

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002700

1. Entity Name

GROW AMERICA FUND, INC.

Principal Place of Business

Mailing Address

51 EAST 42ND STREET, SUITE 300
NEW YORK NY 10017

51 EAST 42ND STREET, SUITE 300
NEW YORK NY 10017-5404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3641265

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

STAPP, GEORGE
1153 SECOND AVENUE, S.
TIERRA VERDE FL 33715

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete
NAME DAVENPORT, ROBERT W
STREET ADDRESS 5 EAST 22ND STREET
CITY-ST-ZIP NEW YORK NY 10010

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

TITLE PVC ☐ Delete
NAME FINNEGAN, ANN M
STREET ADDRESS 87 FAIRLAWN DRIVE
CITY-ST-ZIP LATHAM NY 12110

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

TITLE VD ☐ Delete
NAME FINKE, JOHN A
STREET ADDRESS 2108 N. 39TH
CITY-ST-ZIP SEATTLE WA 98103

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

TITLE SD ☐ Delete
NAME LOVELAND, SARA L
STREET ADDRESS 5 EAST 22ND STREET
CITY-ST-ZIP NEW YORK NY 10010

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

TITLE TD ☒ Delete
NAME RUCCIO, MARY JO
STREET ADDRESS 10809 DORIAL COURT
CITY-ST-ZIP UNION ISLAND KY 41091

TITLE TD ☒ Change ☐ Addition
NAME Ann Vogt
STREET ADDRESS 18 Mt Tom Road
CITY-ST-ZIP New Rochelle NY 10805

TITLE D ☐ Delete
NAME LANG, BARRY J
STREET ADDRESS 5980 E TERRA GRANDE
CITY-ST-ZIP TUCSON AZ 85750

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)