

2000 UNIFORM BUSINESS REPORT (UBR)

8/2

FILED
Sep 11, 2000 8:00 am
Secretary of State

08-22-2000 90003 039 ****70.00

DOCUMENT # N99000005742

1. Entity Name

POLITICAL ECOLOGY SOCIETY, INC.

P

Principal Place of Business

UNIVERSITY OF ARIZONA, BUREAU OF APPLIED RESEARCH, ANTHROPOLOGY BLDG., ROOM 316 TUCSON AZ 85721

Mailing Address

UNIVERSITY OF ARIZONA, BUREAU OF APPLIED RESEARCH, ANTHROPOLOGY BLDG., ROOM 316 TUCSON AZ 85721

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

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELTZOFF, SARAH
DIVISION OF MARINE AFFAIRS AND POLICY MAF
4600 RICKENBACHER CAUSEWAY
MIAMI FL 33149

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	President James B. Greenberg 340 W. Camino Fairhaven Tucson, AZ 85704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board of Directors Thomas K. Park 6521 W. Camino Libby Tucson, AZ 85718	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board of Directors John S. Lansing 392 S Convent Tucson AZ 85701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board of Directors Thomas Weaver 6644 N. Donna Beatrix Cir. Tucson, AZ 85718	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board of Directors Thomas Sheridan 15851 W. Aubrey Ave. Robles, AZ 85736	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerers.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 17, 2000
 Date

Daytime Phone #

CR2E037 (5/00)



DO NOT WRITE IN THIS SPACE

DOC # N99000005742

3097258

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

► Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) Political Ecology Society, Inc.		3 Executor, trustee, "care of" name c/o University of Arizona, Bureau of Applied Research	
2 Trade name of business (if different from name on line 1)		5a Business address (if different from address on lines 4a and 4b)	
4a Mailing address (street address) (room, apt., or suite no.) Anthropology Building, Room 316		5b City, state, and ZIP code	
4b City, state, and ZIP code Tucson, AZ 85721		6 County and state where principal business is located Pima County, AZ	
7 Name of principal officer, general partner, grantor, owner, or trustor — SSN or ITIN may be required (see instructions) ► 366-50-9957 James B. Greenberg, President			

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ► Educational Organization (enter GEN if applicable)	
<input type="checkbox"/> Other (specify) ►	

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State Florida	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ► Educational Organization	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)
September 1, 2000

11 Closing month of accounting year (see instructions)
December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ► **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ► **To organize and sponsor educational activities.**

15 Is the principal business activity manufacturing? Yes No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Business (wholesale)
		<input checked="" type="checkbox"/> N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► **N/A** Trade name ► **N/A**

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
N/A	N/A	N/A

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
520-621-6316
Fax telephone number (include area code)
520-621-9608

Name and title (Please type or print clearly.) ► **James B. Greenberg, President**

Signature ►  Date ► **9/5/00**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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Political Ecology Society, INC.

Bureau of Applied Research in Anthropology
Anthropology Building, 316
University of Arizona, Tucson, AZ 85721



Email: jgreenbe@u.arizona.edu or
Ph.(520) 621-6282 Fax (520) 621-9608

DOC # N99000005742
309658

Sept. 6, 2000

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Subject: FEDERAL EMPLOYER IDENTIFICATION NUMBER FOR THE POLITICAL ECOLOGY SOCIETY, INC.

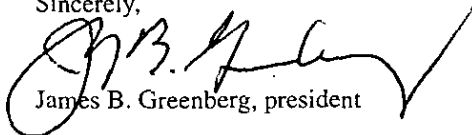
Reference Number: N99000005742

Dear Sirs:

Enclosed you will find the POLITICAL ECOLOGY SOCIETY INC. application which was returned to us with the accompanying letter. We have now applied for FEI number (see proof enclosed) and have now checked the appropriate box indicating that this number has been applied for.

I hope this is what is required to process this application. Should we need to provide other information, please contact us immediately.

Sincerely,


James B. Greenberg, president