

2001 UNIFORM BUSINESS REPORT (UBR)

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

0084499

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
NAME JONES, ARTHUR
STREET ADDRESS 803 E JEFFERSON
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

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

TITLE VPD
NAME BOWERS, HATTIE H
STREET ADDRESS 228 CHALK ST
CITY-ST-ZIP QUINCY FL ☐ Delete

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

TITLE STD
NAME DURANT, ALMA M
STREET ADDRESS 1914 BOTANY DR
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

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

TITLE T
NAME RUDD, LUCY M
STREET ADDRESS 20 MALCOLM ST
CITY-ST-ZIP QUINCY FL ☒ Delete

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

TITLE D
NAME BRYANT, CLARENCE
STREET ADDRESS PO BOX 286
CITY-ST-ZIP QUINCY FL 32353 ☐ Delete

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

TITLE D
NAME PEOPLES, SHILDA
STREET ADDRESS 213 CHALK ST
CITY-ST-ZIP QUINCY FL ☒ Delete

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

Willa Tribue Nelson

Date 1/10/2001 Daytime Phone #

CR2E037 (10/00)