

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90114 025 \*\*\*\*61.25

**DOCUMENT # N98000002502**

1. Entity Name

**PRECIOUS GEM LEARNING AND DAY CARE CENTER, INC.**

Principal Place of Business

Mailing Address

803 E JEFFERSON ST  
 QUINCY FL 32351

325 S 10TH ST  
 QUINCY FL 32351-2938

2. Principal Place of Business

3. Mailing Address

803 E. Jefferson St

803 East Jefferson St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Quincy, Florida

City & State  
 Quincy, FL 32351

4. FEI Number  
 59-3506963

Applied For  
 Not Applicable

Zip  
 32351

Country  
 USA

Zip  
 32351

Country  
 USA

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

TRIBUE, JOHN E  
 325 S 10TH ST  
 QUINCY FL 32351

Name  
~~Willa Tribue Nelson~~  
 Street Address (P.O. Box Number is Not Acceptable)  
 803 East Jefferson St.

City  
 Quincy, FL Zip Code  
 32351

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 STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, ROBERT 1029 MARTIN LUTHER KING BLVD. QUINCY FL 32351	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOLT, CHARLESTON 656 S. 11TH ST. QUINCY FL 32351	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GEE, ELLA MAE 204 N. CHALK ST. QUINCY FL 32351	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDSTON, WAYNE 2917 LIVINGSTON RD. #101 TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGSTON, RUTH 2719 LIVINGSTON RD. #101 TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIBUE, MARSBY 328 S. 12TH ST. QUINCY FL 32351	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, ARTHUR 803 EAST JEFFERSON QUINCY, FL 32351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOWERS, HATTIE H. 228 CHALK STREET QUINCY, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DURANT, ALMA M. 1914 BOTANY DRIVE TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUDD, LUCY MAE 20 MALCOLM STREET QUINCY, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRYANT, CLARENCE P.O. BOX 286 QUINCY, FL 32353	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEOPLES, SHILDA 213 CHALK STREET QUINCY, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Willa Tribue Nelson*  
 Willa Tribue Nelson 1/13/2000

CR2E037 (9/99)