

-2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
 05-18-2000 90308 039 ***150.00

DOCUMENT # K53827

1. Entity Name
RUTH'S CHRIS STEAK HOUSE #7, INC.

Principal Place of Business
661 U.S. HWY. ONE
NORTH PALM BEACH FL 33408

Mailing Address
~~661 U.S. HWY. ONE~~
~~NORTH PALM BEACH FL 33408 4605~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

3. Mailing Address
3321 Hessmer Ave
 Suite, Apt. #, etc.
Metairie, LA.
70002
USA

4. FEI Number **65-0089244**
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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 | Assist. S. | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | HYDE, W | | | NAME | Trent Schelin | | |
| STREET ADDRESS | FIVE GREAT MEADOW RD | | | STREET ADDRESS | 3321 Hessmer Ave | | |
| CITY-ST-ZIP | LOCUST VALLEY NY 70119 | | | CITY-ST-ZIP | Metairie, LA. 70002 | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | | TITLE | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | PENNISON, T | | | NAME | Robin Paul Selati | | |
| STREET ADDRESS | 6204 ROSALIE CT | | | STREET ADDRESS | 1401-X N. Weiland St. | | |
| CITY-ST-ZIP | METairie LA 70003 | | | CITY-ST-ZIP | Chicago, IL 60610 | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | VP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | RYDER, JIM | | | NAME | Thomas Pennison | | |
| STREET ADDRESS | 4144 MONTRACHET DR | | | STREET ADDRESS | 6204 Rosalie CT | | |
| CITY-ST-ZIP | KENNERE LA 70065 | | | CITY-ST-ZIP | Metairie, LA 70003 | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BROOKS, PHIL | | | NAME | | | |
| STREET ADDRESS | 1311 HENRY CLAY | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW ORLEANS LA 70118 | | | CITY-ST-ZIP | | | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FERTER, RUTH | | | NAME | | | |
| STREET ADDRESS | 711 N BROAD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW ORLEANS LA | | | 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: A. Trent Schelin 4/26/00 504-454-6560
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #