

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90211 038 ****61.25

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DOCUMENT # 717069

1. Entity Name
THE FLORIDA STATE LEAGUE OF PROFESSIONAL BASEBALL CLUBS, INC.



Principal Place of Business
**103 E. ORANGE AVE.
P.O. BOX 349
DAYTONA BEACH FL 32115**

Mailing Address
**103 E. ORANGE AVE.
P.O. BOX 349
DAYTONA BEACH FL 32115**

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 **59-0248215**

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

**MURPHY, CHARLES K.
103 E. ORANGE AVE.
DAYTONA BEACH FL 32115**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
PTC MURPHY, CHARLES K	103 E. ORANGE AVE DAYTONA BEACH FL		
VD CARSON, KEN	103 E. ORANGE AVE. DAYTONA BEACH FL		
S HOOD, C D	103 E ORANGE AVE DAYTONA BEACH FL		
VD RABENECKER, ROBERT	103 E ORANGE AVE DAYTONA BEACH FL		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

1/6/03 386.252.7479

CR2E037 (10/02)