

107000000969

(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:

789/740/304/761/6260

Sportsplex

We need 3 specimens for

Class 25, your polo shirts.

Office Use Only



400104645314

107-969

06/27/07--01040--014 **175.00

10

W07-30734

FILED
07 JUL 18 PM 12:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: City of Coral Springs, Florida Sportsplex
(Mark to be registered)

The enclosed Trademark/Service Mark Application, specimens and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John J. Hearn - Deputy City Attorney
(Name of Person)

City of Coral Springs
(Firm/Company)

9551 West Sample Road
(Address)

Coral Springs, FL 33065-4182
(City/State and Zip Code)

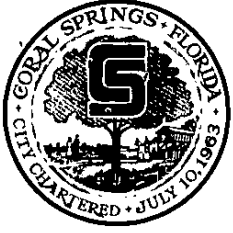
For further information concerning this matter, please call:

John Hearn at (954) 344-1011
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



OFFICE OF THE CITY ATTORNEY
CITY OF **CORAL SPRINGS** FLORIDA

VIA OVERNIGHT MAIL

June 26, 2007

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Coral Springs, FL Sportsplex

To Whom It May Concern:

Enclosed is the completed application for the registration of a trademark for the "Coral Springs, FL Sportsplex". Also enclosed are four specimens (Color brochure, fax sheet, site plan and information sheet) and a check for \$175. Please feel free to contact me if any additional information is required.

Sincerely,

Rhoda Glasco-Foderingham
Assistant City Attorney

cc: Samuel S. Goren, City Attorney
Robert Karpeles, Legal Intern



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2007

RHONDA GLASCO-FODERINGHAM, ESQUIRE
OFFICE OF THE CITY ATTORNEY CORAL SPRING
9551 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

SUBJECT: DESIGN OF CIRCLE WITH THE WORD "SPORTSPLEX" WRITTEN
ACROSS IT, CONTAINING SYMBOLS OF SWIMMING, BASEBALL, HOCKEY,
TENNIS AND SKATING ACTIVITIES AND "CORAL SPRINGS, FL." WRITTEN
UNDERNEATH
Ref. Number: W07000030734

We have received your document for DESIGN OF CIRCLE WITH THE WORD
"SPORTSPLEX" WRITTEN ACROSS IT, CONTAINING SYMBOLS OF
SWIMMING, BASEBALL, HOCKEY, TENNIS AND SKATING ACTIVITIES AND
"CORAL SPRINGS, FL." WRITTEN UNDERNEATH and your check(s) totaling
\$175.00. However, the enclosed document has not been filed and is being
returned for the following correction(s):

Your mark contains word(s)/design(s) that must have a disclaimer. All
geographical terms, such as cities, states, countries, and designs of same, must
be disclaimed. Some commonly used words and corporate suffixes must also be
disclaimed. You must disclaim the following term(s) by completing the disclaimer
statement found in #2 of Part III of the application: "SPORTSPLEX"

You must list a more specific product in #2(b) in Part I of the application.

We need 3 specimens for class 25, your polo shirts.

The specimens provided this office are not acceptable; we need three permanent
specimens, **which may be the same or different**. We do not accept camera
ready copies. We do not accept specimens that have been altered or defaced in
any manner. We will accept labels, decals or tags that are affixed to the actual
goods or products. We will accept three LEGIBLE photographs of the goods or
products with the specimens affixed. If this is some kind of publication,
newspaper, magazine, or column, we need three publications. We need
specimens for each class of registration. We DO NOT accept letterhead,
stationery, envelopes, invoices or mailing labels.

Please attach your specimens to a copy of this letter or to your corrected

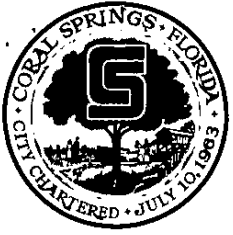
application, if it was returned to you for correction(s), and return it/them to this office for processing.

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) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 907A00042356



OFFICE OF THE CITY ATTORNEY
CITY OF *CORAL SPRINGS* FLORIDA

VIA OVERNIGHT MAIL

July 10, 2007

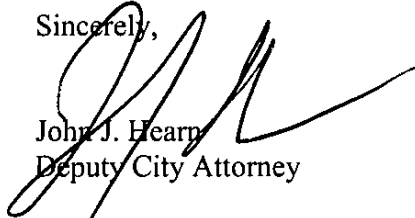
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Coral Springs, FL Sportsplex

To Whom It May Concern:

Enclosed is the corrected application for the registration of a trademark for the "Coral Springs, FL Sportsplex". The application now reflects the changes requested in your letter dated June 29, 2007 with the amended disclaimer in Part II Section 2 and Part I Section 2(b). Also enclosed are three specimens (color photographs of the logo on t-shirts). Please feel free to contact me if any additional information is required.

Sincerely,



John J. Hearn
Deputy City Attorney

cc: Samuel S. Goren, City Attorney
Robert Karpeles, Legal Intern

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

PART I

1. (a) Applicant's name: City of Coral Springs, Florida

(b) Applicant's business address: 9551 W. Sample Road

Coral Springs, FL 33065

City/State/Zip

If different, Applicant's mailing address: _____

City/State/Zip

(c) Applicant's telephone number: (954) 344-1011

☐ Individual

☐ Corporation

☐ Joint Venture

☐ Limited Liability Company

☐ General Partnership

☐ Limited Partnership

☐ Union

☒ Other: Municipal Corporation

If other than an individual,

(1) Florida registration/document number: _____ (2) Domicile State: FL

(3) Federal Employer Identification Number: 591113462

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.)

Leisure services, educational services, recreational services and other organization
activities for the public good and welfare within the City of Coral Springs and the
State of Florida.

(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.)

T-Shirts

(c) The specific way the mark is applied to the good(s) or used in advertising:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

T-shirts, brochures, newspaper advertisements, labels, decals re: publicity.

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

25, 41

(Continued)

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: 1/12/96 (b) Date first used in Florida: 1/12/96

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.)

Circle with the word "Sportsplex" written across it, containing the symbols of
swimming, baseball, hockey, tennis and skating activities and "Coral Springs, FL"
written under the circle.

English Translation _____

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "Coral Springs, FL
Sportsplex" "APART FROM THE MARK AS SHOWN."

I, John J. Hearn, 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 to the best of my knowledge no other person except a related company has registered this mark in this state or has the right to use such mark in Florida either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person to cause confusion, to cause mistake or to deceive. 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.

John J. Hearn

Typed or printed name of applicant

[Signature]

Applicant's Signature
(List name and title)

STATE OF Florida

COUNTY OF Broward

On this 10 day of July, 2007, John J. Hearn personally appeared before me,

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

(Seal)

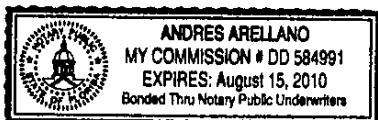
[Signature]

Notary Public Signature

Andres Arellano

Notary's Printed Name

My Commission Expires: August 15, 2010



FILING FEE: \$87.50 per class

FILED
JUL 18 PM 12:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

class 25

