

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006083

1. Entity Name

MIDDLEBURG BMX ASSOCIATION, INC.

Principal Place of Business

2620 BLANDING BLVD  
MIDDLEBURG FL 32068

Mailing Address

2620 BLANDING BLVD  
MIDDLEBURG FL 32068

2. Principal Place of Business

5573 CARTER SPENCER RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIDDLEBURG, FL

City & State

Zip

32068

Country

USA

Zip

Country

4. FEI Number

59-3671861

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRICHTON, BRUCE  
2620 BLANDING BLVD  
MIDDLEBURG FL 32068

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 reappointing)

DATE

200004669762-7  
-11/06/01-01084-021  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$238.25

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          | D | CRICHTON, BRUCE      | <input type="checkbox"/> Delete |
| NAME           |   | 108 CORNELIO ALLEY   |                                 |
| STREET ADDRESS |   | INTERLACHEN FL 32148 |                                 |
| CITY-ST-ZIP    |   |                      |                                 |
| TITLE          | D | GEGER, ANNETTE       | <input type="checkbox"/> Delete |
| NAME           |   | 2620 BLANDING BLVD   |                                 |
| STREET ADDRESS |   | MIDDLEBURG FL 32068  |                                 |
| CITY-ST-ZIP    |   |                      |                                 |
| TITLE          |   |                      | <input type="checkbox"/> Delete |
| NAME           |   |                      |                                 |
| STREET ADDRESS |   |                      |                                 |
| CITY-ST-ZIP    |   |                      |                                 |
| TITLE          |   |                      | <input type="checkbox"/> Delete |
| NAME           |   |                      |                                 |
| STREET ADDRESS |   |                      |                                 |
| CITY-ST-ZIP    |   |                      |                                 |
| TITLE          |   |                      | <input type="checkbox"/> Delete |
| NAME           |   |                      |                                 |
| STREET ADDRESS |   |                      |                                 |
| CITY-ST-ZIP    |   |                      |                                 |
| TITLE          |   |                      | <input type="checkbox"/> Delete |
| NAME           |   |                      |                                 |
| STREET ADDRESS |   |                      |                                 |
| CITY-ST-ZIP    |   |                      |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |     |                          |                                                                              |
|----------------|-----|--------------------------|------------------------------------------------------------------------------|
| TITLE          | P/D | MARK ALBRIGHT            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |     | 4524 CHIPMUNK RD         |                                                                              |
| STREET ADDRESS |     | MIDDLEBURG, FL 32068     |                                                                              |
| CITY-ST-ZIP    |     |                          |                                                                              |
| TITLE          | V/D | BERT GEIGER JR           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |     | 2414 W. DUMFRIES CT.     |                                                                              |
| STREET ADDRESS |     | ORANGE PARK, FL 32073    |                                                                              |
| CITY-ST-ZIP    |     |                          |                                                                              |
| TITLE          | T/D | JENNIFER WESEMAN         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |     | 1834 SHERMAN LANE CIRCLE |                                                                              |
| STREET ADDRESS |     | MIDDLEBURG, FL 32068     |                                                                              |
| CITY-ST-ZIP    |     |                          |                                                                              |
| TITLE          | D   | ALBERT J. BOYLES, JR.    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |     | 1689 HERFORD RD          |                                                                              |
| STREET ADDRESS |     | MIDDLEBURG, FL 32068     |                                                                              |
| CITY-ST-ZIP    |     |                          |                                                                              |
| TITLE          | S/D | BILLIE SPEAKMAN          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |     | 5017 LICORICE CT         |                                                                              |
| STREET ADDRESS |     | MIDDLEBURG, FL 32068     |                                                                              |
| CITY-ST-ZIP    |     |                          |                                                                              |
| TITLE          | D   | VANESSA ALBRIGHT         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |     | 4524 CHIPMUNK RD.        |                                                                              |
| STREET ADDRESS |     | MIDDLEBURG, FL 32068     |                                                                              |
| 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 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 affidavit, with all other like empowered.

SIGNATURE:

BRUCE CRICHTON JR

SEPT 1, 01

904-298-0577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

N00000006083

FILED

01 OCT 18 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

*[Handwritten signature]*