

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90064 036 ****61.25

DOCUMENT # N95000003554

1. Entity Name
DARDEN RESTAURANTS, INC. FOUNDATION

Principal Place of Business Mailing Address
5900 LAKE ELLENOR DRIVE **POST OFFICE BOX 593330**
ORLANDO FL 32809 **ORLANDO FL 32859**



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 Applied For
59-3332929 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

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

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	C	<input type="checkbox"/> Delete
STREET ADDRESS	LEE, JOE. R.	
CITY-ST-ZIP	7550 HINSON COURT STE 12-C	
	ORLANDO FL	
TITLE NAME	T	<input type="checkbox"/> Delete
STREET ADDRESS	OTIS, CLARENCE JR.	
CITY-ST-ZIP	5900 LAKE ELLENOR DR	
	ORLANDO FL 32809	
TITLE NAME	DV	<input type="checkbox"/> Delete
STREET ADDRESS	WALSH, RICHARD J	
CITY-ST-ZIP	2401 NORFOLK ROAD	
	ORLANDO FL 32803	
TITLE NAME	S	<input type="checkbox"/> Delete
STREET ADDRESS	SHIVES, PAULA J	
CITY-ST-ZIP	5900 LAKE ELLENOR DRIVE	
	ORLANDO FL 32809	
TITLE NAME	AST	<input type="checkbox"/> Delete
STREET ADDRESS	DEYOUNG, PATTY	
CITY-ST-ZIP	5900 LAKE ELLENOR DR	
	ORLANDO FL 32809	
TITLE NAME	AT	<input type="checkbox"/> Delete
STREET ADDRESS	FAISANT, ROBERT F	
CITY-ST-ZIP	6100 LAKE ELLENOR DRIVE	
	ORLANDO FL 32809	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **SIGNATURE REQUIRED** Date: 1/15/01 Daytime Phone #: 407.245.5542

CR2E037 (10/00)