

T/5000001163

(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:

015-70763

Office Use Only



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10/22/15--01021--013 **87.50

2015 NOV -5 P 4: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOV 06 2015
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 NOV -6 PM 12:41

October 26, 2015

BECKY GUNTER
9100 113TH STREET NORTH
SEMINOLE, FL 33772

SUBJECT: 'TRI IF YOU DARE
Ref. Number: W15000070763

2015 NOV -5 P 4: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for 'TRI IF YOU DARE 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 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.

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 which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. 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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 415A00022605

COVER LETTER

TO: , Registration Section
Division of Corporations

SUBJECT: 'Tri' If You Dare
(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:

Becky Gunter
(Name of Person)

City of Seminole
(Firm/Company)

9100 113th Street North
(Address)

Seminole, FL 33772
(City/State and Zip Code)

For further information concerning this matter, please call:

Becky Gunter at (727) 391-8345
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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.)

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

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. OWNER/APPLICANT: Enter the name and address of the individual or the business entity to be listed as the owner of the Trademark and/or Service Mark on the records of the Florida Department of State.

(a) Owner's/Applicant's name: City of Seminole

(b) Owner's/Applicant's business address: 9199 113th Street

Seminole, FL 33772

City/State/Zip

If different, Owner's/Applicant's mailing address: 9100 113th Street

Seminole, FL 33772

City/State/Zip

(c) Owner's/Applicant's telephone number: (727) 391-8345

Check the appropriate box to indicate the Owner/Applicant is a(n):

- Individual Corporation Joint Venture Limited Liability Company
 General Partnership Limited Partnership Union Other: Municipal Government

If the Owner/Applicant is a business entity, the business entity must have an active filing or registration on file with the Florida Department of State. If the Owner/Applicant is not an individual, enter the business entity's Florida registration/document number in #1, the state or country under the laws of which the business entity is currently formed, organized or incorporated under in #2, and the entity's federal employer identification number (EIN) in #3.

(1) Florida registration/document number: _____

(2) Domicile State or Country: Florida

(3) Federal Employer Identification Number: 59-1319441

2. (a) **SERVICE MARK:** If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with a type of service, the mark is a service mark. If the mark is a service mark, the applicant/owner must list the specific service(s) the mark is being used in connection with. For example: furniture moving services, diaper services, house painting services, wholesale and retail sales of tractor equipment, etc. If the owner/applicant is using the mark to identify services available in the market place, enter the specific service(s) being rendered here:

(Note: List only those services currently being rendered by the owner/applicant. Do not include future services.)

annual youth triathlon event

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2. (b) **TRADEMARK:** If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with an actual product manufactured by the owner/applicant or on the owner/applicant's behalf, the mark is a trademark. If the mark is a trademark, the applicant/owner must list the specific product(s) the name, logo, design and/or slogan is being used to identify. For example: ladies sportswear, cat food, barbecue grills, shoe laces, etc. If the owner/applicant is using the name, logo, design and/or slogan to identify goods available in the market place, enter the specific product(s) the name, logo, design and/or slogan is being used to identify:

(Note: List only those product(s) currently available. Do not include future products.)

2. (c) **HOW IS THE NAME, LOGO, DESIGN AND/OR SLOGAN CURRENTLY USED:**

SERVICE MARKS: If the name, logo, design and/or slogan are/is being used in connection with a type of service, you must specify the form(s)/mean(s) of advertisement the applicant/owner is using to advertise the services to the general public. For example: newspaper advertisements, business cards, brochures, flyers, pamphlets, menus, etc. If the mark is being used in connection with a type of service, state how the name, logo, design and/or slogan are/is being used in advertising here:

newspaper advertisements, flyers, brochures, banners, social media, website, letterhead
press releases

TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or for the applicant/owner, you must specify how the mark is applied or affixed to the actual product or its packaging. For example: a tag, label, imprinted or engraved on the actual product, etc. If the mark is being used in connection with a specific product, state how the name, logo, design and/or slogan is applied or affixed to the actual product(s) or the packaging:

2. (d) **FEE(S) AND CLASS(ES):** There are a total of 45 classes or categories in which all products or services must be categorized. The fee to register a mark is \$87.50 per class. Make check payable to Florida Department of State.

List the class(es) which apply to the product(s) and/or service(s) listed in 2(a) and/or 2(b) above:

Class 41

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TALLAHASSEE, FLORIDA

PART II

1. You must state the date the name, logo, design and/or slogan was first used in the state of Florida, and, if it was used in another state or country, the date you first used the name, logo, design and/or slogan in the other state or country. Enter the month, day, and year the name, logo, design and/or slogan was first used by the applicant/owner, the predecessor, or a related company in Florida. If the name, logo, design and/or slogan has been used in another state or country, then you must also enter the month, day, and year the name, logo, design and/or slogan was/were used in another state or country, when applicable.

Note: The Florida Statutes require a mark to be in use prior to registration.

(a) Date first used in other state or country, if applicable: NA

(b) Date first used in Florida: 2005, JUNE 26

PART III

ENTER NAME, LOGO, DESIGN AND/OR SLOGAN BEING REGISTERED:

1. Enter the name, a brief description of the logo or design, and/or the slogan you are registering. The description of the logo and/or design must be 25 words or less. List the exact name, slogan, and/or description of the logo/design here: (NOTE: The name, logo, design and/or slogan listed in this section must match the exact name, logo, design and/or slogan listed on your specimens or examples.)

logo is a diamond with TRI'IF YOU DARE, cyclist on top, swimmer on right, shoes on left
RUN-BIKE-SWIM below (see attached)

Provide the English translation of any and all terms listed #1 above, when applicable: _____

2. **DISCLAIMER STATEMENT** (if applicable):

Your mark may include a word or design that is commonly used by others. Commonly used terms or designs must be disclaimed. When you disclaim a specific term or design, you are acknowledging this term is commonly used by others and that you do not claim the exclusive right to use the disclaimed term or design. All geographical terms and representations of cities, states or countries must be disclaimed (i.e., Miami, Orlando, Florida, the design of the state of Florida, the design of the United States of America, etc.). Corporate suffixes and terms readily associated with the specific product(s) and/or(s) service being provided must also be disclaimed.

Enter all terms listed in #1 above which require a disclaimer in the space provided below:

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM(S) TRI, Run, Bike, Swim

_____ "APART FROM THE MARK AS SHOWN."

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SECRETARY OF STATE
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3. ATTACH OR INCLUDE THREE SPECIMENS OR EXAMPLES OF THE TRADEMARK OR SERVICE MARK BEING REGISTERED

Chapter 495, F.S., requires you to submit three specimens (samples or examples) of the mark in use. You must submit three specimens FOR EACH CLASS listed in Part I #2(d). The name, logo, design and/or slogan on the specimens must be identical to the name, logo, design and/or slogan being registered. You may provide three identical specimens or three different specimens. For each service mark class (classes 35-45), you may provide three newspaper advertisements, business cards, brochures, flyers, or any combination thereof. For each trademark class (classes 1-34), you may provide three tags, labels, boxes, etc. or any combination thereof. Photographs of bulky specimens are acceptable if the mark being registered and the good(s) or product(s) are clearly legible.

SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

I, Becky Gunter, 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.

Becky Gunter

Typed or printed name of applicant
[Signature]

Applicant's signature
(List name and title)

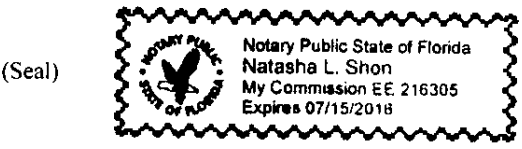
STATE OF Florida

COUNTY OF Pinellas

Sworn to and subscribed before me on this 13th day of October, 2015 Natasha L. Shon
(Name of Individual Signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



Natasha L. Shon

Notary Public Signature
Natasha L. Shon

Notary's Printed Name

My Commission Expires: 7/15/2016

FILING FEE: \$87.50 per class

SEMINOLE RECREATION

KIDS TRIATHLON



RACE DISTANCES

AGE RUN - BIKE - SWIM
7 - 10 YRS. 1/2 MI. - 2.7 MI - 75 YDS.
11 - 14 YRS. 1 MI. - 4 MI. - 150 YDS.

ALL PARTICIPANTS - MUST WEAR
HELMET WHILE BIKING

RACE INFORMATION

ALL PARTICIPANTS MUST PICK UP RACE
PACKETS ON SATURDAY, JUNE 25TH
BETWEEN NOON & 3:00 PM

Official Bicycle Shop

Bicycle Outfitters
www.bicycleoutfitters.net
11198 70th Avenue North
727-319-2453



ENTRY INFO

ENTRY FEE: \$20 BEFORE JUNE 25
\$25 ON JUNE 25
NO RACEDAY REGISTRATION

MAKE CHECKS PAYABLE TO:
CITY OF SEMINOLE
SEND FORM AND PAYMENT TO:
TRI IF YOU DARE
9100 113TH STREET N.
SEMINOLE, FL 33772

SUNDAY, JUNE 26, 2005 8:00 A.M.

HOLLAND G. MANGUM RECREATION COMPLEX

9100 113TH STREET NORTH, SEMINOLE, FL (727) 391-8345

'TRI' IF YOU DARE! REGISTRATION FORM

First: _____ M.I. _____ Last: _____
D.O.B. _____ Age: _____ Phone: _____
Address: _____
E-mail: _____

I, the named adult participant or parent/legal guardian of the named child on this form, do hereby assume all risks and hazards incidental to my participation in activities, use of the equipment and facilities or my child's participation in activities, use of equipment and facilities of the City of Seminole Recreation Center Complex, and I do hereby agree to waive, release, absolve, defend and hold harmless the City of Seminole, its employees, officers, agents, volunteers, and elected officials from any and all claims, damages, losses or injuries of any kind, resulting from the participation in activities, use of equipment and facilities of the City of Seminole's Recreation Center Complex. This release includes a release for any and all losses or injuries arising out of any act or omission or negligence, either active or passive of the City of Seminole, its employees, officers, agents, volunteers, and elected officials. This release is given and signed of my own free act and will.

Signature of Parent/Legal Guardian: _____

Date: _____

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