

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G83865

1. Entity Name

EAGLE ASSET MANAGEMENT, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90066 017 ***150.00

Principal Place of Business

Mailing Address

880 CARILLON PKWY.
 P.O. BOX 12749
 ST. PETERSBURG FL 33716
 US

880 CARILLON PKWY.
 P.O. BOX 12749
 ST. PETERSBURG FL 33733-2749

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

59-2385219

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FABER, STEPHEN W.
880 CARILLON PKWY
ST. PETERSBURG FL 33716

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	RIESS, RICHARD K	
STREET ADDRESS	880 CARILLON PKWY	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	JAMES, THOMAS A	
STREET ADDRESS	880 CARILLON PKWY	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, STEPHEN G.	
STREET ADDRESS	880 CARILLON PKWY	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KOSTER, KENNETH K.	
STREET ADDRESS	880 CARILLON PKAY	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FABER, STEPHEN W	
STREET ADDRESS	3071 BRANCH DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
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: Kenneth K. Koster
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

727-573-3800

Date

Daytime Phone #

CR2E034 (9/99)