

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90650 042 ***150.00

DOCUMENT # P97000093750

1. Entity Name
AWAD ASSET MANAGEMENT, INC.



Principal Place of Business
THE OFFICES OF RAYMOND JAMES FINANCIAL
880 CARILLON PKY.
ST. PETERSBURG FL 33733

Mailing Address
THE OFFICES OF RAYMOND JAMES FINANCIAL
880 CARILLON PKY.
ST. PETERSBURG FL 33733

60013430



☒ **CHECK HERE IF MAKING CHANGES**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2372400**

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

JACOBS, RICHARD O
200 CENTRAL AVE., STE. 1600
ST. PETERSBURG FL 33701

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCP** ☐ Delete
NAME **AWAD, JAMES D**
STREET ADDRESS **ONE EAST END AVE. APT 1A+**
CITY-ST-ZIP **NEW YORK NY 10021**

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

TITLE **D** ☐ Delete
NAME **HILL, STEPHEN G**
STREET ADDRESS **880 CARILLON PARKWAY**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

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

TITLE **TCCO** ☒ Delete
NAME **KOSTER, KENNETH K**
STREET ADDRESS **880 CARILLON PARKWAY**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE ☐ Change ☒ Addition
NAME **Eric Wilwant**
STREET ADDRESS **880 Carillon Parkway**
CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE **ASAT** ☒ Delete
NAME **PALSHA, GRACE**
STREET ADDRESS **880 CARILLON PARKWAY**
CITY-ST-ZIP **ST. PETERSBURG FL 33733**

TITLE ☐ Change ☒ Addition
NAME **Donna L. Wilson**
STREET ADDRESS **880 Carillon Parkway**
CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE **VP** ☐ Delete
NAME **EGAN, CAROL**
STREET ADDRESS **880 CARILLON PARKWAY**
CITY-ST-ZIP **ST. PETERSBURG FL 33733**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33716**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **S Stephen W. Faber**
STREET ADDRESS **880 Carillon Pkwy.**
CITY-ST-ZIP **St. Petersburg, FL 33716**

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 607, 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: *Eric Wilwant* **Eric Wilwant**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-03

Date

727-567-3800

Daytime Phone #

CR2E034 (10/02)