

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90117 006 ****61.25

DOCUMENT # N95000003554

1. Entity Name

DARDEN RESTAURANTS, INC. FOUNDATION

Principal Place of Business

5900 LAKE ELLENOR DRIVE
 ORLANDO FL 32809

Mailing Address

POST OFFICE BOX 593330
 ORLANDO FL 32859-3330

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3332929

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DARDEN RESTAURANTS, INC.
5900 LAKE ELLENOR DRIVE
ORLANDO FL 32809

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 _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	LEE, JOE. R.	
STREET ADDRESS	7550 HINSON COURT STE 12-C	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	OTIS, CLARENCE JR.	
STREET ADDRESS	5900 LAKE ELLENOR DR	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WALSH, RICHARD J	
STREET ADDRESS	2401 NORFOLK ROAD	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WHITEHILL, CLIFFORD L	
STREET ADDRESS	3746 MEADOWBROOK LANE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	AST	<input type="checkbox"/> Delete
NAME	DEYOUNG, PATTY	
STREET ADDRESS	5900 LAKE ELLENOR DR	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paula J. Shives	
STREET ADDRESS	5900 Lake Ellenor Drive	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert F. Faisant	
STREET ADDRESS	6100 Lake Ellenor Drive	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert F. Faisant**

2/21/00

407.245.5542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)