

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K84192

1. Entity Name

RUTH'S CHRIS STEAK HOUSE #9, INC.

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

05-18-2000 90308 041 ***150.00

Principal Place of Business

3913 N E 163RD STREET
N MIAMI BEACH FL 33160

Mailing Address

3913 N E 163RD STREET
N MIAMI BEACH FL 70002-4790

2. Principal Place of Business

3. Mailing Address

3321 Hessmer Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Metairie, LA

4. FEI Number

59-2958929

Applied For

Not Applicable

Zip

Country

Zip

Country

70002 USA

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 ROAD
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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	P	<input type="checkbox"/> Delete
NAME	HYDE, WILLIAM	
STREET ADDRESS	FIVE GREAT MEADOW ROAD	
CITY-ST-ZIP	LOCUST VALLEY NY 70002	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PENNISON, THOMAS	
STREET ADDRESS	6204 ROSALIE COURT	
CITY-ST-ZIP	METairie LA 70003	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, PHIL	
STREET ADDRESS	3321 HESSMER	
CITY-ST-ZIP	METairie LA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RYDER, JAMES	
STREET ADDRESS	4144 MORACHET	
CITY-ST-ZIP	KENNER LA 70065	
TITLE	A	<input checked="" type="checkbox"/> Delete
NAME	FERTEL, RUTH U	
STREET ADDRESS	711 N. BROAD STREET	
CITY-ST-ZIP	NEW ORLEANS LA 70119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Assist S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Trent Schelin	
STREET ADDRESS	3321 Hessmer Ave	
CITY-ST-ZIP	Metairie, LA 70002	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robin Paul Selati	
STREET ADDRESS	1401-X N. Weiland St.	
CITY-ST-ZIP	Chicago, IL 60610	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Pennison	
STREET ADDRESS	6204 Rosalie Court	
CITY-ST-ZIP	Metairie, LA 70003	
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		
STREET 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. Trent Schelin

4/26/00

Date

504-454-6530

Daytime Phone #

CR2E034 (9/99)