

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90145 003 ***150.00

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DOCUMENT # P95000025580

1. Entity Name
DARDEN RESTAURANTS, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3305930** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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, 2002 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
CD	LEE, JOE R	5900 LAKE ELLENOR DR.	ORLANDO FL 32809				
SV	SMITH, JAMES D	5900 LAKE ELLENOR DR.	ORLANDO FL	SV	CLARENCE OTIS	5900 Lake Ellenor Dr.	Orlando FL 32809
AT	FAISANT, ROBERT F.	6100 LAKE ELLENOR DR	ORLANDO FL 32809				
EVD	SWEATT, BLAINE	5900 LAKE ELLENOR DR.	ORLANDO FL 32809				
P	BLUM, BRADLEY D	5900 LAKE ELLENOR DR.	ORLANDO FL 32809				
SV	WALSH, RICHARD J	5900 LAKE ELLENOR DR.	ORLANDO FL 32809				

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

1/18/02 407.245.5342
 Date Daytime Phone #

CR2E034 (9/01)