

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L74339

1. Entity Name

THE ECCLESTONE ORGANIZATION, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90091 031 ***158.75

Principal Place of Business Mailing Address
% E LLWYD ECCLESTONE JR % E LLWYD ECCLESTONE JR
1555 PALM BEACH LAKES BLVD SUITE 1100 1555 PALM BEACH LAKES BLVD SUITE 1100
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-2328

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0195096 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCP
NAME ECCLESTONE, E LLWYD JR
STREET ADDRESS 1555 PALM BCH LKS BLVD
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ECCLESTONE, E, LLWYD, III
STREET ADDRESS 1555 PALM BCH LKS BLVD
CITY-ST-ZIP W PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE EVTD
NAME COOPER, RON
STREET ADDRESS 1555 PALM BCH LKS BLVD
CITY-ST-ZIP W PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ~~V~~
NAME ~~WRIGHT, COLIN~~
STREET ADDRESS ~~1555 PALM BEACH LAKES BLVD~~
CITY-ST-ZIP ~~W. PALM BEACH FL~~ ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VS
NAME NANNETTE GAMMON
STREET ADDRESS 1555 PALM BEACH LAKES BLVD
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ron Cooper 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00 561/686-2000
Date Daytime Phone #

CR2E034 (9/99)