

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

0067132

**DOCUMENT # P95000025580**

1. Entity Name  
**DARDEN RESTAURANTS, INC.**

01-30-2001 90127 035 \*\*\*150.00

Principal Place of Business      Mailing Address  
**5900 LAKE ELLENOR DR.**      **5900 LAKE ELLENOR DR.**  
**ORLANDO FL 32809**      **ORLANDO FL 32809**

**80012866**



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |  |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-3305930</b>                           |  | Applied For                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |   |  |                                       |  |

|   |  |  |  |  |  |  |  |           |  |          |  |
|---|--|--|--|--|--|--|--|-----------|--|----------|--|
| 6. Name and Address of Current Registered Agent   |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |           |  |          |  |
| <b>CORPORATION SERVICE COMPANY</b><br><b>1201 HAYS STREET</b><br><b>TALLAHASSEE FL 32301-2525</b> |  |  |  | Name   |  |  |  |           |  |          |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |           |  |          |  |
|   |  |  |  | City   |  |  |  | <b>FL</b> |  | 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 \_\_\_\_\_ (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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS |                       |  |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                      |  |  |
|----------------------------|-----------------------|--|--|---|----------------------|--|--|
| TITLE                      | CD                    | <input type="checkbox"/> Delete            |  | TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | LEE, JOE R            |  |  | NAME  |                      |  |  |
| STREET ADDRESS             | 5900 LAKE ELLENOR DR. |  |  | STREET ADDRESS  |                      |  |  |
| CITY-ST-ZIP                | ORLANDO FL 32809      |  |  | CITY-ST-ZIP   |                      |  |  |
| TITLE                      | SV                    | <input type="checkbox"/> Delete            |  | TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | SMITH, JAMES D        |  |  | NAME  |                      |  |  |
| STREET ADDRESS             | 5900 LAKE ELLENOR DR. |  |  | STREET ADDRESS  |                      |  |  |
| CITY-ST-ZIP                | ORLANDO FL            |  |  | CITY-ST-ZIP   |                      |  |  |
| TITLE                      | AT                    | <input type="checkbox"/> Delete            |  | TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | FAISANT, ROBERT F.    |  |  | NAME  |                      |  |  |
| STREET ADDRESS             | 6100 LAKE ELLENOR DR  |  |  | STREET ADDRESS  |                      |  |  |
| CITY-ST-ZIP                | ORLANDO FL 32809      |  |  | CITY-ST-ZIP   |                      |  |  |
| TITLE                      | EVD                   | <input type="checkbox"/> Delete            |  | TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | SWEATT, BLAINE        |  |  | NAME  |                      |  |  |
| STREET ADDRESS             | 5900 LAKE ELLENOR DR. |  |  | STREET ADDRESS  |                      |  |  |
| CITY-ST-ZIP                | ORLANDO FL 32809      |  |  | CITY-ST-ZIP   |                      |  |  |
| TITLE                      | SVP                   | <input checked="" type="checkbox"/> Delete |  | TITLE   | P                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | WHITEHILL, CLIFFORD L |  |  | NAME  | BRADLEY D. Blum      |  |  |
| STREET ADDRESS             | 5900 LAKE ELLENOR DR. |  |  | STREET ADDRESS  | 5900 LAKE Ellenor Dr |  |  |
| CITY-ST-ZIP                | ORLANDO FL 32809      |  |  | CITY-ST-ZIP   | Orlando FL 32809     |  |  |
| TITLE                      | SV                    | <input type="checkbox"/> Delete            |  | TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | WALSH, RICHARD J      |  |  | NAME  |                      |  |  |
| STREET ADDRESS             | 5900 LAKE ELLENOR DR. |  |  | STREET ADDRESS  |                      |  |  |
| CITY-ST-ZIP                | ORLANDO FL 32809      |  |  | 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: *Richard J. Walsh*      Date: 2/1/01      Daytime Phone #: 407.245.5572

CR2E034 (10/00)