

2002 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

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI 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: GREENBERG, JAMES B ☐ Delete
STREET ADDRESS: 340 W CAMINO FAIRHAVEN
CITY-ST-ZIP: TUCSON AZ 85704

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

TITLE
NAME: BOD ☐ Delete
STREET ADDRESS: PARK, THOMAS K
CITY-ST-ZIP: 6521 W CAMINO LIBBY
TUCSON AZ 85718

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

TITLE
NAME: BOD ☐ Delete
STREET ADDRESS: WEAVER, THOMAS
CITY-ST-ZIP: 6644 N DONNA BEATRIX CIRCLE
TUCSON AZ 85718

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

TITLE
NAME: BOD ☐ Delete
STREET ADDRESS: SHERIDAN, THOMAS
CITY-ST-ZIP: 15851 W AUBREY AVE
ROBLES AZ 85736

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90146 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)