

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L74339

**Entity Name:** THE ECCLESTONE ORGANIZATION, INC.

**Current Principal Place of Business:**

1555 PALM BEACH LAKES BLVD  
SUITE 1100  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1555 PALM BEACH LAKES BLVD  
SUITE 1100  
WEST PALM BEACH, FL 33401

**FEI Number:** 65-0195096

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DCP  
Name ECCLESTONE, E LLWYD JR  
Address 1555 PALM BEACH LAKES BLVD  
#1100  
City-State-Zip: WEST PALM BEACH FL 33401

Title VD  
Name LEYENDECKER, HELENA  
Address 1555 PALM BEACH LAKES BLVD #  
1100  
City-State-Zip: WEST PALM BEACH FL 33401

Title VS  
Name GAMMON, NANNETTE  
Address 1555 PALM BEACH LAKES BLVD #  
1100  
City-State-Zip: WEST PALM BEACH FL 33401

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NANNETTE GAMMON

**SECRETARY**

**03/29/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date