

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90137 040 ****61.25

0081061

DOCUMENT # 850596

1. Corporation Name

THE SOUTHERN LEAGUE OF PROFESSIONAL BASEBALL CLUBS INC.

Principal Place of Business

**1 DEPOT STREET
SUITE 300
MARIETTA GA 30060
US**

Mailing Address

**1 DEPOT STREET
SUITE 300
MARIETTA GA 30060
US**



2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified
10/02/1981

4. FEI Number
57-0286844

Applied For
☐ Not Applicable

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

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

**BRAGAN, PETER D
C/O JACKSONVILLE SUNS
WOLFSON STADIUM, 1201 E DUVAL STREET
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Arnold D. Feltner President *Arnold D. Feltner*

1/8/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	FIELKOW, ARNOLD D.	
STREET ADDRESS	1 DEPOT STREET, SUITE 300	
CITY-ST-ZIP	MARIETTA GA 30060	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MINCHER, DON	
STREET ADDRESS	3125 LEEMAN FERRY RD	
CITY-ST-ZIP	HUNTSVILLE AL 35801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAGAN, PETER D, SR	
STREET ADDRESS	1201 E. DUVAL STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRYANT, STEVE	
STREET ADDRESS	7221 BECKY CIR	
CITY-ST-ZIP	ROEIGH NC 27615	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURKE, FRANK	
STREET ADDRESS	C/O HISTORIC ENGEL STADIUM 1130 E 3RD ST	
CITY-ST-ZIP	CHATTANOOGA TN 37403	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MINCHER, DON
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arnold D. Feltner President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99
Date

770 428-4749
Daytime Phone #

CR2E037 (11/98)