

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90313 001 ***211.25

0000-0000
 AV

DOCUMENT # F96000002700

1. Entity Name
GROW AMERICA FUND, INC.

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 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
**STAFF, GEORGE
 1153 SECOND AVENUE, S.
 TIERRA VERDE FL 33715**

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 _____ (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, 2002 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

TITLE	C	<input type="checkbox"/> Delete
NAME	DAVENPORT, ROBERT W	
STREET ADDRESS	5 EAST 22ND STREET	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE	PVC	<input type="checkbox"/> Delete
NAME	FINNEGAN, ANN M	
STREET ADDRESS	87 FAIRLAWN DRIVE	
CITY-ST-ZIP	LATHAM NY 12110	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FINKE, JOHN A	
STREET ADDRESS	2108 N. 39TH	
CITY-ST-ZIP	SEATTLE WA 98103	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOVELAND, SARA L	
STREET ADDRESS	5 EAST 22ND STREET	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VOGT, ANN	
STREET ADDRESS	18 MT TOM RD	
CITY-ST-ZIP	NEW ROCHELLE NY 10805	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANG, BARRY J	
STREET ADDRESS	5980 E TERRA GRANDE	
CITY-ST-ZIP	TUCSON AZ 85750	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert W Davenport
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02 (212) 682-1106
 Date Daytime Phone #

CR2E034 (9/01)