

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000071880

1. Entity Name

RUTH'S CHRIS STEAK HOUSE #16, INC.

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

05-18-2000 90300 002 ***150.00

Principal Place of Business

Mailing Address

1700 N WESTSHORE
TAMPA FL 33607

3321 HESSMER AVENUE
METAIRIE LA 70002-4726

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

72-1310138

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

C T CORPORATION SYSTEM
1200 SOUTH 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HYDE, WILLIAM	
STREET ADDRESS	5 GREAT MEADOW RD	
CITY-ST-ZIP	LOCUST VALLEY NY 70119	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PENNISON, THOMAS	
STREET ADDRESS	6204 ROSALIE CT	
CITY-ST-ZIP	METAIRIE LA 70003	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WOLLERMAN, GARY	
STREET ADDRESS	4039 VENDOME PLACE	
CITY-ST-ZIP	NEW ORLEANS FL 70125	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, PHILLIP S	
STREET ADDRESS	3321 HESSMER AVENUE	
CITY-ST-ZIP	METAIRIE LA 70002	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RYDER, JAMES	
STREET ADDRESS	4144 MONTRACHET DR	
CITY-ST-ZIP	KENNER LA 70002	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Pennison	
STREET ADDRESS	6204 Rosalie CT	
CITY-ST-ZIP	Metairie, LA. 70003	
TITLE	Asst. 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		<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

504-451-6560

Daytime Phone #

CR2E034 (9/99)