

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

0064499

DOCUMENT # N98000002502

1. Entity Name

PRECIOUS GEM LEARNING AND DAY CARE CENTER, INC.

01-23-2001 90053 021 ****70.00

Principal Place of Business

Mailing Address

803 E JEFFERSON ST
 QUINCY FL 32351

803 E JEFFERSON ST
 QUINCY FL 32351

501100



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

59-3506963

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

~~TRIBUE, JOHN E~~
 803 E JEFFERSON ST
 QUINCY FL 32351

Willa Tribue Nelson

Name *Willa Tribue Nelson*

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

803 East Jefferson Street

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

Willa Tribue-Nelson, Director

1/10/2001

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

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		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Willa Tribue Nelson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willa Tribue Nelson
 Date *1/10/2001* Daytime Phone #

CR2E037 (10/00)