

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000005742**

1. Entity Name

POLITICAL ECOLOGY SOCIETY, INC.

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

Same
Suite, Apt. #, etc.Same
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEE Number

86-1002595

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

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

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 \$61.25**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
P
GREENBERG, JAMES B
340 W CAMINO FAIRHAVEN
TUCSON AZ 85704 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BOD
PARK, THOMAS K
6521 W CAMINO LIBBY
TUCSON AZ 85718 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BOD
WEAVER, THOMAS
6644 N DONNA BEATRIX CIRCLE
TUCSON AZ 85718 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BOD
SHERIDAN, THOMAS
15851 W AUBREY AVE
ROBLES AZ 85736 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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: *[Signature]* REQUIRED

5/1/01

520-498-1813

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90192 028 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)