

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000004581

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**3226514965CC**

**Entity Name:** THE SOUTH ATLANTIC LEAGUE OF PROFESSIONAL  
BASEBALL CLUBS, INC.

**Current Principal Place of Business:**

2451 N. MCMULLEN BOOTH ROAD  
SUITE 245  
CLEARWATER, FL 33759

**Current Mailing Address:**

2451 N. MCMULLEN BOOTH ROAD  
SUITE 245  
CLEARWATER, FL 33759 US

**FEI Number: 56-0711811**

**Certificate of Status Desired: Yes**

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

KRUPA, ERIC  
2451 N. MCMULLEN BOOTH ROAD  
SUITE 245  
CLEARWATER, FL 33759 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 PSTD  
Name KRUPA, ERIC  
Address 2451 N. MCMULLEN BOOTH ROAD  
SUITE 245  
City-State-Zip: CLEARWATER FL 33759

Title VP, DIRECTOR  
Name MOORE, CHIP  
Address 755 BATTERY AVENUE  
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR  
Name DEWINE, BRIAN  
Address 22 CADDIS COURT  
City-State-Zip: BILTMORE LAKE NC 28715

Title DIRECTOR  
Name EISEMAN, JEFF .  
Address 187 RAILROAD AVENUE  
City-State-Zip: NORTH AUGUSTA SC 29841

Title DIRECTOR  
Name GOLDKLANG, MARVIN NS  
Address 1 GATEHALL DRIVE, SUITE 305  
City-State-Zip: PARSIPPANY NJ 07054

Title DIRECTOR  
Name VOLPE, THOMAS  
Address 2750 TAYLOR STREET, #2003  
City-State-Zip: SAN FRANCISCO CA 94133

Title DIRECTOR  
Name ELINGBURG, WES  
Address 1 CAPTAINS POINT  
City-State-Zip: GREENSBORO NC 27455

Title VP, DIRECTOR  
Name BROWN, CRAIG  
Address 537 STEAMBOAT ROAD  
SUITE 200  
City-State-Zip: GREENWICH CT 06830

**Continues on page 2**

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ERIC KRUPA**

**PRESIDENT**

**01/15/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ANDREW, SANDLER  
Address 1255 23RD STREET NW  
SUITE 550  
City-State-Zip: WASHINGTON DC 20037

Title DIRECTOR  
Name FREIER, JASON  
Address 7 CHEROKEE ROAD  
City-State-Zip: ATLANTA GA 30305

Title DIRECTOR  
Name QUINN, BRUCE  
Address 1025 GAETWAY BLVD  
#303-509  
City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR  
Name LEIBMAN, NEIL  
Address 5847 SAN FELIPE, #3700  
City-State-Zip: HOUSTON TX 77057

Title DIRECTOR  
Name SHEA, ANDREW  
Address 207 LEGENDS LANE  
City-State-Zip: LEXINGTON KY 40509

Title DIRECTOR  
Name WILCOX, TIMOTHY  
Address P.O. BOX 58340  
City-State-Zip: CHARLESTON WV 25358

Title DIRECTOR  
Name MATIN, ARTHUR  
Address 2 STADIUM WAY  
City-State-Zip: LAKEWOOD NJ 08701