

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46151

1. Entity Name

PAINT YOUR HEART OUT PASCO COUNTY, INC.

Principal Place of Business

9222 REGENCY PARK BLVD  
PORT RICHEY FL 34668

Mailing Address

9222 REGENCY PARK BLVD  
PORT RICHEY FL 34668-5023

2. Principal Place of Business

P.O. Box 1151

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1151

Suite, Apt. #, etc.

City & State

Port Richey, Fl.

City & State

Port Richey, Fl.

Zip

34673-1151

Country

Pasco

Zip

34673-1151

Country

Pasco

6. Name and Address of Current Registered Agent

BASAK, JACKIE

9222 REGENCY PARK BLVD.  
PORT RICHEY FL 34668

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 Jackie Basak, /Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

4/19/00

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	PTD	<input type="checkbox"/> Delete
NAME	BASAK, JACKIE	
STREET ADDRESS	9222 REGENCY PARK BLVD	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PRATER, JACKIE	
STREET ADDRESS	98008 E. MERIDIAN AVE.	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input type="checkbox"/> Delete
NAME	AYCRIGG, BILL	
STREET ADDRESS	7505 ROTTINGHAM RD.	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAUSMAN, CYNTHIA	
STREET ADDRESS	4111 LAND O'LAKES BLVD., SUITE 202	
CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONOVER, KURT	
STREET ADDRESS	14100 FIVAY ROD, SUITE 360	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POSTON, RANDALL	
STREET ADDRESS	5224 US HWY 19	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Robert Winniett	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9213 Little Rd.	President
STREET ADDRESS	New Port Richey, Fl. 34654	Director
CITY-ST-ZIP		
TITLE	Jackie Basak	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer/Director	
STREET ADDRESS	9222 Regency Park Blvd.	
CITY-ST-ZIP	Port Richey, FL. 34668	
TITLE	Elaine Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice President	
STREET ADDRESS	4111 Land O'Lakes Blvd.	
CITY-ST-ZIP	Land O'Lakes, FL. 34639	
TITLE	Barbara DeSimone	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director	
STREET ADDRESS	7530 Little Rd. Rm. 330	
CITY-ST-ZIP	New Port Richey, FL. 34653	
TITLE	Dave Neal	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director	
STREET ADDRESS	5220 Grand Blvd.	
CITY-ST-ZIP	New Port Richey, FL. 34652	
TITLE	Chuck Wolf	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director	
STREET ADDRESS	7530 Little Rd.	
CITY-ST-ZIP	New Port Richey, FL. 34653	

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:

Jackie Basak, FVP/Director

4/19/00

727-842-8467

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3143892

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required