

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90389 022 ***150.00

UBR 1338 AV

DOCUMENT # G83865

1. Entity Name
EAGLE ASSET MANAGEMENT, INC.

Principal Place of Business 880 CARILLON PKWY. P.O.BOX 12749 ST. PETERSBURG FL 33716 US	Mailing Address 880 CARILLON PKWY. P.O.BOX 12749 ST. PETERSBURG FL 33733-2749
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2385219**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	CEOD RIESS, RICHARD K	<input type="checkbox"/> Delete
STREET ADDRESS	880 CARILLON PKWY	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE NAME	CD JAMES, THOMAS A	<input type="checkbox"/> Delete
STREET ADDRESS	880 CARILLON PKWY	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE NAME	PD HILL, STEPHEN G.	<input type="checkbox"/> Delete
STREET ADDRESS	880 CARILLON PKWY	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE NAME	VT KOSTER, KENNETH K.	<input type="checkbox"/> Delete
STREET ADDRESS	880 CARILLON PKAY	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE NAME	S FABER, STEPHEN W	<input type="checkbox"/> Delete
STREET ADDRESS	3071 BRANCH DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 APR 10 2002 727-573-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)