
JUN 1 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOHN'S ISLAND CLUB AND DESIGN OF OAK TREE ABOVE NAME "JOHN'S

(Name of Mark Registered)

ISLAND CLUB,
ENCASED BY
TWO PARALLEL LINES

Dear Sir or Madam:

The enclosed Mark Renewal Application, specimen and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERIN DELPLATO

(Name of Person)

LOST TREE VILLAGE CORPORATION

(Firm/Company)

11300 U.S. HWY. ONE, SUITE 100

(Address)

PALM BEACH GARDENS, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

ERIN DELPLATO

at (561) 429-2989

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILING FEE: \$87.50 per class

CERTIFICATE OF RENEWAL: \$ 8.75 (OPTIONAL)

(NOTE: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

LOST TREE VILLAGE CORPORATION

11300 US HWY 1 #100 PALM BCH GARDENS, FL

33408

Return To: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

1) Mark Registered: JOHN'S ISLAND CLUB AND DESIGN

OF OAK TREE ABOVE NAME "JOHN'S

ISLAND CLUB," ENCASED
BY TWO PARALLEL LINES

2) Registration Number: T06000000597

3) Date Filed: 05/12/2006

4.) Renewal Date: 05/12/2021

5.) Class(es) Filed: SM-00350000
SM-00410000
SM-00420000

6) Renewal statement pursuant to section 495.071, Florida Statutes. Below you must state the mark is still in use in Florida or state the reason for its nonuse is not due to any intention to abandon the mark.

THE MARK IS STILL IN USE IN FLORIDA

7) If the mark is still in use, a specimen showing actual use of the mark is included with this application.

8) If applicant is a business entity, enter the state of incorporation/formation/organization:

FILED
2006 JUN 21 PM 4:16
TALLAHASSEE, FLORIDA

Fee: \$87.50 Per Class

Certificate of Renewal: \$8.75

(Optional)

LOST TREE VILLAGE CORPORATION

Typed or Printed Name of Owner

Erin DelPlato

Owner's Signature or Authorized Person's Signature

STATE OF FLORIDA
COUNTY OF PALM BEACH

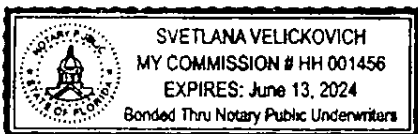
Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this (numeric date) this 28th day of April, 2021, by (ERIN DELPLATO).

numeric date

month

year

name of person making statement



Notary Public's Signature

Svetlana Velickovich

Notary Public's Printed Name

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced:



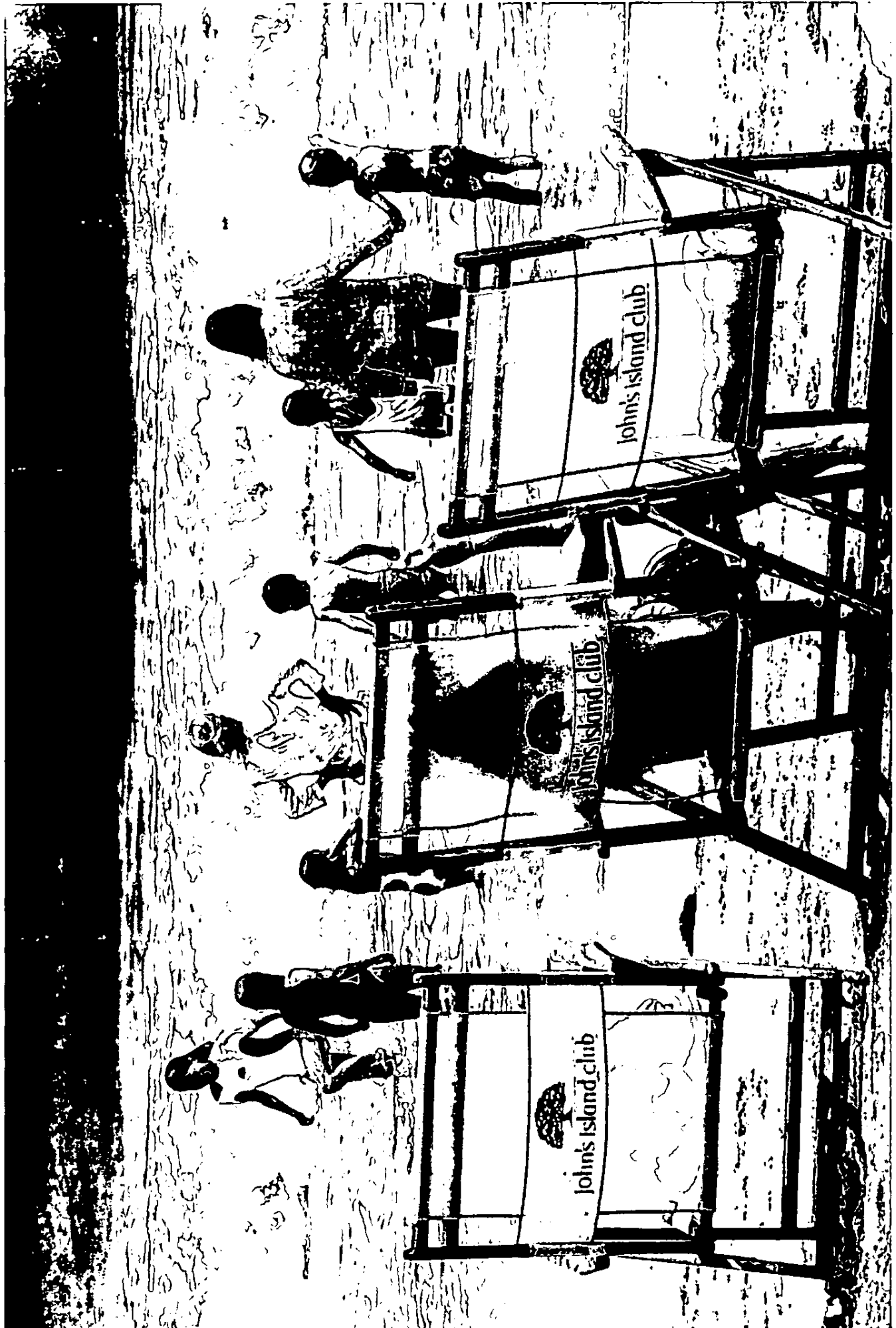
Who We Are

John's Island Club is a private, member-owned club located in the Johns Island community in Vero Beach, Florida. Nestled between three miles of sandy beaches along the Atlantic Ocean and the Indian River Lagoon, the Club offers classic to casual dining facilities, three 18-hole championship golf courses, 17 Har-Tru clay tennis courts, 6 pickleball courts, singles and doubles squash courts, a state-of-the-art fitness & wellness center, two croquet lawns, and an outstanding calendar of social, educational and recreational activities.

REQUEST INFORMATION

GUEST INFORMATION

CONTACT & DIRECTIONS





Application for Employment

PAGE 1 OF 4

John's Island Club considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation for the application and/or interview process should notify the Human Resources Department.

John's Island Club is a drug-free workplace and a pre-employment drug test is required.

PLEASE PRINT

Position(s) applied for _____ Date of application _____

How did you learn about us?

☐ JIC Employee Employee's Name: _____ Relationship: _____
☐ Job Ad Please specify: _____ (newspaper, website, job board, etc.)
☐ Walk-in ☐ JIC Website ☐ Other, please specify _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET/APT # CITY STATE ZIP

Best way to reach you: ☐ Cell ☐ Home ☐ Email

Cell Phone _____
AREA CODE NUMBER

Home Phone _____ Email address _____
AREA CODE NUMBER

Type of employment desired ☐ full-time ☐ part-time ☐ seasonal ☐ temporary ☐ shift, specify _____

Date available for work _____ Any Days or Hours you CANNOT work? _____

Are you able to work overtime, if required? ☐ yes ☐ no

Have you ever been employed here before? ☐ yes ☐ no If yes, provide dates _____

Do you have any relatives employed here? ☐ yes ☐ no Name: _____ Relationship: _____

Are you legally eligible for employment in this country? ☐ yes ☐ no

If you are under 18 years of age, and it is required, can you provide proof of your eligibility to work? ☐ yes ☐ no

Have you been convicted or pled no contest to any crime (including DUI)? ☐ yes ☐ no Year: _____

If yes, please explain _____

PREVIOUS CONVICTIONS DO NOT NECESSARILY DISQUALIFY APPLICANTS FROM EMPLOYMENT.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND A DRUG-FREE WORKPLACE

Human Resources John's Island Club, Inc. 3 John's Island Drive Indian River Shores, FL 32963
Telephone: (772) 231-8555 Fax: (772) 231-8635 E-mail: jobs@johnsislandclub.org