

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~F930000004098~~

1. Entity Name
~~RUTH U FERTEL, INC. #13~~ L91249
 RUTH'S CHRIS STEAK HOUSE #13, INC

Principal Place of Business Mailing Address
 2221 HESSMER AVENUE 3321 HESSMER AVENUE
 METAIRIE LA 70002 METAIRIE LA 70002-4726
 US US

2. Principal Place of Business 3. Mailing Address
 610 N Orlando Ave Suite, Apt. #, etc.

City & State City & State
 Winter Park, FL
 Zip Country Zip Country
 32789 USA

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

4. FEI Number 72-1060618
 5430224179
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

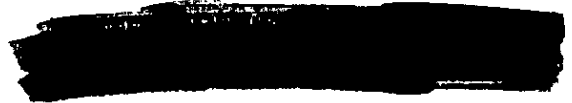
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEES: \$150.00**
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to 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 Hunchler 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 60610	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RYDER, JAMES E JR.		NAME	Asst. S. Trent Schelin	
STREET ADDRESS	4144 MONTRACHET DR.		STREET ADDRESS	3321 HESSMER AVE.	
CITY-ST-ZIP	KENNER LA 70065		CITY-ST-ZIP	Metairie, LA 70002	
TITLE	T	<input checked="" 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	METAIRIE 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jun 06, 2000 8:00 am
Secretary of State
 06-06-2000 90488 030 ***150.00



DO NOT WRITE IN THIS SPACE