Edgar Filing: WILSON RITA P - Form 4

| Form 4 | | | | | | | | | | | | |
|--|--------------------------------------|---|----------------------------|--|--|--|---|--|--|---|--|--|
| September 23 | Л | STATES | SECUR | ITIES AN | ND EXC | CHAN | NGE (| COMMISSION | | PPROVAL | | |
| Check this | | Washington, D.C. 20549 | | | | | | | | 3235-0287 January 31 | | |
| if no longe subject to Section 16 Form 4 or | SIAIEN | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | burden hou | Estimated average burden hours per response 0.5 | | |
| Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | n | | | | | |
| (Print or Type Re | esponses) | | | | | | | | | | | |
| WILSON RITA P Symbol | | | Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| [DRI] | | | | | | | | (Cheo | (Check all applicable) | | | |
| (Last) (First) (Middle) 3. Date of (Month/Date) 5900 LAKE ELLENOR 09/21/20 DRIVE, P.O. BOX 593330 09/21/20 | | | | - | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| (Street) 4. If Amen | | | | ndment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| ORLANDO, | FL 32859-3330 |) | Filed(Mont | h/Day/Year) | | | | Applicable Line) _X_ Form filed by Form filed by M Person | One Reporting Pe More than One Re | | | |
| (City) | (State) | (Zip) | Table | I - Non-De | erivative S | ecuri | ties Ac | quired, Disposed o | f, or Beneficial | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Year |) Execution any | | 3. Transactio Code (Instr. 8) | 4. Securi nAcquired Disposed (Instr. 3, | ties (A) o of (D 4 and (A) or | or 1) 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | • | | |
| Common Stock | 09/21/2005 | | | Code V A | Amount 1,741 | (D) A | Price \$ 0 | 12,503 | D | | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8 1 5 (|
|---|---|---|---|--|---|--|--------------------|---|--|------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Stock Option (Right to Buy) | \$ 28.715 | 09/21/2005 | | А | 3,000 | 09/21/2006 | 09/21/2015 | Common Stock | 3,000 | |

Reporting Owners

| Reporting Owner Name / Address | | Relationsh | | | | | |
|---|----------|------------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| WILSON RITA P 5900 LAKE ELLENOR DRIVE P.O. BOX 593330 ORLANDO, FL 32859-3330 | Х | | | | | | |
| Signatures | | | | | | | |
| Douglas E. Wentz, Attorney-in-fact for WILSON, RITA P., 5900 Lake Ellenor Drive, P.O.09/23/2005Box 593330, Orlando, FL 32859-333009/23/2005 | | | | | | | |
| **Signature of Reporting Person Date | | | | | | | |

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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