

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850596

1. Entity Name

THE SOUTHERN LEAGUE OF PROFESSIONAL BASEBALL CLU

Principal Place of Business

1 DEPOT STREET  
SUITE 300  
MARIETTA GA 30060  
US

Mailing Address

1 DEPOT STREET  
SUITE 300  
MARIETTA GA 30060-1909  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

4. FEI Number

57-0286844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete  
NAME FIELKOW, ARNOLD D.  
STREET ADDRESS 1 DEPOT STREET, SUITE 300  
CITY-ST-ZIP MARIETTA GA 30060

TITLE VP ☐ Delete  
NAME MINCHER, DON  
STREET ADDRESS 3125 LEEMAN FERRY RD  
CITY-ST-ZIP HUNTSVILLE AL 35801

TITLE D ☐ Delete  
NAME BRAGAN, PETER D, SR  
STREET ADDRESS 1201 E. DUVAL STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D ☐ Delete  
NAME BRYANT, STEVE  
STREET ADDRESS 7221 BECKY CIR  
CITY-ST-ZIP ROEIGH NC 27615

TITLE D ☐ Delete  
NAME BURKE, FRANK  
STREET ADDRESS C/O HISTORIC ENGEL STADIUM 1130 E 3RD ST  
CITY-ST-ZIP CHATTANOOGA TN 37403

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

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:

*A. SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 27, 2000 8:00 am  
Secretary of State

01-27-2000 90073 037 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)