

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90107 047 \*\*\*\*61.25

**DOCUMENT # 850596**

1. Entity 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

**2551 Roswell Road**

Suite, Apt. #, etc.

**Suite 330**

City & State

**Marietta, GA**

Zip

**30062**

Country

**US**

3. Mailing Address

**2551 Roswell Road**

Suite, Apt. #, etc.

**Suite 330**

City & State

**Marietta, GA**

Zip

**30062**

Country

**US**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **57-0286844**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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. 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MINCHER, DON</b>	
STREET ADDRESS	<b>1 DEPOT STREET, SUITE 300</b>	
CITY-ST-ZIP	<b>MARIETTA GA 30060</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DESALVO, STEVE</b>	
STREET ADDRESS	<b>1 BRAVES AVENUE</b>	
CITY-ST-ZIP	<b>GREENVILLE SC 29607</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRAGAN, PETER D, SR</b>	
STREET ADDRESS	<b>1201 E. DUVAL STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRYANT, STEVE</b>	
STREET ADDRESS	<b>7221 BECKY CIR</b>	
CITY-ST-ZIP	<b>ROEIGH NC 27615</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BURKE, FRANK</b>	
STREET ADDRESS	<b>C/O HISTORIC ENGEL STADIUM 1130 E 3RD ST</b>	
CITY-ST-ZIP	<b>CHATTANOOGA TN 37403</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WEBB, LORI M</b>	
STREET ADDRESS	<b>1 DEPOT ST. #300</b>	
CITY-ST-ZIP	<b>MARIETTA GA 30060</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Louanne Newbold**

**1-21-03 770-321-0400**

CR2E037 (10/02)