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Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L74339** (7)

1. Corporation Name

THE ECCLESTONE ORGANIZATION, INC.

Principal Place of Business

**% E LLWYD ECCLESTONE JR
1555 PALM BEACH LAKES BLVD SUITE 1100
WEST PALM BEACH FL 33401**

Mailing Address

**% E LLWYD ECCLESTONE JR
1555 PALM BEACH LAKES BLVD SUITE 1100
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1990

4. FEI Number

65-0195096

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

**ECCLESTONE JR, E. LLWYD
1555 PALM BEACH LAKES BLVD SUITE 1100
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**CD
ECCLESTONE, E LLWYD JR
1555 PALM BCH LKS BLVD
WEST PALM BEACH FL**

TITLE ☐ DELETE

**PD
ECCLESTONE, E, LLWYD, III
1555 PALM BCH LKS BLVD
W PALM BEACH FL**

TITLE ☐ DELETE

**VTD
COOPER, RON
1555 PALM BCH LKS BLVD
W PALM BEACH FL**

TITLE ☒ DELETE

**VS
LEYENDECKER, HELENA
1555 PALM BCH LKS BLVD
W PALM BEACH FL**

TITLE ☐ DELETE

**V
WRIGHT, COLIN
1555 PALM BEACH LAKES BLVD
W. PALM BEACH FL**

TITLE ☐ DELETE

**V
NANNETTE GAMMON
1555 PALM BEACH LAKES BLVD
WEST PALM BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Ron Cooper**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/98 561/686-2000

Date Daytime Phone # 0306173

CR2E034 (10/97)