## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # K53825**

1. Entity Name

RUTH'S CHRIS STEAK HOUSE #6, INC.

Principal Place of Business Mailing Address

2525 NORTH FEDERAL HWY. i. LAUDERDALE FL 33305

2. Principal Place of Business

3. Mailing Address /

2525 NORTH FEDERAL HWY. FT. LAUDERDALE FL 33305-1620

		3321 Hessmer Hve			T (DATORI) OD) B)IDE 11184 (BILID 1188) B)IL B1811 B1811 G1811 B1811 G1811 B1811 G1811 B1811 G1811				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS SI	PACE	
City & State		Cly & State		<b>4.</b> F	El Number	65-0089253	3		pplied For ot Applicable
Zip	Country	Zip	Country	<b>)</b> 5. (	Certificate of S	Status Desired		8.75 Ad	ditional
		10002	<u> </u>	<u> </u>		dunca of Name 19		ee Require	<u> </u>
<del></del>	6. Name and Address of Current F	Registered Agent	Name		vame and Ad	dress of New R	egistered A	gent	
CT CORPORATION SYSTEM			Street Address (P.O. Box Number is Not Acceptable)						
	I S PINE ISLAND RD NTATION FL 33324		<del></del>						
FLAI	NIAHUN PL 33324		<u></u>						
			City				FL	Zip Cod	ie
						- the Ctote of Flo			
The above	named entity submits this statement for	the purpose of changing its re	egistered office or r	egistered ag	ent, or both, ii	ir trie State of Fic	nida.		
IGNATURE .	Signature, typed or printed name of registered agent a		Registered Agent signature	ragued when re	unetating)		DATE		
	Signature, typed or printed name of registered agent a	nd the ir applicable. (NOTE: I	Registered Agent signature	required witer re					
. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!!!	FEE IS \$150.00	)	l <b>10.</b> Electio	on Campaign Fir	ancina	\$5.0	<b>00</b> May Be
Tax filing requirement and elects to do so After MAY 1, 2000 I				will be \$550.00 Trust Fund Contribution. Added to I					
(See criter	ria on back)	Make Check Payable	to Department	of State					
1	OFFICERS AND I	DIRECTORS	12.	- AD	DITIONS/CH	ANGES TO OFF	ICERS AND	DIRECTOR	
TLE	P <sub>.</sub>	☐ Delete	TITLE	אצ				☐ Change	Additio
AME .	HYDE, WILLIAM		NAME	100m	as H	enniso	צלי, מי	•	
reet address	FIVE GREAT MEADOW ROAD		STREET ADDRESS	10204	- Kos	alie a	ourt		
TY-ST-ZIP	LOCUST VALLEY NY		CITY-ST-ZIP	Met	airis	e, LA.	700	002	
TLE	T	Delete	TITLE		<u> </u>	1801	Ŀ	Change	Addition
AME	PENNISON, THOMAS	•	NAME	Kobin	Paul	Sela	T 1	പ	
FREET ADDRESS	6204 ROSALIE COURT		STREET ADDRESS	1401-	$\mathbf{x} \mathbf{A}$	· Weil	and	7 <u>.</u>	
TY-ST-ZIP	METAIRIE LA 70003-2058		CITY-ST-ZIP	Chica	290 ,	12 100	2610	)	
TLE	VP	Delete	TITLE	435186	<i>US</i> -,		. ~	☐ Change	Addition
AME	WOLLERMAN, GARY	,	NAME	Trent	Sche	elin a			
TREET ADDRESS	4039 VENDOME PLACE		STREET ADDRESS	332/	Hess	mer A		_	
TY-ST-ZIP	NEW ORLEANS LA 70125		CITY-ST-ZIP	Meto	airie	, <u>LA .</u>	7000		
TLE	D	Defete	TITLE					☐ Change	Addition
AME .	BROOKS, PHILIP S	,	NAME			-			
TREET ADDRESS	3321 HESSMER		STREET ADDRESS CITY-ST-ZIP						
ITY-ST-ZIP	METAIRIE LA 70002		<del></del>		<del></del>		<del></del>	Channe	
TLE	D DADED TAMES	Delete	TITLE					☐ Change	Addition
AME	RYDER, JAMES		NAME STREET ADORESS						
IREET ADDRESS ITY-ST-ZIP	4144 MONTRACHET DRIVE   KENNER LA		CITY-ST-ZIP						
	NENNER LA		<del></del>					☐ Change	Addition
TLE		☐ Delete	TITLE NAME						□ Auditibl
AME TREET ADDRESS			STREET ADDRESS						
INCEL ADDRESS			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

**FILED** 

May 18, 2000 8:00 am Secretary of State

05-18-2000 90315 003 \*\*\*150.00