

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90103 023 \*\*\*\*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**

**90014235**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3332929**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **C LEE, JOE. R.**  
STREET ADDRESS **7550 HINSON COURT STE 12-C**  
CITY-ST-ZIP **ORLANDO FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **T OTIS, CLARENCE JR.**  
STREET ADDRESS **5900 LAKE ELLENOR DR**  
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **DV WALSH, RICHARD J**  
STREET ADDRESS **2401 NORFOLK ROAD**  
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **S SHIVES, PAULA J**  
STREET ADDRESS **5900 LAKE ELLENOR DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **AST DEYOUNG, PATTY**  
STREET ADDRESS **5900 LAKE ELLENOR DR**  
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **AT FAISANT, ROBERT F**  
STREET ADDRESS **6100 LAKE ELLENOR DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE  Change  Addition  
NAME **AT Patrick Harrigan**  
STREET ADDRESS **6100 Lake Ellenor Drive**  
CITY-ST-ZIP **Orlando, FL 32809**

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: *Patrick Harrigan* SIGNATURE REQUIRED: *Patrick Harrigan* 2/1/03 407.245.5542

CR2E037 (10/02)