

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002700

1. Entity Name

GROW AMERICA FUND, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90310 049 ***150.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

STAPF, 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, 2001 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 ☐ Delete
NAME C
STREET ADDRESS DAVENPORT, ROBERT W
CITY-ST-ZIP 5 EAST 22ND STREET
NEW YORK NY 10010

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS VOGT, ANN
CITY-ST-ZIP 18 MT TOM RD
NEW ROCHELLE NY 10805

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LANG, BARRY J
CITY-ST-ZIP 5980 E TERRA GRANDE
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 or other like empowered.

SIGNATURE:

Robert W Davenport
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W DAVENPORT 4/19/01 (212) 682-1106
Date Daytime Phone #

CR2E034 (10/00)