

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720297

1. Entity Name

GROWTH PUBLISHING CO., INC.

FILED

Feb 01, 2002 8:00 am  
Secretary of State

02-01-2002 90028 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4 POINTLOOKOUT RD.  
P.O. BOX 205  
HULLS COVE ME 04644  
US

4 POINTLOOKOUT RD.  
P.O. BOX 205  
HULLS COVE ME 04644  
US

2. Principal Place of Business

18 Lookout Point Rd

3. Mailing Address

P.O. Box 205

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hulls Cove, ME

City & State

Hulls Cove, ME

Zip

04644

Country

USA

Zip

04644-0205

Country

USA

4. FEI Number

23-7126780

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCARPACE, PHILIP  
VA MEDICAL CENTER (182)  
GAINESVILLE FL 32602

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 reinstating)

DATE

FILE NOW: FEE IS \$51.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD  
NAME HARRISON, PATRICIA J.  
STREET ADDRESS 4 POINTLOOKOUT RD.  
CITY-ST-ZIP HULLS COVE ME 04644-0205 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 18 Lookout Point Rd. ☒ Change ☐ Addition  
CITY-ST-ZIP

TITLE VD  
NAME HERRING, SUSAN W.  
STREET ADDRESS 7557-35TH AVENUE, NE  
CITY-ST-ZIP SEATTLE, WA 98115 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
NAME HARRISON, DAVID E.  
STREET ADDRESS JACKSON LAB 600 MAIN ST.  
CITY-ST-ZIP BAR HARBOR ME 04609 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME ELIAS, MERRILL F.  
STREET ADDRESS BEECH HILL RD.  
CITY-ST-ZIP SOMESVILLE ME 04660 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Patricia J. Harrison  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia J. Harrison 1-1602 207/288-3533  
Date Daytime Phone#

CR2E037 (9/01)