

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004098

1. Entity Name

RUTH U. FERTEL, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90308 040 ***150.00

Principal Place of Business
3321 HESSMER AVENUE
METAIRIE LA 70002
US

Mailing Address
3321 HESSMER AVENUE
METAIRIE LA 70002-4726
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **72-1060618** Applied For
Not Applicable

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

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HYDE, WILLIAM		NAME	William Joseph Hurekler III	
STREET ADDRESS	5 GREAT MEADOW RD		STREET ADDRESS	546 W. Hawthorne Pl.	
CITY-ST-ZIP	LOCUST VALLEY NY 70002		CITY-ST-ZIP	Chicago, IL 60657	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROOKS, PHILIP S		NAME	Robin Paul Selati	
STREET ADDRESS	723 HILLARY STREET		STREET ADDRESS	1401-X N. Weiland St.	
CITY-ST-ZIP	NEW ORLEANS LA 70118		CITY-ST-ZIP	Chicago, IL 60606	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RYDER, JAMES E JR.		NAME		
STREET ADDRESS	4144 MONTRACHET DR.		STREET ADDRESS		
CITY-ST-ZIP	KENNER LA 70065		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENNISON, THOMAS		NAME		
STREET ADDRESS	6204 ROSALIE CT		STREET ADDRESS		
CITY-ST-ZIP	METARIE LA		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERTEL, RUTH U		NAME		
STREET ADDRESS	711 N BRAD ST		STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA 70119		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Trent Schelin 4/26/00 504-481-6560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)