

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000064209**

1. Entity Name

**RUTH'S CHRIS STEAK HOUSE #27, INC.****FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90305 014 \*\*\*150.00

Principal Place of Business

Mailing Address

222 SALEZDO ST  
CORAL GABLES FL 331343321 HESSMER AVENUE  
METAIRIE LA 70002-4726

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0786331

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	P			<input type="checkbox"/>		P			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	HYDE, WILLIAM	FIVE GREAT MEADOW RD	LOCUST VALLEY NY			Robin Paul Selati	1401-X N. Weiland St.	Chicago, IL 60610		
	T			<input checked="" type="checkbox"/>		Assist. S	Trent Schelin	3321 Hessmer Ave		<input checked="" type="checkbox"/>
	PENNISON, THOMAS	6204 ROSALIE CT	METAIRIE LA 70003-2058				Metairie, LA 70002		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D			<input checked="" type="checkbox"/>		V			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	RYDER, JAMES	4144 MONTRACHET DR	KENNER LA 70006			Pennison, Thomas	6204 Rosalie CT	Metairie, LA 70003-2058		
	D			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	BROOKS, PHIL	1311 HENRY CLAY	NEW ORLEANS LA 70118						<input type="checkbox"/>	<input type="checkbox"/>
	S			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	FERTEL, RUTH	711 N BROAD ST	NEW ORLEANS LA 70119						<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 #

CR2E034 (9/99)