

# 2001 UNIFORM BUSINESS REPORT (UBR)

001351 1 AT

DOCUMENT # M00000002417

1. Entity Name

FUND DEVELOPMENT ASSOCIATES, LLC

FILED

01 JAN 22 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6871 ROYAL ORCHID CIRCLE  
DELRAY BEACH FL 33446

Mailing Address

6871 ROYAL ORCHID CIRCLE  
DELRAY BEACH FL 33446

2. Principal Place of Business

10 SE 1ST AVE

3. Mailing Address

10 SE 1ST AVE

Suite, Apt. #, etc.

2ND FLOOR

Suite, Apt. #, etc.

2ND FLOOR

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

Zip

33444

Country

USA

Zip

33444

Country

USA

4. FEI Number

51-0402257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TURIANSKY, BRUCE

6871 ROYAL ORCHID CIRCLE

DELRAY BEACH FL 33446

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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.

BRUCE TURIANSKY, MGR

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

6000003590966--6

-01/29/01--01139--003

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME TURIANSKY, BRUCE ☐ Delete  
STREET ADDRESS 6871 ROYAL ORCHID CIRCLE  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE MEMBER  
NAME MARIANN MAMBERT ☐ Delete  
STREET ADDRESS 6871 ROYAL ORCHID CIRCLE  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE MEMBER  
NAME MARIANN MAMBERT ☐ Change ☒ Addition  
STREET ADDRESS 6871 ROYAL ORCHID CIRCLE  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE MEMBER  
NAME MGR LISTS, LLC ☐ Change ☒ Addition  
STREET ADDRESS 750 OCEAN BOULEVARD # 303  
CITY-ST-ZIP JUNE BEACH, FL 33408

TITLE MEMBER  
NAME PEORIA VENTURE CAPITAL, LLC ☐ Change ☒ Addition  
STREET ADDRESS 3100 N. DRUGS LANE  
CITY-ST-ZIP PEORIA, IL 61604

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED TURIANSKY MGR

1/15/00

561-241-3121  
1/15/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)