

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008144

1. Entity Name

THE BEST LITTLE PLAYHOUSE IN TAMPA, INC.

Principal Place of Business

4310 GOLF CLUB LANE  
TAMPA FL 33624

Mailing Address

4310 GOLF CLUB LANE  
TAMPA FL 33624

2. Principal Place of Business

P.O. Box 18042

3. Mailing Address

36750 U.S. 19N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2724 MAIDSTONE

City & State

TAMPA, FL

City & State

PALM HARBOR, FL

Zip

33679

Country

HILLSBOROUGH

Zip

34684

Country

FLORIDA

4. FEI Number

59-3700175

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, ANTHONY J  
605 SOUTH BLVD.  
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name DAVID V. ALSPACH

Street Address (P.O. Box Number is Not Acceptable)

36750 US HWY 19N

# 2724 MAIDSTONE

City

PALM HARBOR

FL

Zip Code

34684

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

David V. Alspach DAVE ALSPACH

MARCH 20, 2002

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	D	ALSPACH, DAVE	<input type="checkbox"/> Delete
NAME		1423 MALLARD PLACE	
STREET ADDRESS		PALM HARBOR FL 34683	
CITY-ST-ZIP			
TITLE	D	BOONE, ELISSA	<input type="checkbox"/> Delete
NAME		4310 GOLF CLUB LANE	
STREET ADDRESS		TAMPA FL 33624	
CITY-ST-ZIP			
TITLE	D	BRYAN, DAVID	<input type="checkbox"/> Delete
NAME		3819 W. HORATIO ST., #5	
STREET ADDRESS		TAMPA FL 33609	
CITY-ST-ZIP			
TITLE	D	GARCIA, ANTHONY J	<input type="checkbox"/> Delete
NAME		605 S. BLVD.	
STREET ADDRESS		TAMPA FL 33606	
CITY-ST-ZIP			
TITLE	D	WANDEMBURGH, CHRIS	<input checked="" type="checkbox"/> Delete
NAME		602 DRUM CT	
STREET ADDRESS		TAMPA FL 33613	
CITY-ST-ZIP			
TITLE	D	SELESKY, TONI	<input checked="" type="checkbox"/> Delete
NAME		2207 SO. CAROLINA AVE., #7	
STREET ADDRESS		TAMPA FL 33629	
CITY-ST-ZIP			

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL NEWMAN	
STREET ADDRESS	4310 GOLF CLUB LANE	
CITY-ST-ZIP	TAMPA, FL 33624	

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:

David V. Alspach DAVID ALSPACH

3/20

(727) 204-1315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E03740-01