

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000039435**

1. Entity Name

RUTHIE T'S TEXAS BAR & GRILL, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90354 031 ***150.00

Principal Place of Business

**8503 THOMAS DRIVE
PANAMA CITY BEACH FL 32408**

Mailing Address

**8503 THOMAS DRIVE
PANAMA CITY BEACH FL 32408**

80038920



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3241461**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HERNANDEZ, ERIC A
3415 W 19TH STREET
PANAMA CITY FL 32405**

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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 fee if applicable

(NOTE: Registered Agent's signature required when resigning)

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, 2001 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 2001

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD MILLER, JERRY B 8503 THOMAS DR PANAMA CITY BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD HERNANDEZ, ERIC A 8503 THOMAS DR PANAMA CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD RYAN, DAVID E 8503 THOMAS DR PANAMA CITY BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MILLER, CHARLES M 8503 THOMAS DR PANAMA CITY BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

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 information covered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01 850-234-2111

Date

Telephone Number

CR20034 (10.00)